Allergy update

The official newsletter of the British Society for Allergy and Clinical Immunology
I am delighted to introduce the next edition of Allergy Update where we hear from the new team involved in helping to run the BSACI. In addition to a new President, we have a new executive council and we hear what they plan to achieve over the next 3 years, as they take up their new positions. A warm welcome also goes to the new heads of the nurses, primary care, paediatric, junior members and food allergy groups. Changes in allergy training loom ahead and Chris Corrigan goes through what this involves in a must read article which needs to be addressed by the BSACI as a whole in order to ensure the future of the specialty. There is a new resource on the BSACI website which allows you to look for allergy networks in your area which Sue Leech has updated us on and should further help to build and improve already exiting networks.

I know that many struggle to keep up to date with all the new literature, which frequently comes out, and two of our allergy registrars tell us about the 2 papers they think we should all read. Many congratulations also go to Helen Brough and her team for organizing the annual conference and all the prize winners who give a breakdown of their work here for those who did not have the opportunity to read their posters.

As this is the first Allergy Update of a new presidency I ask again for people to send in suggestions as to how we can improve Allergy Update and for articles that you would like to see in print or on the website. You will also find enclosed a survey which I would encourage everyone to complete and return to the BSACI to ensure that we have up to date contact details for members in order for us to communicate effectively.

Many congratulations to Dr Bill Frankland on both his MBE and more recently being awarded the Order of Mercy. Lastly for those who have not already listened to the excellent Desert Island Discs on Radio 4’s interview with Bill Frankland I highly recommend it!
Dr Shuaib Nasser, President, BSACI

Stepping into the role of BSACI president has allowed me to assess the many accomplishments of this society over the past 10-15 years. BSACI has grown considerably in both size and influence. The website is fully established and functional and acts as a valuable source of news on upcoming events, the achievements of members, and also educational initiatives. It also acts as a repository for clinical guidelines which have raised the standard of clinical care and are accessed frequently in the UK and abroad. The SpR training programme has been running successfully for several years although participation could be improved. Regional primary care education is important if we are to improve grass-roots knowledge. In 2015 BSACI approved and partly funded seven symposia, bringing the total number supported by the BSACI since the scheme started to 37. The society’s journal, Clinical and Experimental Allergy, continues to thrive and will continue to be delivered online rather than by mail. Our newsletter, Allergy Update will continue to be produced in hard copy and remains a must-read for our members. This issue has an improved format and includes, for example a review of recent allergy papers. Our annual meeting again achieved good attendance and we aim to make improvements each year by reviewing the feedback, location, and organisation to ensure that it works for our members. However there was a distinct lack of primary care participation. I am keen to make primary care allergy education a focus of my presidency. For the first time in many years there have been reduced numbers of junior doctors applying for allergy SpR NTNs and it would be helpful to understand the reasons for this. Therefore BSACI will shortly be sending out a survey to allergy consultants and SpRs to help us understand why they chose allergy as a career and to identify potential impediments.

President’s message

Message from the President

Allergy update

Allergy - Specialist Advisory Committee (SAC) News

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Allergy-Specialist Advisory Committee

(SAC) News

Recruitment

There is a new annual recruitment exercise for Allergy trainees, which is part of a national recruitment system mandated by the LETBs and endorsed by the RCP. The nature of the process is further complicated by the fact that there are multiple specialties and the highest ranked candidates get to pick and choose; the posts they decline are then offered to other candidates and so there is a ‘down’ shuffling of posts until the deadline. This can make it difficult for trainees to be allocated into allergy posts and will depend on their ranking and what is left. It also fails to take into account the fact that we are all delivering services and that SpR vacancies must be filled continuously as sometimes posts can remain unfilled. Given that there is central allocation of places, training posts further afield may be more difficult to fill, so it is essential to promote allergy locally which will attract trainees. This would help to address the other problem with this system which rather flies in the face of popularising the great merits of pursuing a career in Allergy, which are of course unknown to the average trainee. We have had many discussions about how to make the specialty more visible to Foundation doctors, and let us hope that some of them come to fruition. This is something for all BSACI members to contemplate: if we are going to attract people to our specialty we have to broadcast how good it is to be there, and especially to potential new recruits.

Our thanks are due to Dr Alexandra Croom for grappling enthusiastically and efficiently on behalf of us all.

Curriculum and Shape of Training

As many of you will be aware, the RCP has asked the JRCPTB to produce a federated response to the AoMRC mapping exercise, which has in turn resulted from the problem of reorienting medical training to chronic disease management, comorbidities, complexity and the needs of an ageing society, and incidentally to address the dearth of middle grade medical doctor in many acute hospitals, and this response has been based around the “Shape of Training” review. We are welcome to peruse this from the websites of the relevant organisations. The core proposal is to extend the GIM content of specialist training curricula and to incorporate the proposed model with a view to producing an allergy that has a broad base of internal medicine training, trained in 7 years with, for example, 85% of the framework reflected in the curriculum concentrating on the less acute aspects and the GMC generic capabilities. This model would not lead to dual training, but would instead produce an allergist trained with a broader medicine base. I finished by stating that whether or not this would be congruent with the feelings of future trainees and trainees, as well as workforce commissioning, would be an area for careful discussion. Further consultation with the trainers and trainees through the SAC is the next step.

Allergy SAC

Dr Alexandra Croom has continued to take the initiative further to develop the RBA, and there are firm plans formally to incorporate it into the Allergy curriculum. No other changes have been made to the existing curriculum at present, all suggestions as to additions and removals from the existing curriculum are always welcome.

