Interviews with the new Board of Officers

National Allergy Societies Platform

A new name for the Academy: Pros and Cons

PRIORITISATION OF ALLERGIC DISEASES AT EUROPEAN AND NATIONAL LEVEL
The campaign will promote prevention and healthy living and aims to:

- Achieve better funding for research for allergy and asthma prevention
- Increase awareness of allergic diseases and asthma as being preventable and controllable
- Strengthen the allergy speciality

The campaign was launched during the closing ceremony in Barcelona and will run in 2016 with specific events such as:

- Street marketing and educational activities for the general public, including specific settings such as schools
- An awareness event at the EU Parliament
- Joint events with NAS, pharmacists (PGEU), Primary Care and Patient Organisations
- A summit on “Present and future of allergy management and research”
Dear Friends,

First of all, I wish to take this opportunity to express EAACI’s deep sorrow and sympathy to the French Allergy Society and all French people after the terrorist attack on Paris. The attack was a violation of the culture of freedom, of loyalty and sharing that are the main beliefs of the EAACI membership. It is as a result of these values that our Academy has consistently grown in numbers, in terms of members and activities, as witnessed by our Congresses, Task Forces and Interest Groups.

We now have to make sure that EAACI fulfils its mission and keeps being relevant. The only option is to shape a working environment that fosters innovation by creating a culture that invites networking, open discussion and continuous advocacy for science.

Many initiatives have been put in place to achieve this aim.

First amongst these is our increasing collaboration, involving a dedicated committee, with the European National Allergy Societies (NAS) and International Societies Council (ISC). Representatives of the NAS are also now included on the Specialty Committee, in Guidelines development and in lobbying at the European Parliament. The overall purpose of this is to optimise synergies in promoting the allergy discipline and in sharing best practices. This will ultimately also result in increasing the strength of Allergy Societies at the national level.

A recent example of this synergy is the letter, signed together by the EAACI leadership, the National Societies, Presidents and Patients’ Organisations, to emphasise the importance of a recognised specialty in France. This topic has been one of the priorities of the Academy for some time now and we are really aiming to achieve a tangible result to ensure a consistent quality of care as well as the free circulation of allergy specialists across Europe. In this regard, lobbying at the EU level continues to be mandatory as well as our efforts to highlight allergy at the forefront of cutting-edge science.

The European Union is currently encouraging the development of personalised medicine in some areas. On 14 October 2015, an EAACI Symposium took place at the European Parliament in Brussels on the need for Precision Medicine in Allergy and Airways Diseases — a very successful event attended by the EU Commissioner for Health and Food Safety, Vitaly Andriukaitis, amongst others. During the Symposium, EAACI outlined the role of allergic diseases in Europe and the steps that EAACI has been taking to tackle them, including from the precision medicine angle. The EAACI/AAAAI PRACTALL report on precision medicine in allergic diseases will be one of the most relevant papers in line with this important trend. Further publications will follow and I hope they will foster the debate on this subject, with the objective of increasing the research opportunities for the progress of allergy overall and resulting in better cures for our patients.

An efficient and easy moving structure is essential to streamline all these initiatives. The challenge for EAACI is to align its activities as one, agile organisation where everyone takes ownership and responsibility, as well as focusing on innovation, accountability and engagement.

The project to improve EAACI’s governance, and to make it even easier to exploit talents and to work both inside and outside the Academy, has just started. I hope that you will soon see improvements yourself in your daily interactions with the organisation.

We are approaching the end of the year with a number of countries and people under threat. Advances in science and in its ethical principles are, however, still the key to solving our most confounding global issues.

With this thought, I send all of you and your loved ones EAACI’s warmest Season’s greetings for a peaceful world.

Antonella Muraro
EAACI President
Dear Readers,

Prioritisation of allergic diseases at European and National level is the main topic of this issue of the Newsletter and also one of the objectives of our new President. That objective will be achieved with work and collaboration from us all, under the guidance of the President and the new Board of Officers, made up of people who have already achieved a lot for the Academy and for our Speciality. You can read their interviews in the first pages of the Newsletter to hear about their experience, tasks, challenges and future plans.

To prioritise allergic diseases, we must first provide and estimate health economics data through dedicated Task Forces and resources, and communicate them at EU and national level. The creation of stakeholder platforms has already been started, including Primary Care Organisations, Patients’ Organisations, the European Commission and Members of the European Parliament (MEPs), Pharmaceutical Group of the European Union, National Societies, National MEPs and policy makers.

At European level, some actions have already been taken. A European Parliament Interest Group on Allergy and Asthma has been constituted, in order to share expertise and align interests engaging with relevant EU policy-makers and stakeholders on allergy and asthma health. A policy meeting on “Allergy and Asthma Patients need Clean Air in Europe” was successfully organised in July 2015. In October 2015, EAACI (in collaboration with the European Rhinologic Society and the European Medical Association) organised a first meeting on “Precision Medicine in Allergy and Airways Disease”, with the dual aims of demonstrating the need for such precision medicine in Europe and defining an action plan to deliver it. But many others initiatives and strategies should be organised.

At National level, after the official constitution of the National Allergy Societies (NAS) Committee (representing 40 member societies across Europe) at an interactive meeting in Zurich in September, we look forward to working together to increase interaction, to share experiences and difficulties, to address common challenges, with the final objectives being to find the right methods to achieve harmonisation of clinical practice and changes in health care policies and legislation for allergic diseases.

Another important topic discussed in this issue is the proposal to add the word “Asthma” to the EAACI name, as: “European Academy of Allergy, Asthma and Clinical Immunology” (EAAACI). This item was proposed during the Constitution revision process in Spring 2015 and then discussed during the General Assembly in Barcelona, where it was decided to ask members to vote for or against the variation online. In the meantime, there is a fruitful discussion on this issue and, in an even more dynamic way, on the website. The reasons for and against are all very interesting and sometimes difficult to refute. Please do follow the debate on the website.

Other no less important reasons to read this issue of the Newsletter include the launch of a new campaign focusing on 60 years of EAACI and the interview with the new EAACI Specialty Committee Chairperson.

Finally, I would like to close by wishing you all a Happy Christmas Holiday with your families and friends. We will be back again in 2016!

