



WISC 2012



SLIT

Sublingual Immunotherapy

Prof. Giorgio Walter Canonica
Allergy and Respiratory Diseases Department
University of Genoa




Historian

President Elect

Disclosure of Interests of G.W. Canonica

Prof. Giorgio Walter CANONICA, in the last five years, has been:
-scientific consultant as a single scientist or in national/international boards,
-researcher in scientific trials in his university or in collaboration with other research institutions,
-speaker in scientific meetings, seminars and educational activities devoted to specialists, general practitioners and other healthcare professionals,
totally or partially supported by the following commercial companies:

- Alk-Abello'
- Almirall
- Allergy Therapeutics
- Anallergo
- Hal
- Lofarma
- Stallergenes
- Thermo Fisher


CANONICA GW DISCLOSURE OF INTERESTS



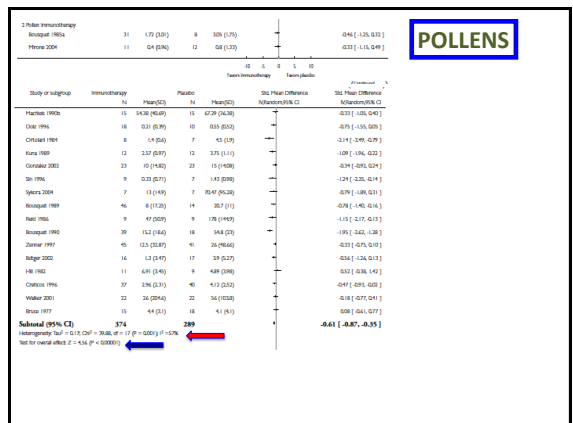
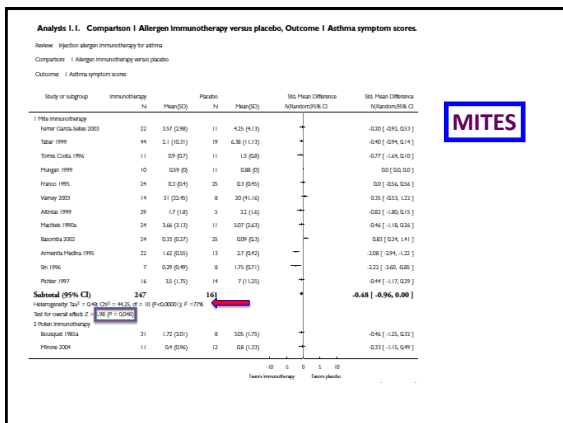
IMMUNOTHERAPY

Injection allergen immunotherapy for asthma (Review)

Abramson MJ, Puy RM, Weiner JM



2010



AUTHORS' CONCLUSIONS

Implications for practice

The evidence assembled in this review confirms the efficacy of immunotherapy in terms of a reduction in asthma symptoms and use of asthma medication, but it gives limited guidance concerning the size of benefit compared to other therapies. For example, it is not confidently known whether the effect is the same in patients receiving inhaled corticosteroids as in those who are not. The data

be flexibility in the dosage schedule. Patients should be informed that subcutaneous allergen immunotherapy is not without risk of significant adverse effects. They must be observed long enough



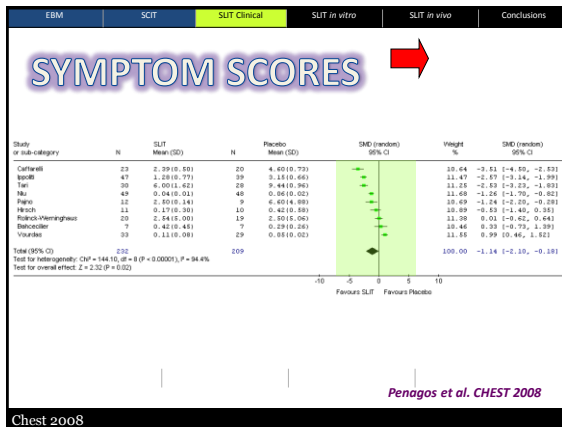
to expert advice at all times. Finally, patients should be informed that other types of allergen immunotherapy, such as sublingual immunotherapy, are available, and patients should be allowed an informed choice as to which intervention they would prefer.