Dr Pamela Ewan (with the able assistance of Dr Shuaib Nasser) has kindly acted as workforce spokesperson for the Allergy SAC. Fourteen small specialties, including Allergy, have been identified for reviews to be led by individual LETBs on behalf of HEF. The outcomes of these will be formulated by March 2016 and enacted in September 2017. LETBs leading on the small specialties will engage directly with specialty representatives. There remains the need for a forum where the definition and emerging implications of the medical workforce programme can be discussed and considered by senior staff of HEE and stakeholder representatives collectively. The existing Medical Workforce Advisory Group will be reconvened, chaired by the HEE Director of Strategy and Planning, MIWAG will comprise existing stakeholder representatives as nominated by the Academy of Medical Royal Colleges augmented by representatives from the Royal Colleges of Obstetrics and Gynaecology and Emergency Medicine (that is, representing specialties under review). The wider membership will include HEE’s four geographical Directors of Education and Quality, the BMA and NHS Employers. As ever, persuading HEE of the necessity and inestimable advantages of assigning more Allergy services, consultants and training posts will be a stern, if not formidable task in the current climate. The retention of allergy as a standalone specialty further to the future will engage directly for us all, and careful and enthusiastic guidance will be needed to take us sensibly through the Shape of Training and other challenges, such as the problem of national assessment of trainees and uniformising standards for training across all centres. Our prime motivation must remain the pressing need for Allergy services which continues in many parts of the UK. We must continue to campaign for more trainees and trainers, and sow the seeds of need and service wherever we find ourselves.
TNF-related apoptosis-inducing ligand (TRAIL) regulates midline-1, thymic stromal lymphopoietin, inflammation, and remodelling in experimental eosinophilic oesophagitis
Collison et al. JACI; 2015; 136:971-82

TNF-related apoptosis inducing ligand (TRAIL) is known to play a crucial role in allergic asthma, (promoting eosinophilic inflammation and remodelling). TRAIL promotes inflammation through upregulation of E3 ubiquitin ligase midline-1 (MID1) which binds to and deactivates the catalytic subunit of protein phosphatase 2ac which increases nuclear factor-kB activation. Collison et al hypothesised whether TRAIL contributed to the eosphageal inflammation and remodelling in experimental mice induced with Aspergillus fumigatus. TRAIL deficient mice which were challenged with aspergillus fumigatus were protected from eosophagial eosinophilic inflammation, remodelling and upregulated eotaxins, thymic stromal lymphopoietin (TSLP) and TH2 cytokines. Using small interfering RNA, Collison et al inhibited Midline-1 in the oesophagus inducing protection. Therefore recombinant TSLP with allergen exposure in TRAIL deficient mice still induced features of eosinophilic oesophagitis suggesting that TSLP elicits its function downstream of TRAIL and MID1. Therefore TRAIL deficiency and MID1 silencing reduced oesophageal eosinophilic inflammation and eliminated the main features of eosophageal remodelling in experimental eosinophilic oesophagitis. This article demonstrates potential new markers of pathogenesis in eosinophilic oesophagitis, which should now be confirmed in humans.

IgE-mediated hypersensitivity to cephalosporins: Cross-reactivity and tolerability of alternative cephalosporins
Romano et al JACI 2015; 136, 685-91

Cross reactivity among cephalosporins is mainly associated with RI side chains. Romano et al evaluated using alternative cephalosporins in 102 cephalosporin allergic patients. Patients were divided into 4 classes according to their patterns of positivity to cephalosporins and all patients had positive skin tests to the responsible cephalosporin. Group A were positive to 1 of ceftriaxone, cefuroxime, cefotaxime, cefepime, cefodizime and ceftazidime. Ceftriaxone, cefuroxime, cefotaxime, cefepime and cefodizime share a methoxime group in their RI side chain. Cefazolin has an alkyloxyimino group which would not be expected to cross react, however this study and previous studies showed cross reactivity between the aforementioned cephalosporins. Group B were positive to cefazolin and cephalexin (sharing a common amino group in the RI side chain). Group C were positive to cephalosporins which did not share common side chains to group A+B; and group D contained patients who were allergic to 2 cephalosporins with different side chains. Group A were challenged with cefalor (oral), cefazolin (IM) and cefetimex (oral); Group B with cefuroxime axetil (oral), ceftriaxone (IM), cefazolin and cefetimex; and group C and D underwent challenges with some of the aforementioned cephalosporins on the basis of their patterns of positivity. All challenges were well tolerated, supporting the BSACI beta lactam guidelines advising that if a patient reacts to a cephalosporin, skin testing to an alternative cephalosporin with a different side chain can be considered and if negative an oral challenge can be undertaken.

Two recent “must reads”

TNF-related apoptosis-inducing ligand (TRAIL) regulates midline-1, thymic stromal lymphopoietin, inflammation, and remodelling in experimental eosinophilic oesophagitis
Collison et al. JACI; 2015; 136:971-82

IgE-mediated hypersensitivity to cephalosporins: Cross-reactivity and tolerability of alternative cephalosporins
Romano et al JACI 2015; 136, 685-91
Two more “must reads”

Long-term assessment of esophageal remodeling in patients with pediatric eosinophilic esophagitis treated with topical corticosteroids
Rajan et al, J Allergy Clin Immunol 2015 doi:10.1016/j.jaci.2015.05.045
Oesophageal tissue remodeling can lead to complications such as dysmotility, strictures, and food bolus impaction in patients with eosinophilic oesophagitis (EoE). This study assessed long term control of oesophageal remodeling in 32 paediatric patients treated with topical corticosteroids over 10 years. They found that long term oesophageal remodeling was associated with eosinophilia; this improved with topical corticosteroid use. Clinical symptoms did not correlate with endoscopic or histological findings. Use of proton pump inhibitors did not alter disease outcome. The homogenous population and not assessing elimination diets were among the drawbacks of the study.

Immunopathophysiology of food protein-induced enterocolitis syndrome (FPIES)
FPIES is a non-IgE food allergy, characterised by profuse vomiting, hypotension and diarrhea. The immunopathophysiology of FPIES has not been clearly elucidated, compared to IgE food allergy. There is inappropriate adaptive immune response to food protein antigens, which activates cytokine-producing T lymphocytes in the intestinal mucosa. Raised TNF-alpha and local production of IgE lead to damaged intestinal architecture increasing its permeability (causes diarrhea and vomiting). Eosinophilia is common locally, in faecal extracts and in serum. Systemic release of TNF-alpha may account for shock-like symptoms. Serotonin release can directly lead to vomiting. Clinical translational studies are required to fully understand the immunopathophysiology of FPIES.