M. Beatrice Bilò
Newsletter Editor
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Peter Hellings - EAACI Secretary General

Tell us about yourself
I am Professor in Otorhinolaryngology at the University of Leuven, Belgium, and the University of Amsterdam, The Netherlands. My clinical interest focuses on nasal and sinusonal diseases, involving mucosal and structural pathology. At present, I am a post-doctoral researcher with a research team unravelling the mechanisms of chronic upper airway inflammation using animal models, in vitro cell cultures and clinical trials. The recently launched EAACI Atlas of Allergic Rhinitis and Chronic Rhinosinusitis reflects the challenging field of chronic upper airway inflammation. Tell us about your experience with the Academy
From the beginning of my career in research and training in Ear, Nose and Throat diseases, I have been active in EAACI, firstly as the JMA representative of the ENT Section, then as Secretary of the ENT Section, Chair of the ENT Section, and subsequently as EAACI Treasurer from 2013-2015. I have always found the Annual Congresses and other EAACI educational activities to be very inspiring. What are the tasks of the Secretary General?
The Secretary General (SG) is responsible for the good general functioning of the Academy, with focus on governance and integration of EAACI’s external and internal activities. On a daily base, the SG represents the liaison between EAACI members and the Board, involving a wide array of activities. In addition, the SG prepares the agendas for the Board, the ExCom and General Assembly meetings. What are your future plans?
The future plans of the Board are to support and facilitate the elaboration of the ambitious presidential plan during the next term. Apart from maintaining EAACI’s core activities, with excellence in education and the communication of science in the field of allergy and clinical immunology, we will join forces with patient organisations and other international associations to prioritise allergic disease as a major chronic disease. For our members, we need to join forces to further validate the membership of EAACI via novel educational and communication tools. What challenges do you foresee?
There are several major challenges for EAACI for the future, primarily involving the recognition of the specialty of allergology, a good collaboration with national allergology societies, and the challenge of finding solutions for dynamic regulations with regard to Congress activities. But, from my perspective, EAACI’s major challenge will be to maintain its number one position as the world-wide reference body in the field of allergology and clinical immunology.

Marek Jutel - EAACI Treasurer

Tell us about yourself
I am the Director of the Department of Clinical Immunology at the Wroclaw Medical University and Director of the “ALL.MED” Medical Institute in Wroclaw, Poland.

What is your experience with EAACI?
Over the last 25 years I have served EAACI in various roles. I was Secretary and Chair of the Insect Venom Hypersensitivity Interest Group, Scientific Secretary of the Warsaw EAACI Congress in 2009, Member-at-Large (2009–2014) and Scientific Programme Committee Chair (2012–2014). I also chaired a number of Task Forces and the ICON on Immunotherapy.

Please give us an overview of EAACI finances
I believe that healthy finances are a prerequisite for successful EAACI activities, especially for the implementation of the strategic development plan elaborated by the new President, Board of Officers and the ExCom, which includes the involvement of EAACI in new areas in today’s rapidly changing environment. For this purpose, a deep structural approach is necessary, which involves clarity about strategic priorities as well as the defining of areas for development investments. Potential new income opportunities will be intensively explored. In addition to the current EAACI financial pillars (which include membership fees, Congress income and sponsorship), community outreach, crowd sourcing and other novel approaches will also be adopted. What are your objectives as Treasurer?
I want to further develop efficient operational procedures using a barometer approach to judge our proper performance, especially using the “on purpose” model. The role of the Finance Group within the ExCom will be further strengthened in order to propose additional ways to diversify income, provide constant analysis of the allergy and clinical immunology market and the positioning of EAACI, or to identify unmet needs and gaps. What are your future plans?
I believe that a solid development requires full transparency of finances towards the whole EAACI membership and should like to closely collaborate not only with the President and the ExCom but also with the whole EAACI family, the Sections, Interest Groups and especially JMs.
Lars K. Poulsen – EAACI Vice-President Congresses

Tell us about yourself
I am Professor of Basic Allergology at the University of Copenhagen in Denmark, and lead the research and routine lab of the Allergy Clinic, which is the regional allergy centre in Eastern Denmark serving 1.7 million inhabitants. I have been working in the field of allergy for 30+ years with immunological mechanisms of allergy, IgE-diagnosis, food allergy and immunotherapy.

What is your experience with EAACI and with organising congresses?
Actually my involvement dates back to 1988, when I was involved – in a quite junior position – with the creation of the scientific programme for the EAACI Congress held in Copenhagen that year. People who have been in the field as long as me may remember the opening ceremony, where the local chair, Bent Weeke, who was my boss at the time, came on stage riding an elephant. After that meeting, quite a long time passed before I again became involved in organising EAACI Congresses. I was appointed as Scientific Programme Coordinator (SPC) in 2010, and the Congress in Istanbul the following year was my first real responsibility in terms of the scientific programme. After my term as SPC coordinator, I was appointed as the Local Chair of the Copenhagen Annual Congress in 2014.

What are your objectives as Vice-President Congresses?
I would like to continue on the same path as my predecessors, building up a highly professional Congress organisation, which allows our Academy to continue developing congresses that have now become by far the largest in the allergy world each year.

Could you give us an overview of congress activities?
In the immediate future I will be focusing on the EAACI Congresses 2016, 2017 and 2018 as well as on the EAACI events: PAAM, ISMA, DHM, FAAM and ISMA.

Tell us about the challenges of being Vice-President Congresses
Besides a lot of hard work, the challenge is to operate in a steadily changing world in terms of the regulatory environment, with an economy that is still weak in many European countries and which thus challenges the health care system and conditions for continued scientific and clinical development. You could argue that this is not different from leading a hospital or a department, but the fascinating thing about a Congress is that all the tangible and measurable outputs, at the Congress itself, are executed within a few days – after several years of intensive planning.

Ioana Agache - EAACI Vice-President Communications and Membership

Tell us about yourself
I am Associate Professor of Allergy and Clinical Immunology at Transylvania University, Brasov, Romania. I joined EAACI in 1998 and together with an enthusiastic team we founded the first JMA Working Group. In the following years I served as Secretary of the Asthma Section and Editor of the EAACI Newsletter.

What is your experience with communication tools?
In 2013 I introduced the concept of integrated EAACI Communications. A strong multi-stakeholder dissemination platform integrating patient organisations, community pharmacists, National Allergy Societies (NAS), primary care organisations and sponsors becomes fully functional in delivering the messages of our public campaigns.

Could you give us an overview of communication activities?
EAACI communication aims to build a strong public image of EAACI as a reference point for all stakeholders. As such, it integrates public affairs and lobbying with partnerships, branding and public relations, online communications with journals and internal communication, promotion with advertising and sponsoring.

What are your objectives as Vice-President of Communication & Membership?
All EAACI communication platforms should ensure timely and adequate information flow. The final goal is to position EAACI as a key influencer by producing and sharing relevant content that evolves according to the audience needs.

What are the challenges, and your future plans?
There are several challenges ahead such as low public awareness of allergy, competition for resources, globalisation of scientific output and the need to produce valuable fresh content on a regular basis. To increase effectiveness we should commit to the latest trends in technology and marketing, build/reinforce alliances, promote cost-efficient advocacy efforts, embrace old and new social and cultural values, and support and solicit innovation from all our partners. Promoting the good value of EAACI membership and boosting the NAS platform are priorities of this mandate.
Peter Schmid-Grendelmeier - EAACI Vice-President Education and Specialty

Tell us about yourself
I am Professor of Allergy and Dermatology in the Allergy Unit at the Department of Dermatology at the University Hospital of Zürich, Switzerland. Other residencies have included Internal Medicine and Anesthesiology, as well as work in Peru and Tanzania; I also researched at the Swiss Institute of Allergy and Asthma Research (SIAF) in Davos. Outdoor sports, photography and my family fill my leisure time.

