

5<sup>th</sup> Pediatric Allergy and Asthma Meeting (PAAM)  
**World leading experts are coming together to discuss the newest research outcomes, disease management and how to improve the lives of patients**

**London, 27<sup>th</sup> October 2017 – From 26-28 October 2017 more than 1'200 international researchers, clinicians and allied health professionals are attending the [5<sup>th</sup> Pediatric Allergy and Asthma Meeting \(PAAM\)](#) in London, organised by the European Academy of Allergy and Clinical Immunology (EAACI).**

“We are excited to host this international faculty covering contemporary aspects of asthma, food allergy, anaphylaxis, atopic eczema, immunotherapy and eosinophilic gastrointestinal disorders”, Prof. George du Toit, PAAM 2017 Local Organising Chair, and Dra. Montserrat Alvaro Lozano, Pediatric Section Chair.

Atopic diseases represent a public health concern, particularly in the developed world where approximately 6% of young children have one or more food allergies. Atopic conditions rarely occur in isolation and children frequently suffer from multiple allergic diseases. For example, infants with eczema are at higher risk of developing food allergy and asthma, children with egg allergy are at increased risk of developing allergic respiratory diseases, and children with a single food allergy frequently develop additional food allergies. PAAM is the largest international scientific meeting dedicated to the study of these diseases, and disease trends in childhood. The 2017 meeting will bring together paediatricians and primary care physicians who care passionately for the challenging scientific and clinical issues. The scientific faculty, comprising experts from all over the world, is gathering to discuss diagnostic and management advances, bringing cutting-edge science to a larger public.

**AIT Guidelines Part 2 – Official Launch of the Allergen Immunotherapy Guidelines: Recommendations at PAAM**

EAACI has a long history and strong ethos in developing and implementing the latest research findings as guidelines and recommendations in order to deliver better healthcare for patients with allergies. The newest and most up to date resource, the EAACI Allergen Immunotherapy (AIT) Guidelines Part 2: Recommendations is launching during PAAM. Part 1 (Systematic Reviews) was published during the EAACI Annual Congress in Helsinki in June this year. Although AIT has been used for a century, it has also been subject of considerable controversy in terms of safety and efficacy, which hampered the relevant dissemination of knowledge and the availability of products. “Therefore we are tremendously proud and pleased that the **EAACI AIT Guidelines Part 1 and Part 2 are now available [online](#)** as open access, providing a guide for the clinical practice that aims to serve as a strong basis for operational recommendations and to help the allergists advocate for AIT, practitioners to refer patients onto appropriate management and the patient to request the best standard of care for their disease and quality of life”, Prof. Antonella Muraro, EAACI AIT Guidelines Chair and EAACI Past President. The participants of PAAM have the exclusive chance to receive a printed copy during the meeting, as long as stock lasts.

**Novel LEAP Study data at PAAM**

Prof. Gideon Lack will present novel LEAP Study data which shows that oral tolerance induction to peanut in the LEAP Study is specific for both allergen and allergic disease, i.e. early consumption of peanut had no preventative effect on development of asthma, allergic rhino conjunctivitis or surrogate markers of co-existent food allergies (SPT, specific IgE and reported tree nut and sesame reactions). This did not hasten the resolution of the eczema or egg allergy that were key inclusion criteria for participation in LEAP. The noted similarities in allergic disease burden between LEAP intervention groups is in contrast with the marked reduction in peanut allergy observed in the consumption group. There was no evidence that peanut consumption protected against tree nut and sesame sensitization. This study therefore demonstrates that oral tolerance induction to peanut in the LEAP Study is specific for both allergen and allergic disease. The

underlying immune mechanisms associated with tolerance to peanut do not alter the natural history of allergic disease.

Prof. George Du Toit, Study Co-Investigator comments on this study: “Since the publication of the LEAP Study, we have known that the consumption of peanut during infancy protects against the development of peanut allergy. This study adds important information to this field, as we now know that the early introduction of peanut does not influence the onset or resolution of co-existent food allergies and/or other atopic diseases. Given that infants with eczema are at risk of developing additional food allergies and other allergic diseases, these findings will help guide future studies that aim to prevent the overall burden of allergic disease.”

### **AGEs as causing the food allergy epidemic and future food allergy treatment**

Australian allergy expert Prof. Pete Smith will talk about glycation end products (AGEs) as causing the food allergy epidemic. He will examine if AGEs are driving factors in the food allergy epidemic, as food allergy appears to be increasing in both western countries and those countries that adopt western lifestyles. “There are many plausible attributions to explain this, but not one factor totally explains things”, Smith said. When looking at the way the body responds to threats, it is apparent that a group of compounds called advanced glycation end-products can mimic the signals given off from damaged body tissues. AGEs are formed by heating proteins and oils at high temperature with sugars (such as microwaving, frying or using processed foods that have been dehydrated and then re-hydrated). Higher sugar diets and particularly those with more fructose seem to promote inflammatory AGEs. The increase in this pattern of eating has epidemiological and sociological associations with a rise in food allergies in young children. Smith further states that, “AGEs are important in generating allergic responses and some animal studies which modify AGEs appear to reduce food allergy responses. They can also be made by the wrong microbiota (gut bacteria) and bad diet is a substrate for bad bacteria and their products. There is the possibility that AGEs are part of this answer by healthy lifestyle choices, including having slow cooked meats that have been marinated with fresh herbs, reducing sugar intake and exercising.”

Prof. Wesley Burks from the UNC School of Medicines is presenting on OIT, SLIT and EPIT, depicting major differences in clinical outcomes, adverse reactions and immune studies and is convinced: “A treatment for food allergy will be available soon, it is important now to begin to understand the possible options for patients and the profile of a patient that would be best served by each treatment.”

### **Dietary management of the complex food allergic patient**

Some of the most prevalent questions of allergic patients is how to best manage their diet and cope with the challenges of daily life. Dr. Rosan Meyer, paediatric dietician specialist from the Kings College London, is giving a lecture about allergy prevention and how parents can be best supported. One of her take home messages is that collaboration with parents’ associations is key to ensure optimal advice and dissemination of the messages. “Parents need practical advice. For example, when they are advised to give peanuts early, they have to know exactly how peanuts are best introduced in their baby’s diet. And there is still some confusion for parents about the role of partially hydrolysed formula for allergy prevention. Furthermore, the message that breast feeding is the best for allergy prevention should be promoted by all healthcare professionals.”

The full programme of the meeting is available on the [PAAM website](#). The abstracts presented during the meeting will be published online on the meeting website and in the EAACI open access journal CTA – [Clinical and Translational Allergy](#).



### **About EAACI**

The European Academy of Allergy and Clinical Immunology (EAACI) is Europe's primary source of expertise for medical professionals specialised in allergy and clinical immunology and a non-profit organisation active in the field of asthma, rhinitis, eczema, occupational allergy, food and drug allergy and anaphylaxis. EAACI was founded in 1956 in Florence, Italy and has become the largest medical association in Europe in the area of allergy and clinical immunology. It includes over 10'000 members from 122 countries, as well as over 60 national and international member societies.

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