A service to address the needs of adults and children with allergic disease is based within the Royal Victoria Infirmary and at the Great North Children’s Hospital. We offer support to patients in Newcastle, North Tyneside and Northumberland as well as expert advice, support and management to primary and secondary care colleagues outside the region. Hospital and outreach clinics are dedicated to the assessment of patients with conditions such as IgE and non-IgE mediated food allergy, allergic rhinitis and conjunctivitis, venom hypersensitivity, urticaria (acute and chronic), and anaphylaxis. Clinical services are run on a daily basis and are staffed with a number of consultants and training doctors who have a major interest in immunology and allergy. In paediatric allergy there are collaborative clinics alongside gastroenterology, dermatology, ENT, respiratory and ophthalmology for multi-system allergic disease in childhood. The majority of food allergy clinics are supported by dedicated allergy dietetic specialists educated in the field. The two services combine together in allergy transitional services for young adults.

A collaborative drug allergy clinic has been established to investigate patients with an allergic reaction to a general anaesthetic. An extensive program is well established for both nurse led sublingual immunotherapy (inhalant allergies) and subcutaneous immunotherapy (inhalant allergens and venom). Within paediatrics there are additional facilities to investigate exercise and food induced anaphylaxis challenges in the dedicated lung function laboratory. The services also provide regional consultations, advice, and management strategies in the expert care for rare conditions such as Systemic and Cutaneous Mastocytosis. The allergy nursing teams consist of an adult Nurse Consultant, 4 Nurse Specialists, 2 Nursing Sisters and support from registered nurses & health care assistants. The adult allergy nurse led service accommodates referrals for assessment, physical examination, diagnosis, investigation and clinical management of allergic diseases and follow up review.

The nursing teams provide a comprehensive range of specialist diagnostic testing including allergen skin prick testing to food and aeroallergens, intradermal skin drug testing, drug provocation tests and open food and drug challenges. They provide guidance on treatments including patients with detailed verbal and written information regarding their impending treatment and procedures. This includes the self-administration of life saving adrenaline with auto injectors. Children are also updated with regards to asthma, rhinitis and eczema management care plans.

Clinical & Experimental Allergy moves online

BSACI and Wiley-Blackwell are delighted to announce that Clinical & Experimental Allergy will be available online-only beginning in January 2016. In addition to significantly reducing the carbon footprint of printing and mailing, this transition reflects a larger trend in 21st-century scholarship, with scholarly journals everywhere moving rapidly toward electronic-only distribution. This will result in broader readership and improved services, including the creation of new online initiatives to strengthen the usability, submissions, readership, and global interactivity of the journal.

Expected BSACI members will be able to log in via the ‘BSACI members’ area’ on the society website, as usual. To login please enter your email address in the username field, then your password. Should you forget your password you can automatically request this via email by clicking on lost password at the bottom of the login screen. You will then be required to click on “Get New Password” to create a new password for your account.

In order to benefit from various initiatives such as electronic Tables of Contents (eToC) Alerts, you will need to register on Wiley Online Library, where you can set preferences for format and frequency of alerts – just click on “Get New Content Alerts” in the Journal Tools menu and an eToC will show up in your email inbox for each issue!

Hana Haynes
BSACI Chief Executive

Allergy Services Newcastle upon Tyne Hospitals NHS Foundation Trust

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Both the adult and paediatric departments are very active within the clinical research facility at the RVI and the GNCH. An electronic module to teach professionals about ‘translational medicine in allergy’ started in 2015 within the University of Newcastle and the faculty is fully supported by both adult and paediatric allergists and immunologists.

For more information on the adult allergy services please contact:
Tel: 0191 2825070 or 2092517
Website: http://www.newcastle-hospitals.org.uk/services/clinical_research/allergy/index.aspx
For more information on paediatric allergy services please contact:
Email: childrensallergy@nuth.nhs.uk
For more information on the eModule in allergy please contact:
Tel: 0191 208 7032/+44 191 208 7032
Email: translmed@ncl.ac.uk

Paediatric Allergy Team, Back Row (Left to right): Dr Gillian Vance, Phil Woodford, Imogen Clark. Front Row: Dr Janaki Mahadevan, Jule Pentland, Anne McDonald, Dr Louise Michellis

Adult Allergy & Immunology Team, Back Row: Dr Suzanne Elcombe, Dr Helen Bourne, Lisa Baker; Middle Row: Louise Medlen, Anne Bell, Dr Steven Boag, Dr Gavin Spickett, Dr Catherine Stroud, Sr Teresa Green, Gail Nokes; Front Row: Sr Sue McGinn, Sr Owen Gris, Dr Esta Sarkar

Clinical & Experimental Allergy moves online

In the username field, then your password. Should you forget your password you can automatically request this via email by clicking on lost password underneath and one will be emailed to you. If you have problems logging in with your username please email ebba@bsaci.org.

In order to benefit from various initiatives such as electronic Tables of Contents (eToC) Alerts, you will need to register on Wiley Online Library, where you can set preferences for format and frequency of alerts – just click on “Get New Content Alerts” in the Journal Tools menu and an eToC will show up in your email inbox for each issue!

Hana Haynes
BSACI Chief Executive
Abstract winners 2015: summaries

BSACI 2015 accepted 131 abstracts for presentation and the majority are being considered for publication in the journal ‘Clinical and Experimental Allergy’. Fifteen abstracts were selected for oral presentation in the Basic Science, Paediatric Clinical and Adult Clinical oral abstract sessions. Many thanks to the poster judges for engendering interesting discussions during the poster session and to Dr Tom Marrs for expertly fielding this session.