What is your experience with education?
Education has always been close to my heart, being responsible for the students, level of education at our university as well as a board member of the Swiss Society for Allergy and Clinical Immunology involved in the development of the curriculum for future allergy specialists. I also became Director for Education at the CK-CARE-Foundation in 2014 where we aim to promote knowledge of allergic diseases among doctors at primary care level and in allied health personnel. Finally, I am involved in patient education programmes, realised in Switzerland by AHA.

What is your impression of the EAACI education programme so far?
Education has traditionally been very strong within EAACI and has grown even stronger in recent years – naming just the Allergy Schools, fellowships and the Knowledge Exam. I am also very impressed by the successful implementation of new teaching modalities such as the interactive workshops at the 2015 EAACI Annual Congress.

How do you see the future of the allergy specialty across Europe?
A full specialty would be ideal, where specialists with a well-structured training in allergic and immunologic diseases would be embraced, unifying all the expertise in dedicated allergy centres.

What challenges do you foresee?
We have to further develop the acceptance and training of our specialty, respecting and overcoming national differences and traditions, joining forces with the chairs of National Societies and Specialty Committees and the UEMS to give the best possible support to all our members. A well structured e-based educational programme should also be addressed.

Roy Gerth van Wijk - EAACI Specialty Committee Chairperson

What is your experience with EAACI?
I have been involved with EAACI since 2001. In 2004 I was the President of the EAACI Congress in Amsterdam. From 2001 to 2011, I was part of the EAACI Executive Committee, being EAACI President from 2007–2009. In all my positions, it has always been my ambition to further strengthen allergology and the specialty.

What is your experience with EAACI?
I have been involved with EAACI since 2001. In 2004 I was the President of the EAACI Congress in Amsterdam. From 2001 to 2011, I was part of the EAACI Executive Committee, being EAACI President from 2007–2009. In all my positions, it has always been my ambition to further strengthen allergology and the specialty.

Please give us an overview of the specialty in Europe
According to information from UEMS delegates, the situation in Europe varies widely. In 2014, 14 countries had a full specialty, with 6 having subspecialties, whilst in 5 countries a specialty or subspecialty was nonexistent. There is heterogeneity in training schedules, number of training centres, number of trainees. In only a few countries is there a subspecialty in pediatric allergy. Some countries have complementary allergy training for general practitioners, other specialists or para medical professionals. Thus, in this respect Europe is a long away from harmonisation.

What are your objectives as Specialty Committee Chairperson?
I would like to say that my main objective is “strengthening the specialty”. However, this noble ambition is not easy to achieve. I am thinking more of steps such as establishing criteria for and harmonisation of subspecialties. This will be helpful for countries with subspecialties only, or countries with both full specialties and subspecialties. At a later stage we have to update the specialty curriculum. In co-operation with National Societies our data on the specialty in Europe will be updated and used to define our strengths, weaknesses and unmet needs. This will be used as documentation for Brussels. Helping National Societies to establish a full specialty and promoting free migration of specialists remains our core business.

What are the challenges and your future plans?
The heterogeneity in Europe is a challenge and a weakness of our specialty. Internal divisions (pediatric–adult allergy, allergy–clinical immunology, specialists–subspecialists) should be bridged, as we did in The Netherlands. Our real competitors in health care are cardiologists, oncologists and others. We need to align with the National Societies Committee and other groups in EAACI. At the end of the day we should have a roadmap for our specialty.
Patients with similar clinical characteristics, presently termed phenotypes, have been grouped and treated similarly according to the experience of the clinician and subsequently evidence-based medicine. However, even when using a phenotype-driven approach, not all patients respond. Currently, it is generally accepted that these differences are related to underlying variations in genetic, pharmacologic, physiologic, biologic, and/or immunologic mechanisms that produce subclasses of phenotypes, termed endotypes. This endotypic-driven observed heterogeneity has led to the use of terms such as precision or personalized medicine.

To evaluate the latest findings in precisely defining the endotypic profile of the allergic and/or asthmatic patient, and the potential for the specialty of allergy/immunology to utilise this precision medicine approach, EAACI and the American Academy of Allergy, Asthma and Immunology (AAAAI) have started a project focused on this topic. A panel of experts representing the two Academies convened at the end of August this year in Venice, to review the literature and harmonise the evidence. Two reports focusing on the potential benefits of applying the concepts of precision medicine to (first) airway and skin allergic diseases and (second) to food allergy and anaphylaxis will be simultaneously published at the beginning of 2016 in Allergy and the Journal of Allergy and Clinical Immunology (JACI).

Antonella Muraro
EAACI President

Ioana Agache
EAACI Vice-President Communications & Membership

EAACI EVENTS

February 2016
1 February – Applications open for EAACI/UEMS Knowledge Examination
4 – 7 February – 14th EAACI Winter School on Basic Immunology Research in Allergy and Clinical Immunology, Cortina D’Ampezzo, Italy
12 – 13 February – EAACI Executive Committee and Scientific Programme Committee Meeting

EAACI Newsletter

April 2016
1 April – Applications for EAACI/UEMS Knowledge Examination close
7 – 9 April – Allergy School on AIT, Rungstedgaard, Denmark
21 – 23 April – Drug Hypersensitivity Meeting (DHM), Málaga, Spain

EAACI Newsletter

May 2016

June 2016
11 – 15 June – EAACI Congress 2016, Vienna, Austria
10 June – EAACI Executive Committee Meeting
11 June – 9th EAACI/UEMS Examination in Allergology and Clinical Immunology
11 June – EAACI Scientific Programme Committee Meeting
13 June – EAACI General Assembly
14 June – EAACI National Allergy Societies Forum

August 2016

EAACI Newsletter

September 2016
22 – 24 September – Allergy School on Drug Allergy, Belgrade, Serbia

October 2016
13 – 15 October – EAACI Food Allergy and Anaphylaxis Meeting (FAAM), Rome, Italy

November 2016
11 – 12 November – EAACI Executive Committee Meeting
17 – 19 November – International Severe Asthma Forum (ISAF), Manchester, UK

EAACI Newsletter

This calendar is intended to inform EAACI members about the Academy’s most important dates. Note that some final dates may vary slightly as a number of planned EAACI events are not confirmed at the time of printing.
EU Symposium on Precision Medicine in Allergy and Airways Diseases

On 14 October 2015, the European Academy of Allergy and Clinical Immunology (EAACI), the European Rhinologic Society (ERS) and the European Medical Association (EMA) organised a Symposium in the European Parliament in Brussels on precision medicine in the treatment of allergy and airways diseases.

The Symposium was hosted by MEP David Borrelli, with active participation from ERS, the European Federations of Allergy and Airways Diseases Patients Associations (EFA), the Global Allergy and Asthma European Network (Ga2len), Allergic Rhinitis and its Impact on Asthma (ARIA) and the Respiratory Effectiveness Group (REG). MEP Sirpa Pietikäinen, Chair of the European Parliament Interest Group on Allergy and Asthma, underlined the importance of the need for a better diagnostic and therapeutic approach for patients with allergies and chronic airways diseases, and encouraged a joint initiative to arrest the epidemic of allergy and asthma in Europe.

