



CSACI

Newsletter

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Do you have feedback, concerns or suggestions? Share them with the membership!

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PRESIDENT'S MESSAGE

How quickly the summer has flown by! I trust that everyone has had a chance for some rest and relaxation this summer. We are now only a few weeks away from our annual conference in Edmonton, September 27th to 30th.

First and foremost, I would like to recognize **Susan Waserman** and the **2007 Scientific Program Committee** for their work in developing such an excellent program for our annual meeting. A wide range of topics has been packed into this year's program. In addition to symposia on "Anaphylaxis and Food Allergy" and "New Biologics in Clinical Allergy", there is a symposium covering a potpourri of topics including adverse drug reactions, rheumatology, immunotherapy, hymenoptera allergy, and new vaccines. On Thursday morning, September 27th, the Canadian Hereditary Angioedema Network is hosting a half-day symposium on the latest research and developments in hereditary angioedema. During the afternoon the Immunology interest section has organized a half day symposium on Primary Immunodeficiency. On the final morning of the annual scientific meeting, there is a literature review of the past year in the field of Allergy and Immunology. *There is something for everyone!*

In this newsletter, you will find reports from the heads of the various interest sections. The interest sections will be meeting on Saturday morning during the annual meeting. I would encourage you to get involved with one of these groups.

I hope to see you in Edmonton during the last four days of September. It will be a great time to consider the most recent and significant developments in clinical and basic research in the field of Allergy and Immunology. Furthermore, it will be a chance to visit and exchange ideas with your colleagues from across the country.

Dr. Charles Frankish
President, CSACI

~ IMPORTANT DATES ~

- ◆ **CSACI Annual Meeting - September 27 – 30, 2007, Edmonton, Alberta**
- ◆ XVIII World Congress of Asthma - Oct. 14-17, 2007, Guadalajara, Mexico
- ◆ American College of Allergy Asthma and Immunology - Nov. 9-14, 2007, Dallas, TX
- ◆ World Allergy Congress - Dec. 2-6, 2007, Bangkok, Thailand
- ◆ American Academy of Allergy, Asthma and Immunology - Mar. 14-18, 2008, Philadelphia, PA
- ◆ Congress of European Allergology - June 7-11, 2008, Barcelona, Spain
- ◆ 14th International Congress of Immunology - Aug. 22-27, 2008, Kobe, Japan

FOOD LABELLING: A CALL TO ACTION

The current Canadian Food and Drugs Act and Regulations (FDR) came into force in 1954. It is a consumer-protection statute dealing with the health and safety aspects of food, drugs, cosmetics, and medical devices. Unfortunately, at the time the FDR was passed, food allergy and the possible impact of undeclared trace amounts of allergens in food were not fully appreciated. In the mid-1990's, Health Canada and Agriculture and Agri-Food Canada reviewed the regulations with respect to the labelling of food known to cause adverse reactions. A list of nine priority allergens was agreed upon (namely peanuts, tree nuts, soy, milk, eggs, fish, shellfish, wheat and other grains, and sesame). Amendments to the FDR will require that these foods must always be listed if contained, even in trace amounts, in processed foods. This amendment to legislation, "The Proposed Regulatory Amendments to Enhance the Labelling of Priority Allergens in Foods" has passed through the legislature but has yet to be passed into law. There is unfortunately significant inertia to enact these

amendments into law.

This April, your CSACI president and representatives from several lay organizations met with staff from Health Minister Tony Clement's office. At this meeting, the government was encouraged to enact these amendments into law expeditiously. No action has been taken by the Health Ministry as of yet.

Now is the time for action by our membership. Please send a letter to Health Minister Tony Clement and your local minister of parliament urging the government to pass this food labelling amendment of the FDR. A draft letter is included in this newsletter and also on the CSACI website under "Political Issues" *Letter to Minister Clement*. For the safety of our food-allergic patients, it is important that these amendments are passed into law as soon as possible.

Dr. Charles Frankish

CSACI & Allergy Associations Bring Resources to the Community

The CSACI, CAAIF and the allergy associations – Anaphylaxis Canada, Allergy/Asthma Information Association, and the *Association québécoise des allergies alimentaires* – continue to collaborate on key projects for the public. (Resources are available in English and French.)

Nation-wide distribution of consensus guidelines:

Anaphylaxis in Schools & Other Settings is being distributed free of charge to all public schools in the country with the exception of Ontario, which received them in 2006. Funding from the American Peanut Council, Dairy Farmers of Canada, King Pharma Canada, and the Canadian Egg Marketing Agency will cover costs associated with printing and distribution of the guidelines and maintaining the companion website – www.allergysafecommunities.ca.

"Be Prepared" Campaign: As a follow up to a similar initiative in 2006, a second campaign was completed in Winter 2007 to promote public awareness about anaphylaxis and the proper use of the EpiPen and Twinject auto-injectors. This project was made possible by an unrestricted educational grant from Shoppers Drug Mart.

The combined efforts of the CSACI and allergy associations serve to create a common voice for anaphylaxis management within the community.

Dr. Susan Waserman

PEDIATRIC SECTION REPORT

There have been conflicting and inaccurate recommendations regarding the introduction of foods into the infant's diet. Most of these recommendations are made with the promise to reduce the likelihood of food allergy. Increasing evidence suggests that this may not be true, and recent studies have suggested that the delayed introduction of potentially allergenic foods is unhelpful, and possibly detrimental.