Professor Barry Kay presented the following six delegates an award in the following categories for excellent research in allergy:

**Paediatric Clinical**

**Heather Hanna**
St. Thomas’ Hospital, London, United Kingdom

**Allergy update**

**Title:** Nasal, allergen immunisation with LAIT is safe in egg allergic children - results from the SNIFFLE2 study.

This study sought to assess the safety of intranasal Live Attenuated Influenza Vaccine (LAIV, FluMist®,Fluenz®), which contains egg protein, in egg-allergic children with and without asthma. We conducted a multi-centre phase IV observational study in children with a physician-diagnosis of egg allergy, administering 808 doses of LAIV in 779 children under medical supervision.

There were no systemic reactions, nine local reported reactions which were mild and self-limiting. There was no identified signal for increased wheezing post LAIV. The study has been reviewed by the Joint Committee on Vaccination and Immunisation (JCVI) which advises UK health departments on immunisation, and has resulted in a change in UK vaccine policy.

**Allied Health**

**Janette Bartle**
Imperial College London, United Kingdom

**Basic Science**

**Nadine Upton**
Aston University, Birmingham, United Kingdom

**Title:** Ten years of grass pollen counting at The Ipswich Hospital.

Ipswich has ten years of grass pollen counting data which has been reviewed and related to trends in reported hay fever symptoms and local information on prescribing.

The annual pollen counts show a repeated pattern of grass pollen dispersal despite weather conditions. The start of counting has increased by approximately two weeks and extends beyond July demonstrating a longer period of grass pollen exposure.

The RCGP’s reported 114% increase in patient consultations at GP surgeries for hay fever in 2014 compared with 2013. Local prescribing data indicates a greater reliance on antihistamine rather than steroid nasal sprays contrary to recommended treatment guidelines.

**Title:** The effect of the common cold (Rhinovirus) on local and peripheral B cell responses in allergic asthma.

Respiratory viral infection is a major cause for asthma exacerbations. Rhinovirus (RV) is frequently associated with viral-induced exacerbations in patients with asthma. We hypothesised that a major consequence of RV infection in allergic asthma is propagation of pre-existing allergic IgE+ B cell responses. We found that in vivo RV infection does indeed alter both secreted IgE and proportions of IgE+ B cells in peripheral blood from allergic asthmatics. Alterations in IgE were accompanied by functional changes in the activation of Basophils in peripheral blood. Our work demonstrates that rhinovirus infection alters underlying IgE in patients with allergic asthma, highlighting the importance of furthering our understanding into both the short and long-term consequences for these changes.

**Title:** Administration of nasal medications to infants and young children - thematic analysis of parents’ experiences in online forum discussions and blogs.

I am a PhD student at Brighton and Sussex Medical School, and my research project is about the experiences of parents administering nasal medications to their children with rhinitis symptoms found on online forum discussions and blogs. The main findings were that parents faced challenges in administering nasal medications to their children with rhinitis symptoms found on online forum discussions and blogs. The main findings were that parents faced challenges in administering nasal medications to their children with rhinitis symptoms found on online forum discussions and blogs.

Several million people in the UK have hay fever, which significantly affects their quality of life. Although current immunotherapy is effective, it is expensive and involves frequent visits to specialist clinics for injections or daily self-dosing with tablets or drops for several years.

Based on encouraging results from a pilot study, we undertook a clinical trial of a novel low dose intranasal grass pollen immunotherapy (over 2000 fold less than subcutaneous immunotherapy). We recruited 93 participants who were randomised to receive 7 two weekly pre-seasonal intradural grass pollen or histamine control injections. The primary outcome was the combined symptom and medication scores over the 2013 season. Mechanistic studies were also performed.

The results showed that the new approach had no benefit in reducing hay fever symptoms or medication usage. Unexpectedly, symptoms in the nose were significantly worse in those who received intradural grass pollen injections. Mechanistic studies indicated intradermal immunotherapy induced immunological priming.

These results have implications for novel immunotherapies delivering induced immunological priming.

**Title:** Assessment of cardiac changes during peanut allergic reactions.

The physiological events which occur during IgE-mediated allergic reactions to food are poorly understood. We evaluated the ECG changes during acute peanut allergic reactions, in 25 adults undergoing double-blind placebo-controlled challenges as part of the TRACE study, and their relationship to reaction severity.

On reactive compared to non-reactive days, we found significant increases in heart rate (mean 10.8bpm, 95% CI 5.73 to 15.88) and QTc interval (mean 149.2ms, 95% CI 134.7 to 163.7). We also observed changes in heart rate variability with increased dfb (P=0.047) and decreased sPamp (P=0.0017).

Additionally, atrioventricular conduction block was observed in 2 participants.

The changes observed were consistent with sympathetic activation and decreased heart rate variability. These changes were not significantly associated with reaction severity.

**Undergraduate**

**Alastair Tang**
Imperial College London, United Kingdom

**Title:** Observation of cardiac changes during peanut allergic reactions.

The physiological events which occur during IgE-mediated allergic reactions to food are poorly understood. We evaluated the ECG changes during acute peanut allergic reactions, in 25 adults undergoing double-blind placebo-controlled challenges as part of the TRACE study, and their relationship to reaction severity.

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2015 BSACI Meeting – Something for everyone!

The hugely successful 2015 BSACI Annual Meeting celebrated developments in translational allergy. National and international speakers delivered a fabulous programme, reflecting the multi-system nature of allergic disease across all age groups. This year’s meeting focussed on the latest data demonstrating how food allergies may be prevented, diagnosed and treated. The opening President’s Plenary Session highlighted pivotal mechanisms of oral tolerance induction, risk stratification for children and landmark findings of the Learning Early About Peanut (LEAP) study, and how to apply these findings in clinical practice.