The socio-economic impact of allergies and chronic airways diseases cannot be underestimated, as they represent the most frequently diagnosed chronic non-communicable diseases in the EU. Despite the fact that 30% of the total European population suffers today from allergies and asthma, more than half of these patients are deprived of adequate diagnosis and treatment. Precision medicine represents a novel approach in medicine, embracing four key features: personalised care based on molecular, immunologic and functional endotyping of the disease, with patient participation in the decision-making process for therapeutic actions, taking into account predictive and preventive aspects of the treatment. Implementation of precision medicine into clinical practice may help to arrest the epidemic of allergies and chronic airways diseases.

During the Symposium, Vitenys Andriukaitis, the EU Commissioner for Health and Food Safety, underscored the need for optimal patient care in Europe, supporting joint action plans for disease prevention, patient empowerment and cost-effective treatment strategies leading to the better health status of all European citizens.

Antonella Muraro
EAACI President

Peter Hellings
EAACI Secretary General

EAACI Journals Editors’ Strategy Workshop 2015

The Editors of Allergy, PAI and CTA met with the Board of Officers, Publisher and JM Representatives for a full day’s discussion about the status and future of EAACI’s flagship publications.

The Editors reported on the status of the journals and the discussion focused on bottlenecks and how they can be overcome. Efficient marketing strategies and a better quality production process were identified as strategic areas deserving improvement and more support from the Publisher.

Further discussions evolved on identifying strategies to improve the reputation of EAACI journals as top quality outlets for basic, translational and clinical research in the field of allergy and clinical immunology. Several EAACI resources, such as guidelines, position papers and consensus documents, as well as publications resulting from EAACI Fellowship Programmes, were identified as valuable content for the journals.

The EAACI family has been invited to actively support the journals’ growth, with each Section and Interest Group being asked to submit one review paper per year to each journal. EAACI journals can also count on the very active and supportive Junior Members (JMs).

New initiatives were agreed, such as linking CME credits to papers and organising an educational session at the EAACI Annual Congress on how to publish and review papers. Other topics of interest included: how to attract and publish the best research; how to promote next generation researchers; international diversity (authors, reviewers and Editorial Board); engaging with authors and reviewers, including feedback and training; how to improve author services (citation tracking, ease of submission, quick reviewing and publishing process, help with figures/graphs/statistics/language); and how to boost the social media profile of the journals. A new initiative for PAI has been rolled-out with active presence on social media in order to attract more readers and increase citations. This initiative will be replicated next year for Allergy.

The meeting concluded with agreement on a coordinated strategic planning for all EAACI journals, with several key action points for the Academy, the Editorial Boards and the Publisher.

Ioana Agache
EAACI Vice-President Communications & Membership

Website Editors:
Farewell and Welcome

After a one-year gestation period, EAACI’s new website was launched one year ago. This is a short time for a human life but not for a tool in the fast moving world of the internet; even so, our website still has a long way to go.

A website’s development is just like that of a child. First come the basics: learning how to use your hands, to walk or communicate; after that, a child can acquire more complicated and sophisticated skills. Likewise, our website has a basic structure, and information about our organisation, activities and resources. From now on, this information will grow and new functionalities will progressively appear.

Like all responsible parents, we the editors are keenly aware that the proper development of our baby needs not only its parents’ care, but also that of many other experts in different fields. At the end of this exciting two-year period we will step down and give way to the new editor, Sylwia Smolinska, and we would like to ask all the members of our Academy to support her with contributions, ideas and suggestions, to better accomplish the aims of EAACI. Remember: it’s your Academy and your website.

Angel Mazon and Olympia Tsilochristou
EAACI Website and Social Media Coordinator Editors

www.eaaci.org
According to modern concepts, asthma is no longer considered to be a disorder affecting the lungs only, but a systemic inflammatory disease that manifests as a result of immunological mechanisms in different clinical phenotypes. Thus, any platform for asthma management, research and education should naturally be closely linked to competences in allergy and clinical immunology. This has become even more clear as asthma management has moved from relieving bronchospasm to individualised care based on treatment of inflammatory endotypes with targeted drugs and biologics, given and acting systemically. EAA(A)CI, therefore, is the natural home for asthma, already displayed by the fact that the Asthma Section is the second largest section within the Academy (after Immunology).

It is also noteworthy that, according to WHO, chronic inflammatory airway disease (including asthma) is among the four major global disorders, and that asthma is the second most frequently diagnosed condition at a GP level. In our Academy, this trend is also reflected by an increasing number of Primary Care colleagues dedicated to asthma research and care. Because of its prevalence, new biological treatments are often first evaluated in asthma, subsequently benefiting other allergy domains such as rhinitis, dermatitis, conjunctivitis, urticaria, etc.

Thus, adding asthma to the name of the Academy would be an official recognition that we, as a society, consider it to be important. In addition, it will also increase our visibility to future collaborative partners, including international organisations of researchers and clinicians, and pharmaceutical companies, increasing our impact in important asthma initiatives across Europe and the world.

Leif Bjermer
EAACI Asthma Section Chairperson (2013–2015)

REASONS FOR ADDING AN "A" FOR ASTHMA

Asthma is a chronic disease of the air passages of the lungs, which inflames and narrows them, and it is one of the major noncommunicable diseases (WHO). Some 235 million people currently suffer from asthma and it is a common disease among children. Asthma is a highly prevalent condition across Europe and numerous guidelines have been developed to optimise management. However, it can be neither cured nor prevented, treatment choices are limited and many patients have poorly controlled or uncontrolled asthma.

The strongest risk factors for developing asthma are inhaled substances and particles that may provoke allergic reactions or irritate the airways. Thus, allergy and asthma are tightly interlinked, particularly in children and young adults. One of the main problems in asthma management is lack of social awareness and limited knowledge of the disease burden by healthcare administrators.

By including the “A” for asthma in the name of EAACI, we can contribute to increasing the awareness of the disease and to reinforcing the knowledge and recognition of the allergic basis of asthma. Thus, it is both an academic and administrative decision that we should clearly incorporate in our agenda. EAACI, as a leading scientific organisation, should endorse and disseminate the Brussels Declaration on Asthma which was developed to call attention to the shortfalls in asthma management and to urge European policy makers to recognise that asthma is a public health problem that should be a political priority.

Santiago Quirce
EAACI ExCom Member

WHO. Asthma, Fact sheet N°30, Updated November 2013
Holgate S. et al., The Brussels Declaration: the need for change in asthma management. Eur Respir J. 2008; 32:1433–42
Again. Again comes the proposal of adding “asthma” to the name of our Academy. Now, even more than in the past, I am fully convinced that such an addition would not be a good choice, for the following reasons.

We have always claimed that the strength of our discipline is in being a transversal specialty, based on competences that are relevant to many systems and diseases as well as to multiple areas where the immune system plays a role (immunodeficiencies, autoimmunity, transplants, cancer, etc.). Moreover, we repeatedly stress the need for an holistic approach to allergic patients, who often suffer from more than a single allergic disease and therefore expect something more than the organ-targeted diagnosis and treatment that other specialists may offer.