It is difficult to change opinion, however, when the established opinion in the medical and lay community continues to promote these archaic practices. Efforts have been hampered by recent "guidelines" published in the U.S. that do not reflect our current understanding (see the article by Fiocchi A et al. *Ann Allergy Asthma Immunol.* 2006;97:10-21, and the subsequent comments by Maloney et al. *Ann Allergy Asthma Immunol.* 2006;97:559-60). There is a need for updated guidelines in this area, and CSACI is in a position to clarify this within Canada.

The recent changes made to the product monograph regarding dosing for the EpiPen were welcome, and helped to clarify some of the confusion that existed. It had initially been proposed that the CSACI develop a consensus statement regarding dosing, but these recent changes were felt to be satisfactory.

Members of the pediatric section continue to be active in the publication, distribution and promotion of the recently updated anaphylaxis guidelines. You are encouraged to promote this resource for your patients at risk for anaphylaxis. The entire document is available online at www.allergysafecommunities.ca.

Dr. Tim Vander Leek

IMMUNOLOGY SECTION REPORT

The CSACI Immunology Section and the Canadian Immunodeficiency Society will host the "Immunology Update" on Thursday, September 27th 2007 in Edmonton, AB. Novel immune deficiency diseases and management options will be discussed by national and international speakers.

Another interesting meeting is the "European Society of Immune Deficiency", October 16-19th 2008, Hertogenbosch, Netherlands

Some important basic and clinical research studies include:

- T-B+NK+ SCID caused by CD3zeta deficiency. *Blood* 2007; 3198.
- Foxp3 in control of the regulatory T cell. *Nature Immunology* 2007, 8:457.
- Re-examining the role of TACI in CVID and IgA deficiency. *Nature Genetics* 2007:39, 429.
- Long-Term Follow-Up and Outcome of Patients with CVID. *J Clin. Immunol.* 2007;27:308.
- FCGR3B variation is associated with susceptibility to systemic autoimmunity. *Nature Genetics*, online: 21 May 2007

Dr. Eyal Grunebaum

ALLIED HEALTH

Hopefully, everyone is enjoying the summer and getting their share of long, hot days and able to spend them lying in the hammock! No?..... Me neither!

As every other year, our biggest challenge has been trying to recruit new members to the section, and encourage the existing members to remain active. Many of us have spoken to Allied Health professionals we have encountered in our Asthma/Allergy meetings throughout the year, and encouraged them to join us. It is not an easy task to increase our membership, as we are a mobile group, and change areas of career focus on occasion. I have left the area of Allergy myself, and we will be looking for a new chair for the section for the upcoming year. Volunteers?

We have a very interesting, informative couple of sessions, dealing with various aspects of Anaphylaxis, planned for the September meeting. Hopefully, our recruitment efforts will prove to have been highly effective, and our dynamic speakers will be faced with a large, enthusiastic group, ready to soak up all the information they are so qualified to impart. Help us make this happen.....talk to your co-workers!

See you at the end of the month, and get into that hammock before it is too late!

Diane Stewart

ANAPHYLAXIS SECTION REPORT

Epinephrine is the drug of choice as primary treatment of anaphylaxis. In Canada there are two epinephrine autoinjectors, Twinject and EpiPen, available in two fixed doses: 0.15mg and 0.3mg. According to both the product monographs the 0.15mg dose is indicated for children weighing 15-30kg, while 0.3mg is indicated for a weight of 30kg and above.

In a comprehensive article on the role of self-injectable epinephrine in the management of anaphylaxis, Sicherer and Simons¹ advocate modification of the monograph dosage recommendations to correspond with epinephrine dosing in children of 0.01mg/kg up to 0.3mg. They recommend 0.15mg dose in children weighing 10 - 25kg (22-55lb) corresponding to 1.5-fold overdose to 1.7 fold underdose respectively, and 0.3mg dose in those weighing 25kg and higher. In children weighing less than 10 kg, a decision needs to be made between a fixed dose autoinjector and ampoule/syringe/needle technique which might lead to dosing mistakes and delayed treatment.

There is still no information as to when Prepen will become available for penicillin skin testing.

Dr. David Hummel

1. Sicherer SH, Simons FE. *Pediatrics*. 2007;119:638-646 (<http://pediatrics.aappublications.org/cgi/reprint/119/3/638>)

ASTHMA SECTION REPORT

At the Annual General Meeting of the CSACI 2006, after four years of commitment, Dr. Kim passed on his responsibilities to Dr. Stephen Betschel. During Dr. Kim's four years as section head he contributed significantly to the representation of the CSACI in the development of the Canadian Asthma Consensus Guidelines. He continues to work in this capacity and the CSACI will continue to be represented in the development of future adult and pediatric guidelines.

Recently a short electronic survey was distributed to asthma section members to obtain input regarding the structure and content of the asthma section meetings at the CSACI. Response rates have been very good and suggestions very helpful. I would encourage all readers who wish to be part of the asthma section, either actively or passively, to please send an email to csaci@rcpsc.edu in order to be part of the ongoing dialogue.

Dr. Stephen Betschel

RHINOSINUSITIS SECTION REPORT

The interest section of rhinosinusitis will be having a presentation by Dr. Fanny Silviu-Dan at the annual meeting in Edmonton on aspects of treatment of chronic rhinosinusitis including the role of nasal lavage.

The business meeting will include proposals for research projects that members of the section and other interested CSACI members would like to develop. The immunotherapy guidelines and the rhinitis guidelines have been published recently within the last year.

Dr. Eric Leith

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