The programme was also packed with sessions covering the latest on allergic disease affecting the gut, respiratory tract, skin and the overlap between immune dysregulatory disorders and allergy. Highlights particularly well received included both the Psychology of Allergic Disease and Controversies in Drug Allergy sessions.

The programme contained Joint Society Sessions including the British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) co-presenting ‘Allergy and the Gut’, the British Association of Dermatology (BAD), highlighting the latest on eczema and the microbiome and a new Joint BSACI/EAACI session on Airways disease triggers. The Year in Review seminars, Standard of Care Committee Guideline presentations and Grand Rounds were warmly received.

For the first time, a two day combined Allied Health and Primary Care stream tackled expert issues such as integrated care, practical strategies for the management of food allergy and strategies, desensitisation and vaccination. There were lively Pro-con debates on peanut desensitisation, food labelling, antibiotic challenge versus desensitisation, oral versus nasal aspirin desensitisation and mast cell activation syndrome. The ‘meet the expert’ sessions on allergic eye disease, contact allergy, asthma mimics, allergic provocation challenges and practical eczema management had excellent feedback. The hands on workshops were also extremely well attended. Huge thanks go to all the speakers and chairs for setting the standard of the meeting so high. I would also like to thank the BSACI Programme Planning Committee for helping to devise such an excellent and varied programme.

The BSACI 2015 meeting comprised 524 delegates with a rise in the number of delegates attending the full meeting, with international representation from Greece, Australia, Argentina, Singapore and the US. We were impressed with the excellent attendance from the first plenary session on the Friday morning to the last lunch-time sessions on Sunday. Delegate feedback has been extremely positive with 99% of delegates agreeing or strongly agreeing that the quality of the meeting so high. I would also like to thank Dr Guy Scadding, Deputy Meeting Secretary and Dr Tom Marrs, Communication and Abstracts Secretary who did a sterling job for the BSACI 2015 Annual Meeting. We are also indebted to our BSACI Annual Meeting leads for Nurses (Mrs Rosin Fitzsimmons), Dietitians (Dr Carina Venter) and Primary Care (Dr Matt Doyle). This year we worked with a new events organizing committee, Medivents, and developed a new website and branding for the meeting. Their expertise, thorough and professional approach to the meeting was hugely appreciated by delegates; 100% of delegates thought the meeting was well organised and that the organisational staff were helpful. Finally, I would like to thank Fiona Rayner, CEO of the BSACI, who has supported the meeting throughout the years.

Sponsors
BSACI were fortunate to receive support for our Travel Fellowship scheme from sponsors; as a result we were able to offer 42 researchers a travel fellowship to attend the conference to present their work. The scheme will be open again for the 2016 Meeting. The five Satellite Symposia were extremely well attended and received excellent feedback. A big “Thank You”, for the exhibitors and sponsors, without whom the meeting would not be possible in its high-quality form. Congratulations also to the winners of the Exhibitor Passport for Prizes draw.

Social
We had a brand new social events programme for the BSACI 2016 meeting. The Welcome Reception comprised a casino with live music and a DJ later in the evening encouraged some lively dancing to take place! The President’s Dinner took place under the wings of some of the most famous British fighter planes in the RAF Museum, Cosford and was finished off with an auction, expertly fielded by Professor Chris Corrigan that raised £270 for Allergy UK and the Anaphylaxis Campaign. You can view the BSACI 2015 Photo Gallery under the BSACI website Announcements tab for each day via www.bsacimeeting.org/announcements/bsaci-annual-meeting-2015-in-pictures. BSACI 2016
Work is now well underway for the BSACI 2016 Annual Meeting, which will be held again in the bright and spacious Telford International Centre from Thursday 29 September to Saturday 1 October 2016. The 2016 preliminary programme is available to see on the BSACI Annual meeting website at www.bsacimeeting.org

Special thanks
I would like to thank Dr Helen A Brough, Secretary 2015 BSACI Meeting for her leadership and hard work. The hands on workshops were excellent and were very much enjoyed by delegates agreeing or strongly agreeing that the quality of the meeting so high. I would also like to thank Fiona Rayner, CEO of the BSACI, who has supported the meeting throughout the years.

Dr Helen A Brough
BSACI Meeting Secretary 2015
Awards

William Frankland Award

Dr Adam Fox, Clinical Director (GRID-A) at Guy’s & St Thomas’ Hospitals NHS Foundation Trust was awarded the 2015 William Frankland Award for his outstanding contributions to clinical allergy in the UK. The award is presented each year at the BSACI Meeting, however Adam was unable accept the award personally this year due to his son’s Bat Mitzvah taking place at the same time. Dr Helen Brough (BSACI Meetings Secretary) therefore accepted the award on his behalf. It was later decided that Adam should not miss out on being presented with the award from Dr Frankland. Therefore Dr Frankland was invited to attend the joint allergy meeting on Friday 2nd October, at Guy’s & St Thomas’ Hospital, and took the opportunity to present the award officially to Adam during this time.

Jack Pepys Lecture

This year this lecture was given by Hasan Arshad who is a Professor of Allergy and Clinical Immunology at the University of Southampton. He is also a consultant physician at Southampton University Hospital Trust and Director of The David Hide Asthma and Allergy Research Centre on the Isle of Wight. Professor Arshad gave a lecture on ‘Predicting and preventing allergy – tale of two cohorts. The lectureship honours Jack Pepys by recognising those who have made outstanding contributions to the science of allergy and clinical immunology internationally. Professor Arshad being presented with the Jack Pepys Award by Professor Anthony Frew.

Annual Meeting

29 September – 1 October 2016

Telford International Centre UK

For further information regarding the programme, registration and ongoing updates please visit: www.bsacimeeting.org
New council members: their agenda for the next 3 years

Nicola Brathwaite, Consultant Paediatric Allergist, King's College Hospital, London

I strongly believe in the role of the BSACI in improving allergy care by strengthening clinical networks, supporting education and training and research. I am a Consultant Paediatric Allergist at Kings College Hospital and am RCPCH College Tutor for Paediatrics. I am particularly interested in strengthening allergy care in primary and secondary care through strengthened networks and pathways. I am passionate about improving allergy training for general paediatric trainees and for GPs. I am a current member of the BSACI SOCC and past Editor of Allergy Update.