I understand that the reason behind adding an “A” to EAACI is not conceptual, but instrumental to increase its visibility and appeal to industry and other stakeholders, such as patients (or, better, clients), politicians, regulatory bodies, the media, etc. In general, I do not agree with any modification made to an institution on the basis of extemporary conditions, because those conditions may change with time, while the institution will survive them. In this specific case however, focussing on asthma is not even timely. From my current position at the European Medicines Agency I note that, while patent protections have expired for many asthma drugs, only one product was licensed as an innovative medicine for asthma during the last 5 years. And, if we look to the near future, with the exception of biologics (with an indication restricted to phenotypes of asthma not necessarily IgE-mediated) no new asthma drug is due to appear on the market.

Moreover, in a period particularly difficult for our specialty because of the financial constraints of national health services and funding bodies, collaboration with other societies interested in asthma rather than competition would be more advisable.

In conclusion, I think that adding “asthma” to the name of our Academy will be a step backward, restricting rather than widening EAACI’s mission. I also think that instead of focusing on a change of name that might be the cause of increased weakness and threats, we should aim to protect the strength of our transversal specialty, and include in its roadmap the often forgotten clinical immunology, as well as new poorly explored areas such as environmental health, biotherapeutics and advanced therapies.

Sergio Bonini
EAACI Past-President (1998-2001)

Asthma is only one of the major and prevalent diseases contained within our society, others being anaphylaxis, allergic rhinitis and atopic dermatitis. Further, basal allergology (mechanisms) are also important and deserve attention. Thus, should the name therefore be EAAAARADBACI?

The key clinical focus points for our society include conditions not covered by other bodies, especially anaphylaxis, drug allergy, food allergy and immunotherapy, together with biological treatment of all the major diseases. New and important treatment modalities are upcoming in several fields outside of the airways in the near future.

During all the discussions held by the previous Executive Committee, I never heard any convincing arguments favouring a change of title for strategic, organisational or political reasons. Economics was repeatedly mentioned, but not qualified.

As well as in the Asthma Section, there is also room for the attraction of more specialists to the ENT and Dermatology sections. The two latter would not feel as welcome if only asthma were to be favoured.

Carsten Bindslev-Jensen
EAACI Dermatology Section Chairperson

CONS
with outputs from our 6 Sections, 18 Interest Groups, 9 Committees and 75 Task Forces over the past years, EAACI is now recognised to be one of the best scientific academies in the world. However, as we (and our focus areas) have grown, so has the responsibility to ensure that our governance is optimally aligned to manage resources and opportunities for continued success.

By definition, governance is all about organisational structure, roles and responsibilities (and accountabilities), objectives, performance indicators, reporting lines and decision-making powers. Good governance is, however, much more than that. Good governance transforms performance. It ensures that the good people are valued and get access to the right positions. It sharpens focus, drives ethical behaviour, consolidates credibility and supports financial sustainability.

In August 2015 the Board of Officers committed a team of external consultants, Performance Technology Systems (PTS), and an internal consultant, Karen Arazim, to grade the effectiveness of EAACI’s governance model and make recommendations for improvements.

In Phase 1 of the project, PTS distributed an anonymous survey (182/268 responded) and organised 23 personal interviews with current and past leaders of the organisation. The survey showed that EAACI attracted hard-working and collaborative people with great passion for the cause at hand. Improvement potential in four areas was outlined: communication; decision making and structure; people development/talent management; and work processes and systems.

In Phase 2 (17 September–14 November 2015), the Executive Committee kicked off work on roles and responsibilities by agreeing objectives and performance indicators for their own leadership positions. An interactive workshop identified gaps, overlaps and bottlenecks in accountabilities and decision making across the organisation. The documents produced as a result of the workshop will be the source for streamlining any processes across the Academy including elections, job descriptions and for building a functional intranet. The changes adopted will then be reflected in the Academy’s Bylaws and Constitution. The overall project is supposed to be finalised by June 2017.

During the next phase (from 14 November 2015) the Executive Committee will begin to implement recommendations made by the consultants:

• Revise the structure, improve reporting lines and meeting efficiency, ensure accountability and deliveries according to plans;
• Finalise roles and responsibilities documents, including taking legal advice;
• Deepen the scope of the Ethics Committee;
• Change Bylaws and adapt Constitution (Deadline: General Assembly in 2017);

I am pleased with the progress we are making. We still have a lot of work to do, but with every step we take, we are making our Academy fit for purpose for the next decade.

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

Visit us at www.allergopharma.com
Taking action together: EAACI launches the NAS Committee and ISC

As part of EAACI’s drive to increase the recognition of our specialty and tackle the allergy crisis around the world, EAACI is taking action to drive change. On 4 September 2015, the Academy launched the National Allergy Societies (NAS) Committee (representing 40 member societies across Europe) and the International Societies Committee (ISC) at an interactive meeting in Zurich.

EAACI President Antonella Muraro kicked off the event by welcoming the 33 delegates (and four by Webex). “We need each other more than ever,” she emphasised, and challenged delegates to consider examples of “what we can achieve together:"

• Changes in health policies for allergic diseases at the national, EU and international levels (increasing allergy services and specialists);
• Changes in legislation for allergy issues (schools, reimbursements);
• Harmonisation of practice (guidelines implementation);
• Outreach at the community level (education); and
• Opportunities for research on prevention and cures.

Thomas Werfel, EAACI NAS Committee Chairperson, explained the goal of the committee: to increase interaction and collaboration between EAACI and the NAS. “If we want to be a high performing team, we need to understand and address the mutual challenges we face.”

During the meeting, delegates shared their NAS successes and challenges. “It was inspiring to hear what some of the small countries are accomplishing,” said one delegate. “Size does not determine the impact you can make. We can learn so much from each other,” she emphasised.

Newly-elected EAACI ISC Chair, Déssirée Larenas Linnemann (Mexico) explained that the ISC contains a subset of the NAS who are EAACI members from countries outside of Europe. Their activities include: stimulating individual members of ISC countries to submit best research abstracts, take the EAACI knowledge exam, and participate in guideline formation. In return, the countries ask for EAACI support with Atlas and Guideline dissemination.

In another session, EAACI Junior Member Andrea Vereda noted the urgent need to combine forces to gain specialty recognition and change legislation. “I love the diversity and fulfilment involved in being an allergist,” she said. However, Andrea’s experience in practicing as a specialist in Spain, France, the UK and Switzerland has required persistence, determination and flexibility.