Reisin Fitzsimons, Allergy Consultant Nurse, Guy's and St Thomas', London

I have been a member of the BSACI since 2008. Whilst serving on the Paediatric and Nursing Committees I have contributed to BSACI standards, guidelines and developed a nursing competency document. I have pioneered nursing involvement in the annual BSACI meeting and as a member of the programme planning committee, have been instrumental in establishing an Allied Health programme. I believe my involvement has given me a good understanding of the BSACI values and aspirations and I have developed a sense of belonging and ownership of this community. Now as a council member, I will continue to improve care for people with allergic disease and support all professionals in delivering high standards of care.

Mohamed Shamji, PhD, Head of Immune Tolerance Group, Allergy & Clinical Immunology, NHLI, Imperial College London

I am honoured to have been elected as a council member for the BSACI. My focus on council will be to support the leadership in delivering educational sessions and organising expert lead annual meeting sessions.

As an elected council member, I will actively promote translational Allergy/Immunology themes integrating basic science and clinical research. I will bring distinguished allergists and immunologists together and actively focus on organising basic science immunology sessions to be more informative to our clinical colleagues. I will aim to establish a strong membership and especially attract new BSACI members.

Tom Marrs, Clinical Lecturer in Paediatric Allergy and Abstract Secretary for BSACI Meetings, St Thomas', London

I am keen to strengthen the voice of trainees within BSACI. I have received expert training in Patient Experience models and have a strong interest in service improvement.

I passionately believe that we can all learn from the expertise amongst BSACI members. I wish to develop more active channels for participation amongst our membership.

Update from the Standards of Care Committee (SOCC)

Dr Andrew Clark, Chair of SOCC, Consultant in Paediatric Allergy, Addenbrooke's Hospital, Cambridge

This update from the Standards of Care Committee (SOCC) begins with a welcome to our new scientific officer, Maryam Shayeghi, to the committee.

Maryam comes from a strong scientific background and holds a PhD in medical genetics from the University of Sussex, she subsequently held several research posts and most recently was an expert consultant for the Medical Research Council.

We have three guidelines in an advanced state of preparation: peanut and nut allergy, rhinitis and local anesthetic allergy, being led by Gary Stiefel, Glenis Scadding and Rubaiyat Haque respectively. The adrenaline autoinjector guideline is under review by Clinical and Experimental Allergy.

A pre-guideline autoinjector national audit has been submitted to Clinical and Experimental Allergy and a post-guideline audit has been accepted for publication in Archives of Disease in Childhood. I encourage all BSACI members to take part in these important audits; they are an essential part of determining how our guidelines impact on clinical practice.

Once again I would like to thank the members of the Standards of Care Committee and co-opted members for their diligent work.

Dr Maryam Shayeghi, BSACI Scientific Officer

National Allergy Strategy Group (NASG)

Mandy East, National Allergy Strategy Group (NASG) Parliamentary Officer

2015 has been a busy year for the National Allergy Strategy group as the general election held in May meant that the very supportive All Party Parliamentary Group for Allergy was dissolved and had to be reformed after the new Government took office. An All Party Group is set up by cross party MPs and Peers who have an interest in a particular subject. There are groups covering many varied and diverse issues and most health conditions have one. The All Party Group for Allergy was formed back in 2005 and has helped enormously with the political lobbying we have undertaken over the years, so it was essential we reformed as quickly as possible following the election. We are therefore very pleased to report that the newly re-registered group is now formally recorded on the register and is once again offering support for our work. The following MP's and Peers have been appointed officers of the group:

Chair
Stephen McPartland MP

Vice-chair
Baroness Finlay of Llandaff

Treasurer
Jon Cruddas MP

Secretary
Baroness Healy of Primrose Hill

Officer without portfolio
Chloe Smith MP

Any MP or Peer can become a member of an All Party Group and we have a number of other MPs who have joined and are supportive. If you have contact with an MP or Peer who you think would be interested in joining us do let me know so we can ensure they are kept updated on all our work.

The first official event of the newly formed group will be a Parliamentary reception on December 2nd co-hosted by the National Allergy Strategy Group. This event is being held to thank all MPs and Peers who have helped us in the past and to welcome new MPs who have either recently been elected or have developed an interest in allergy.

For more information on the work of the NASG visit www.nasguk.org or email mandy@nasguk.org
Primary Care Committee Update

As the new chair of the Primary Care Committee I would firstly like to thank Matt Doyle for all the work he put in as my predecessor. Since 2008, when I initially became a member of BSACI, the role of primary care clinicians within the BSACI and within the field of allergy has substantially increased. This has been helped by the determined efforts of key characters. Whilst maintaining links with BSACI, many have taken on other roles. Dermot Ryan chairs the primary care interest group of EAACI and is supported by Liz Angier. Steve Holmes continues to fight the allergy corner at the RCGP, particularly in relation to education and competences of GPs. Helen Smith and Aziz Sheikh continue to address research issues in primary care allergy.

At the 2015 conference we were encouraged by the many posters on community projects, but discussed the need to reach out more to those working in Primary Care. Whilst not all may wish to become members of BSACI, which we would obviously encourage, we felt there is a need to establish links between the many GPs, dietitians and nurses who are beginning to shape better allergy care in the community. A project for this year will be to reach out to these individuals and work with them on projects they feel BSACI could help to shape e.g. preparation of business cases for improved allergy services.

Members of the group promoted better allergy care at national meetings e.g. Primary Care and Public Health Conference and RCGP Conference. Liz Angier will be helping to shape the Quality Standards on Food Allergy and Anaphylaxis, due for publication in March 2016.

The primary care group continues to support Allergy UK, Anaphylaxis Campaign and NASG with representatives on these committees.

Overall, the voice of Primary Care continues to play a part in helping to improve the care of those with allergies. Should you wish to contact us please email, Marie Gibbs at Marie@bsaci.org.

Adult Allergy Group (AAG)

The formation of adult allergy group has attracted a lot of interest in recent months amongst those looking after adult patients with allergic diseases in the UK. Following the steering committee meeting in January 2015, it was decided that the first task is to develop a comprehensive database of those providing adult allergy services. We sent two surveys to clinicians providing adult allergy services. Based on these surveys, a database has been developed with the contact information as well as the type and extent of service they provide and whether they belong to a regional allergy network.

The primary care group promoted better allergy care at national meetings e.g. Primary Care and Public Health Conference and RCGP Conference. Liz Angier will be helping to shape the Quality Standards on Food Allergy and Anaphylaxis, due for publication in March 2016.

The next important task is to ensure that regional networks in adult allergy cover the length and breadth of the country and provide an opportunity for all to be part of one of these networks. Further, the network representatives will be invited to join the AAG steering committee. This work is led by Dr Rubaiyat Haque. Additionally, to improve communication, Dr Isabel Skypala hopes to form web-based networking, providing support for those clinicians, nurses and dieticians who may be work in isolation in their Trusts. The AAG thus hopes to be the voice of those hoping to make life better for our allergy patients.
**Committee and group news**

Chair from Jennifer Whisken:

are to be rolled out soon!

nurses to achieve this and more

produced by the committee have

improve their knowledge of allergic

membership with nurses hoping to

continues to expand its

Nurses in Allergy Committee

with several junior members presenting their posters and cases at the Adult and Paediatric Grand rounds. Highlights of the Trainees' Meeting included a suggestion by Alexandra Croom to open an online national Allergy Trainee Forum, where interesting cases, recent publications and presentations from training days could be shared.

Similar schemes have been well received by other clinical specialities in the East Midlands. We also had a strong trainee presence at EAACI Annual Congress in Barcelona and PAMJ in Berlin,

National training days this year were held at the Royal Brompton and Leicester. The programmes were excellent, with international speakers including Tom Platts-Mills and Liliana Cifuentes speaking on topics such as the epidemiology of allergy, venom immunotherapy and asthma.

These training days cover specific aspects of the allergy curriculum and are open to all Allergy, Immunology and Paediatric SPIRs. The next training day will be held on Wednesday 3rd February at Guy's Hospital and will cover mastocytosis, hereditary angioedema and urticaria.

For details of the programme and to book your place, please contact Marie Gibbs at marie@bsaci.org.

Several senior trainees have recently completed their training and successfully been appointed to consultant posts - congratulations to Tak Chin who has started at Southampton and Katherine Anagnostou who is working at St Thomas'.

I look forward to working as your representative - please do not hesitate to contact me at juniormembers@bsaci.org with any training issues or suggestions for the trainee programme for the BSACI Annual Meeting 2016.

**Allergy update**

**Junior Members Update**

Erika Harnik, Paediatric SpR Great Ormond Street Hospital.

Many thanks to Chris Rutkowski for his dedicated work as Junior Members Representative - congratulations on his appointment as consultant allergist at Guy's Hospital. I will be taking over from Chris for the next 3 years - I am a paediatric trainee working in the Immunology department at Great Ormond Street Hospital, having worked as the education fellow of the Allergy Academy last year. We had another successful Annual Meeting in Telford this September, with several junior members presenting their posters and cases at the Adult and Paediatric Grand rounds. Highlights of the Trainees' Meeting included a suggestion by Alexandra Croom to open an online national Allergy Trainee Forum, where interesting cases, recent publications and presentations from training days could be shared. Similar schemes have been well received by other clinical specialities in the East Midlands. We also had a strong trainee presence at EAACI Annual Congress in Barcelona and PAMJ in Berlin, National training days this year were held at the Royal Brompton and Leicester. The programmes were excellent, with international speakers including Tom Platts-Mills and Liliana Cifuentes speaking on topics such as the epidemiology of allergy, venom immunotherapy and asthma.

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**Regional paediatric allergy groups; new portal on the BSACI website**

In response to a number of requests, we have created a portal for regional paediatric allergy groups on the BSACI website. Seventeen groups are represented.

This is an exciting development for BSACI members, who are now able to send a message to the convenor of their local group, with requests such as details of the time and venue of the next meeting.

If you are not yet a member of a regional group, there is an interactive map, which will show you the site of your nearest group.

The portal lies in the public area of the website under 'BSACI professionals', so take a look and link up with your nearest paediatric allergy group.

Dr Susan Leech

**Paediatric Group News**

Dr Susan Leech, Consultant Paediatric Allergist, King’s College Hospital, London

Dr Adam Fox, Consultant Paediatric Allergist, Guys and St Thomas’ Hospital and Incoming Chair of the Paediatric Group

The BSACI Paediatric Allergy Group continues to march onwards and upwards. Mich Lajeunesse is stepping down as chair of the allergy, immunology and infectious diseases CSAC, succeeded by Scott Hackett. The GMC have requested the RCPCH review and update it's curriculum. A group is reviewing the level 3 curriculum for Allergy, Immunology and Infectious diseases and have defined core competences across all 3 specialties. The Paediatric group have drawn up guidelines for influenza immunisation of egg allergic children for the 2015/16 flu season. This mirrors recommendations in the Green Book (May 2015 version). The guideline is available on the BSACI website.

Paul Turner and Gary Stiefel are working with Allergy UK and the Anaphylaxis Campaign to establish the use of generic adrenaline autoinjectors in schools (in the same way that schools can now provide a generic bronchodilator for children with asthma).

Healthcare professionals, teachers and parents have been surveyed and support the project. A meeting with the Department of Health in July established steps needed to achieve the change in legislation. We anticipate the process will take about 18 months.