The NASC will address these challenges by assigning country representatives to four EAACI working groups:

1. **Specialty:** Ensuring allergy and clinical immunology becomes a full specialty/sub-specialty in all European countries (Each NAS assigns 1 representative)
2. **Health economics:** Building a Taskforce to create a unified approach in collecting, analysing and disseminating health economics data to benefit all.
3. **Guideline:** Helping to harmonise CPG for the diagnosis and management of allergic diseases across Europe;
4. **EU lobbying for EU countries:** Increasing the visibility of allergic diseases for prioritisation in health policies at the EU and national levels. (Each NAS to encourage their country’s Members of the European Parliament to join the “EU Interest Group on Allergy and Asthma”)

The Committee will also take actions as a Committee. They will:

• Establish registers on European/international guidelines, allergy care and allergy research
• Host the NAS Forum at the EAACI Congress (14 June 2016 in Vienna)
• Provide a constant flow of information (online, teleconferences and at least annual face-to-face meetings at EAACI Congresses)

During the final session, the NASC elected its Secretary, Nanna Fyhrquist, President of the Finnish Society of Allergology and Immunology. Nanna is currently Senior Investigator at the Finnish Institute of Occupational Health on a project called ‘Mapping of biomarkers to help discrimination between occupational allergic and irritant contact dermatitis.’

Key Facts:
- 46 delegates (representing 16,526 NAS members) attended this first meeting; 2 NAS have since joined. Feedback survey showed: 100% of delegates found the meeting valuable; 98% understand EAACI’s strategic vision better; 89% believe we can raise allergy recognition if we work together.

Ioana Agache
EAACI Vice-President Communications and Membership

Thomas Werfel
EAACI NAS Committee Chairperson
What is your role as Chairperson of the NASC?

Three years’ ago, when we first started discussing building the new structure of what we now call the National Allergy Societies (NAS) platform, we were aware of many activities both at National level and within EAACI. Moreover, we also knew of numerous contacts and network structures between the NAS and EAACI; however, a powerful platform facilitating structured interactions by representatives and board members from the numerous EAACI member societies was lacking. My first major role was to get the project started with the (efficient!) support of the President, the Board of Officers and EAACI Executive Committee.

My next function was to structure the project and to help to motivate the NAS to identify representatives for the (European) National Allergy Society Committee (NASC) and the International Societies Committee (ISC), bringing the Non-European societies of EAACI together. This worked extremely well, with a successful launch meeting in September 2015 in Zurich.

My role now is to provide input for more concrete activities. Building registers of allergy care at National level and of National guideline activities are the first common foci we agreed on under the new NAS platform. Overall I am extremely optimistic that the joint efforts of NAS and EAACI working closely together will lead to a number of win-win situations in the near future.

Thomas Werfel
EAACI NAS Committee Chairperson

How do you perceive the NAS Platform

The recently established National Allergy Society Committee (NASC), a central group of the European National Allergy Societies (NAS) with EAACI representatives, has taken an important step forward by initiating regular communication for a better cooperation between European countries.

Collaboration between the NAS and EAACI will include educational and scientific aspects, conferences, lobbying, campaigns and press releases, with the desired outcome being an increased visibility and raised profile for allergy, and the ultimate goal to improve patient care.

The NASC kick-off meeting with 40 representatives from 25 countries learning about the goals of NAS and EAACI activities and sharing their local experiences through interactive sessions, raised awareness of the needs of and threats to the discipline of allergy and clinical immunology in Europe. A good start will be to integrate national competences and efforts, and the next step is to define concrete tasks and responsibilities.

The NASC platform will give us a unique opportunity to join forces in order to ensure the continuation of our work to reduce the burden of allergies in Europe.

Nanna Fyhrquist
EAACI NAS Committee Secretary

What is your plan as Chairperson of the ISC?

The EAACI International Societies Council (ISC) is comprised of representatives of non-European National Allergy Societies (NAS) and members of EAACI.

The ISC Action Plan for the coming two years concentrates on several areas in which we hope to develop close cooperation between EAACI and non-European NAS:

- **Continuing Medical Education**: we aim to encourage: the submission of abstracts and Annual Meeting programme proposals from the ISC to EAACI; the presence of EAACI symposia at National Congresses; the translation of the EAACI Atlases and EAACI Congress webcasts; preparation for and participation in the EAACI Knowledge Exam.
- **Guideline transculturisation**: we aim to use the many EAACI Position Papers and adjust them (in cooperation with local experts and key opinion leaders) to our own realities, picking one guideline a year, possibly starting with the Food Allergy and Anaphylaxis Guidelines, making pocket guides containing core ideas of the guidelines in local languages.
- **Increasing impact**: we aim to increase our own impact and, through that, EAACI’s impact by promoting EAACI’s international affiliate membership at our National Congresses. We will also make an inventory of all NAS in our regions and invite non-member societies to join the EAACI ISC. These are only some of our many ideas.

It is an exciting time, with electronic communication making global cooperation ever more possible.

Désirée Larenas Linnemann
EAACI International Societies Council Chairperson
PAAM 2015

The 4th Pediatric Allergy and Asthma Meeting (PAAM2015) was held in October, at the Berlin Congress Centre, Berlin, with Susanne Lau (the past-chair of the Pediatrics Section) as chair and George du Toit (chair of the Pediatrics Section) as co-chair.

The first day started with postgraduate schools on ‘Pediatric Rhinitis’ and ‘Food Allergy’, offering many practical aspects in diagnosis and treatment, using a conference app for interactive exchanges with participants. After the official opening, the first plenary on Thursday afternoon presented new data on food allergy prevention trials, treatment studies and biomarkers. The plenary on Friday was about asthma in childhood and adolescence in cooperation with ERS. In workshop 2 on Friday, experiences with complimentary feeding and allergy outcomes (EAT, LEAP, HEAP studies) were presented by Michael Perkins, Johanna Bellach and George du Toit. On Saturday, in the third plenary, on ‘Gut Feeling’ in cooperation with ESPGHAN, eosinophil gastrointestinal diseases were the hot topic.

Almost 220 abstracts were presented in four oral abstract sessions, five e-poster sessions and four poster viewing sessions. In the workshop on ‘Challenging Clinical Scenarios’, cases were presented and discussed by the two chairs, Carsten Bindslev-Jensen and Susanne Lau, with the participants. On Friday, the Pediatric Clinical Village presented practical aspects and hands-on facilities for skin prick testing, skin therapy, lung function, inhalation therapy, oral food challenge tests, identification and management of anaphylaxis, patient education and m-health and pollen allergy. All the staff members came from Charité University Children’s Hospital and more than 250 visitors attended to get information about how diagnostic procedures and treatment of asthma and allergic diseases are performed in Berlin.

Magnus Wickman, pediatric allergist and epidemiologist from the Karolinska Institute, Stockholm, Sweden, was this year’s Pediatrics Section Award winner.

What else was new at PAAM2015? EAACI’s ‘Go Green’ initiative went even further this time: opting out from the Congress bag was possible and there were no paper copies of the programme, with e-versions being downloadable via the website or App.

1300 attendees from 50 countries took part in an exciting and stimulating research and clinical learning experience. PAAM2015 was the largest focused meeting ever organised by EAACI and exceeded all expectations. The high level of attendance indicated that greater numbers of younger participants were also interested in coming to PAAM than in previous years, and we are confident that PAAM2017, taking place in London from 26–28 October 2017, with George du Toit as chair, will be at least as successful and popular, and will become a standard for excellent education, cutting-edge presentations and fruitful exchange between clinicians and researchers in the field of pediatric allergy not only in Europe but across the world.