Scott Hackett represented paediatrics on the NICE Quality Standard for the Diagnosis and Management of Drug Allergy, published in July. Trevor Brown sits on the NICE Food Allergy and Anaphylaxis Quality Standard advisory committee, due for publication in March 2016.

Georgie DuToit co-chaired the highly successful EAACI Paediatric Allergy and asthma meeting in Berlin in October, attended by a large number of British paediatric allergists. The next paediatric Allergy and Asthma Meeting will be held in London in October 2017. The BSACI will once again host a stand at the RCPCH annual meeting, 26th – 28th April 2016 in Liverpool. The meeting includes several ‘Personal practice’ sessions on allergy and a joint session between the BPAIIg and BPGHN.

This also should be a great meeting.

Finally, I am stepping down after 3 years as chair of the BSACI paediatric group. It has been a period of huge growth in paediatric allergy, with paediatric allergy healthcare professionals now making up a third of BSACI members. I feel honoured to have been part of this. I’m handing over to Adam Fox, who will chair the group for the next 3 years, and wish him every success.

http://www.bsaci.org/professionals/paediatric-allergy-groups
Clinical Immunology Committee Update

Dr Yousuf Karim, Chair of BSACI Clinical Immunology Committee

The committee is keen to encourage Immunology participation in the Adult Allergy Group (AAG), which held a further meeting at BSACI 2015, where several immunologists attended. A survey by the AAG has identified a number of Allergy networks around the country, with Allergists and Immunologists participating. Accreditation for Immunodeficiency services has been occurring for several years, under the auspices of the UK Primary Immunodeficiency Network. We have discussed the new accreditation processes for Allergy and Immunology, which have been taken on by the Accreditation Unit of the RCP. For IQAS and QPIDS, costings have been released; £2500/year/scheme. There is a £400 discount offered for dual registration for both IQAS and QPIDS accreditation.

We have discussed that study leave budget restrictions limit Immunology trainee attendance at the BSACI training days. The committee encouraged the attendance of Immunology trainees at the Annual Meeting via the BSACI Travel Fellowships scheme. We have also sent out an electronic survey to Immunology trainees and consultants for their feedback regarding the BSACI Annual Meeting. Based on the results, we hope to encourage as many Immunologists as possible to attend the 2016 meeting. The Immunology session on Immunodysregulatory disorders at this year’s Annual Meeting was well received. The planned session for 2016 includes hereditary angioedema, idiopathic angioedema, and unusual urticaria.

The publication of the quality standards for drug allergy: diagnosis and management, in which BSACI members from Allergy, Immunology, Dermatology, and Paediatrics were involved, occurred in July 2015.

Food Allergy Specialist Group (FASG)

Tanya Wright, Chair of the Food Allergy Group

The Food Allergy Specialist Group continues to be actively involved in variety of projects to improve nutritional allergy care in the UK. We now have six fact sheets related to food allergy that are available to the public and can be downloaded from the BDA open site. For BDA registered dietitians, we have nine key diet sheets that can be downloaded from the member site and four more are in development. These diet sheets are constantly updated with the aim to improve clinical practice. BDA supported study on cow’s milk was hosted recently in Cardiff with two further dates being planned for 2016.

Dr Isabel Skypala has been appointed to sit on two NICE committees representing dietitians. An increasing number of FASG members are being invited to present at many prestigious study days and conferences including RSM, Allergy Academy study days, PAAM 2015 and BSACI 2015. We held our annual FASG study day in July at St Mary’s Hospital, London, and topics included the LEAP Study, component testing, feeding behaviours and allergy, FODMAPS diets in children and more.

Many of the FASG members are also on the Scientific Board of the Anaphylaxis Campaign, the Health Advisory Board of allergy UK, Infant and Toddler Forum and several have key positions in the global allergy network INDANA(International Network of Diet and Nutrition in Allergy). FASG members are also involved in the EAACI, Dr Kate Grimshaw is the new chair of the Allied Health interest group of EAACI and Dr Isabel Skypala, represents all Interest Groups on the Executive Committee of EAACI.

Queen’s birthday honours for one of BSACI’s founder members

Earlier this year, Dr Bill Frankland, one of the founder members and past president of BSACI, was recognised in the Queen’s Birthday honours list and awarded an MBE. On 27th October, Bill, together with his son Andrew and daughter Jennifer and his assistant Suzanne Browne attended a ceremony at Buckingham Palace and was awarded the honour by HRH The Duke of Cambridge. Dr Frankland said that it was ‘a delightful honour and privilege to receive this Award’. Bill’s distinguished career in allergy began after World War II, when he returned to work at St Mary’s Hospital, London, as a survivor of an infamous Japanese prisoner of war camp. Over 60 years later, and at the age of 103 Bill’s enthusiasm for clinical allergy appears undiminished, and his mental acuity and fitness are remarkable. Over the years he has received many honours, including having the St Mary’s Hospital Allergy Unit named after him, and also the BSACI’s award for ‘Outstanding services to clinical allergy in the UK’ – ‘The William Frankland Award’.

Earlier on in the year, on July 13th, Bill received The League of Mercy award for his commitment to the Commonwealth, Great Britain, humanity and to medicine. BSACI together with The Not Forgotten Association supported Bill for this award. The award was presented to Bill at Mansion House, in London.
ImmunoCAP ISAC is back!

ImmunoCAP ISAC, a highly advanced tool for revealing the patient’s IgE antibody profile, is yet again available to benefit your clinical practice. Through its unique multiplexing in vitro diagnostic test, ImmunoCAP ISAC aids the allergology specialist to get a broader view on allergic symptoms. ImmunoCAP ISAC is based exclusively on allergen components and delivers antibody results for fixed panel of 112 components from 51 allergen sources. Please visit thermoscientific.com/phadia or talk to your Thermo Fisher Scientific representative to learn more.

Performance validated in customer study

thermoscientific.com/phadia