Susanne Lau
PAAM 2015 Chair
EAACI ExCom Member at Large

George du Toit
PAAM 2015 co-Chair
EAACI Pediatric Section Chairperson
The EAACI Practical Allergy Diagnosis (e-PAD) School took place in Moscow, Russia, from 27–29 August 2015. The school was organised by Hans Jürgen Hoffmann (Denmark) and Musa Khaitov (Russia), with 103 participants from 26 countries.

The focus of the school was on various basic and clinical aspects of diagnosis of allergic disorders. The welcome and the opening lecture (on the topic of “Molecular Allergology: Where are we now?”) were given by Antonella Muraro, EAACI President.

The first plenary session included lectures by Heimo Breiteneder, Rudolf Valenta, Christian Lupinek and Mari-anne van Hage, and was dedicated to the molecular diagnosis of allergy. Practical sessions were devoted to modern diagnostic methods: allergen microarrays, basophil activation test (BAT), use of m-health technology and advanced provocation tests.

Friday morning started with a plenary session on cellular diagnosis of allergy. Hans-Jürgen Hoffmann, Christobalina Mayorga and Alexandra Santos illustrated several theoretical and practical aspects of BAT in the diagnosis and management of allergic diseases. In the afternoon, the third plenary session was dedicated to drug allergy (Paul Whitaker), food allergy (Karin Hoffmann-Sommergruber), insect venom allergy (Markus Ollert) and inhalant allergic diseases (Enrico Heffler).

The third day ended with a plenary session devoted to m-health technology in allergy diagnosis (Paolo Matricardi) and a round table discussion between juniors and experts.

Many new collaborations were initiated and, overall, we received positive feedback from all attendees. The school was well organised and we would like to thank all the speakers, the chairs and the EAACI President.

Gilda Varricchi
EAACI Allergy Diagnosis Interest Group JM Representative

Clemens von Pirquet Fellowship for Pediatric Allergy Research in Europe 2015

Stipend: Two years (twice 20,000 Euro), interim evaluation after one year.

The idea
The foundation offers the opportunity to a junior member of EAACI (< 35 years) to be involved in innovative pediatric research under the mentorship of a leading researcher. The fellowship will be granted for two years to allow focused research.

Research consortia
A minimum of two centres from two European countries is required; at least one pediatric centre should be included.

Application for fellowship
Applications are welcomed from junior members of the academy and other pediatric researchers (< 35 years) who have completed an MD qualification and intending to pursue a pediatric academic career after finishing a doctoral thesis, with at least one co-authorship in an international publication with impact. Applicants should be European citizens.

Cofunding of the host institution:
The host institution will have to provide lab facilities, workplace and accommodation, or money for this.

Application
Fellowship applicants need a letter of recommendation as well as an acceptance letter from the lead institution. The role of the fellow, the tasks and opportunities should be defined in the application. The project should be outlined. If there are more than one applicant the CvP board will select the best applicant.

Stipend: Two years (twice 20,000 Euro), interim evaluation after one year.

Applications should be send to:
Prof. Ulrich Wahn
Ped. Pneumology and Immunology, Charité, Austenburger Platz 1
D 13353 Berlin, Germany ulrich.wahn@charite.de

Deadline for applications 1 January 2016; Decision for fellowships 31 January 2016; Funding will start in Spring 2016

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EAACI Newsletter
EAACI Junior Members (JMs), and especially their representative body, the JM Working Group (WG), have proven to be valuable liaisons supporting the EAACI Communications policy by disseminating information on upcoming EAACI Events and Campaigns, as well as about EAACI publications and Position Papers.

Taking a further step to enhance EAACI’s outreach, the JM WG has, over the last few years, established collaborations with the Juniors’ Boards of other scientific societies in the field of allergy/immunology, namely: the American Academy of Allergy, Asthma and Immunology Fellows in Training (AAAAI FITs), the World Allergy Organisation (WAO) JMs and the Federation of Clinical Immunology Societies (FOCIS) JMs. We are now pleased to announce that the JM WG has cultivated grounds of collaboration with the European Respiratory Society JM Committee, as well as with the European Rhinologic Society JMs. All these collaborations aim to provide a platform of opinion exchange in order to promote the best interests and education of the younger members of these organisations.

Teamwork encompasses the efforts of individuals and, therefore, teams can accomplish more than an individual working alone and also motivate higher performance. On this basis, the EAACI, WAO and AAAAI Juniors’ Boards created an online survey about education, training and opportunities for young allergy/immunology specialists. Responses from 69 countries from all continents have been received so far! If you haven’t already completed the questionnaire, check your emails and follow the link. Don’t miss this opportunity to take part in the first truly worldwide survey of our educational programme and specialty: your active contribution is needed!

Olympia Tsilochristou
JM Chairperson

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JM Chairperson

EAACI Food Allergy Training Course

El Escorial, Spain, 45 km northwest of Madrid: ancestral homes in the Herrera style and the famous Monastery, surrounded by mountains and pine forests. Eighty participants from many different European countries: young specialists and residents, but also nurses, biologists and nutritionists. Twenty faculty members: outstanding scientists in the field of food allergy (FA). These were the ingredients of the successful Food Allergy Training Course, held from 24–26 September 2015, chaired by Montserrat Fernandez-Rivas, Food Allergy Interest Group (FA IG) past chair, and by Clare Mills, FA IG chair.

FA in adolescents and adults was the topic chosen by the Organising Committee, since, even if current literature mostly focuses on children, FA in adolescents and adults does exist and is not negligible. Its prevalence depends on geographic area and can be severe. FA is mainly related to Lipid Transfer Protein and storage proteins from nuts and other plant origin triggers, but shellfish is also relevant as it is often responsible for anaphylaxis. Co-factors such as physical exercise and drugs must always be carefully assessed. One of the emerging triggers is Alfa gal, a carbohydrate expressed in red meat and responsible for delayed severe reactions.

Participants were actively involved in a discussion concerning the management of anaphylaxis. Controversies still regard the correct timing and dosing of adrenaline administration. A very practical overview was provided on FA diagnostic tools, from component resolved diagnosis to recipes for an effective food challenge.

Two new aspects were discussed concerning FA management:

1. the identification of an action level for trace amounts of an allergen that is safe for most food allergic individuals; this will allow more transparent and evidence-based food labeling, as well as choices;
2. the relevance of patient reported outcomes and quality of life assessments. This is even more important for adolescent patients, as the impact of the disease interacts with a critical life phase.

Congratulations go to the poster prize winner, Joana Gomes Belo, who presented an excellent contribution on “Clinical features of Prup 3 sensitised patients attending an outpatient Immunoallergology Department in Lisbon”.

“Everyone has learnt something”, Clare Mills concluded. This was why the Allergy School in El Escorial was a complete success.

Marco Caminati
EAACI Food Allergy Interest Group JM Representative

JMs: Connecting minds and perspectives

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Olympia Tsilochristou
JM Chairperson
Winter School on Basic Immunology Research in Allergy and Clinical Immunology
4 - 7 February 2016
Cortina d’Ampezzo, Italy

Drugs Allergy in Children
22 - 24 September 2016
Belgrade, Serbia

Drug Hypersensitivity Meeting (DHM 2016)
21 - 23 April 2016
Malaga, Spain
www.eaaci-dhm.org

Food Allergy and Anaphylaxis Meeting (FAAM 2016)
13 - 15 October 2016
Rome, Italy
www.eaaci-faam.org

International Severe Asthma Forum (ISAF 2016)
17 – 19 November 2016
Manchester, United Kingdom
www.eaaci-isaf.org

For more information visit www.eaaci.org or contact events@eaaci.org
Time flies and the 35th EAACI Congress, to be held from 11–15 June 2016 in Vienna is fast approaching! Registration has been open since 15 October 2015 and abstract submission started at 26 October 2015 and will last until 10 January 2016.

Vienna ranks amongst the cities with the highest living standards in the world. For centuries, the Austrian capital has been a melting pot of nationalities and innovation, and today represents a traditional city with modern sights. Vienna elegantly combines traditional and modern architecture, fine arts and music, and offers excellent cuisine. And, not to be forgotten: Vienna is also well known for its long history and recent achievements in allergy and immunology!

In 1906, the Austrian paediatrician and scientist Clemens von Pirquet noticed that patients who had previously received injections of horse serum or smallpox vaccine had quicker, more severe reactions to a second injection. He described this hypersensitivity reaction by the term “allergy” from the Greek words allos meaning “other” and ergon meaning “reaction”. In his opinion “allergy” meant that antibodies are not always protective but under certain conditions may induce harmful reactions. During the EAACI Congress held in Vienna in 2006, we celebrated “100 years of allergy” and we are proud that the EAACI Congress will return to the Austrian capital in 2016 to acknowledge “110 years of allergy”!

Today, allergic and immunologic diseases (such as asthma, rhinitis, eczema and occupational allergy, food and drug allergy, severe anaphylactic reactions, autoimmune disorders, and immune deficiencies) represent a worldwide socio-economical burden and need to be combated with the combined efforts of basic researchers and clinicians. One important step in the process of understanding the pathophysiology of allergic disorders was the introduction of recombinant DNA technology into the field of allergy. In the late 1980s, the first recombinant allergens were produced and one of them, the major birch pollen allergen, Bet v 1, was made in Vienna. Many more recombinant major and minor allergens have followed, right up until today. With single recombinant allergens at hand, their characteristics and structures could be assessed. Allergens were allocated to certain protein families or to particular qualities, e.g. major or minor allergens, genuine sensitisers or cross-reactive proteins. Particular allergen families could be associated with a more limited or a higher risk to induce severe allergic reactions. Recombinant allergens have also markedly contributed to improve the standardisation of allergen extracts and were used in vaccines for allergen-specific immunotherapy. New therapeutic approaches evolved from recombinant allergens, for example the generation of hypoallergenic variants of major allergens or allergen-derived peptides containing T cell and/or B cell epitopes. Some of these approaches have been evaluated in clinical trials in the more recent past, and have revealed encouraging as well as disillusioning results. It is one major goal of the EAACI 2016 Congress to critically review all these achievements, since a trip down memory lane may blaze the trail for the future. Therefore, the first Plenary Symposium on Sunday, 12 June 2016, will be entitled “25 years of recombinant allergens: Pitfalls and benefits”. This Plenary Symposium will address both researchers and clinicians. A second Plenary Symposium on the topic “Wrapping up immunotherapy” will be held on Wednesday, 15 June 2016, and will again provide both basic and clinical insights. These two plenary symposiums will reinforce the fact that scientific achievements and clinical experience complement each other. Both sides are needed to collectively develop the best diagnostic and therapeutic approaches for the benefit of patients suffering from allergic and immunologic diseases.

So, please do join us in June 2016! The Congress theme, “Waltzing with Allergens”, will further reflect that advances in research, diagnosis and treatment of allergic and immunologic diseases are the result of partnerships between basic scientists and clinicians, modern methodology and traditional methods of observation, as well as innovation and experience. What’s more, Vienna awaits you!

We will do our best to make the EAACI Congress 2016 a memorable scientific, social and cultural event for you all!

Barbara Bohle
EAACI 2016 Congress Chair

Waltz with allergens at the 35th EAACI Congress in Vienna!
Biomarkers and effector cells in asthma

Patients with asthma show considerable heterogeneity, both clinically but importantly also in terms of airway inflammation. This has implications for optimising the treatment protocol for each individual patient. It is clear that treatment with corticosteroids does not lead to optimal symptom control in every patient. Monoclonal antibodies against cytokines or their receptors can help in severe asthmatics but, again, not every patient will benefit. Biomarkers have been shown to be indispensable to identify responders to treatment.

During the EAACI Annual Congress in Barcelona, Parameswaran Nair discussed the added value of induced sputum in the management of severe asthma. A poor agreement exists between doctors’ expectation of inflammation and inflammation evidenced by induced sputum. Use of sputum cell counts leads to a gain in reduction of exacerbations by 50% in asthma and 60% in patients with chronic obstructive pulmonary disease (COPD). However, one should keep an eye on the quality of the sputum induction, processing and interpretation. Several errors can lead to false results: misinterpretation of samples with high squamous cell content, suboptimal staining, ignoring total cell counts. Parameswaran Nair also elaborated on possible future advances in the field of biomarker research. Studies are ongoing with paper coated antibodies against markers of eosinophil (ECP) and neutrophil (MPO) activity. This might help us to determine eosinophilic or neutrophilic airway inflammation within minutes after sputum induction.

Eckard Hamelmann gave a nice summary of the current literature on biomarkers in asthma phenotyping. Results from the ‘German Asthma Net’, which aims to collect data on the clinical and inflammatory characteristics of children and adults with severe asthma, showed surprisingly no difference in lung function, total IgE and sensitisation profile between children and asthmatics.

The symposium ended with a Pro–Con session on the use of FENO in the follow-up of asthma patients. FENO has been shown to be as good as periostin for identifying responders to anti-IL4Rα. On the other hand, it was stressed that one biomarker will probably not be enough and a combination of multiple biomarkers (e.g. FENO, eosinophils, periostin) might improve sensitivity and specificity to detect patients with Th2-like inflammation. At the end of the session, the audience and all the speakers discussed the future of biomarker research in asthma. Sergio Bonini highlighted the need for markers of Th2-low inflammation. Eckard Hamelmann referred to sputum neutrophils; however, he also argued that considerable overlap between neutrophilic and eosinophilic inflammation might exist. Further research is therefore needed to unravel the mechanisms contributing to both Th2-high and Th2-low inflammation in asthma.

The EAACI/UEMS examination aims to further improve the standards of our specialty by providing a European examination in Allergology and Clinical Immunology.

Next exam: EAACI Congress 2016, Vienna
Saturday, 11 June 2016 at 11:00
To sit the 2016 Exam, apply online at www.eaaci.org

Applications open: 1 February - 1 April 2016

9th EAACI/UEMS Knowledge Examination in Allergology and Clinical Immunology

For more information visit www.eaaci.org/activities/eaaci-exam/upcoming-exam.html or contact education@eaaci.org