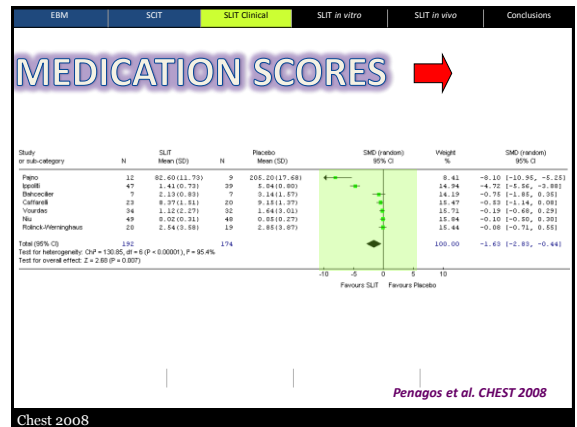
Meta-analysis of the efficacy of sublingual immunotherapy in allergic asthma in pediatric patients, 3 to 18 years of age.

Martin Penagos^{a,c}, Giovanni Passalacqua^a, Enrico Compalati^a, Carlos Baena-Cagnanis^a, Socorro Orozco^a, Alvaro Pedroza^a and Giorgio Walter Canonica^a

Penagos et al. CHEST 2008



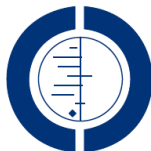
Chest 2008



Chest 2008

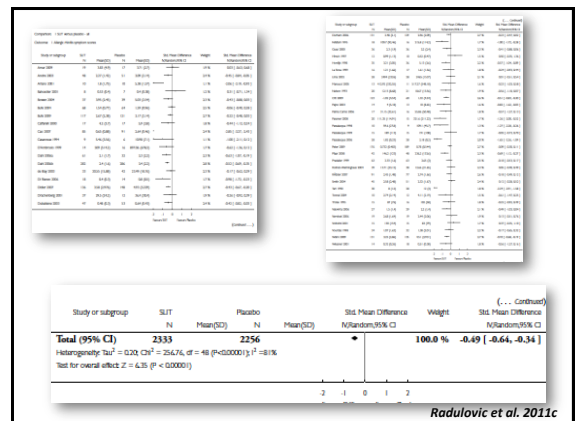
Sublingual immunotherapy for allergic rhinitis (Review)

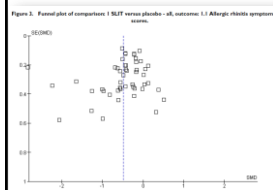
Radulovic S, Calderon MA, Wilson D, Durham S



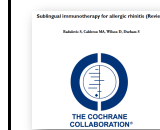
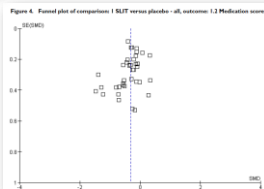
THE COCHRANE COLLABORATION®

2011





Radulovic et al. 2011c



Authors' conclusions

This updated review reinforces the conclusion of the original 2003 Cochrane Review that sublingual immunotherapy is effective for allergic rhinitis and has been proven to be a safe route of administration.

Radulovic et al. 2011c

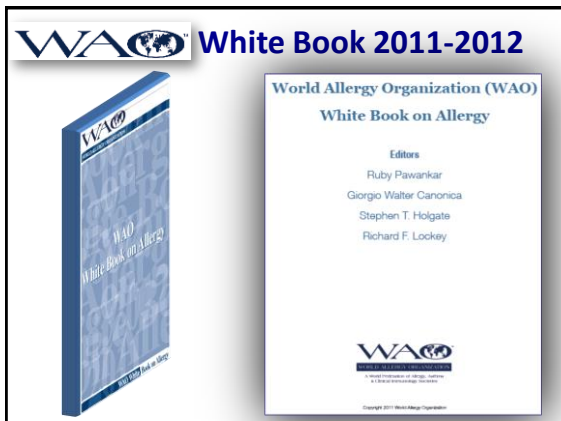
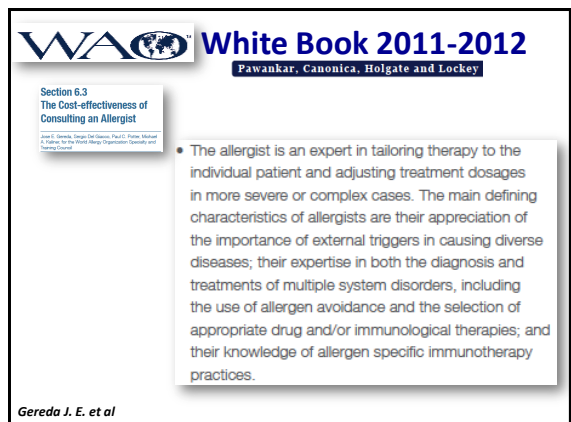
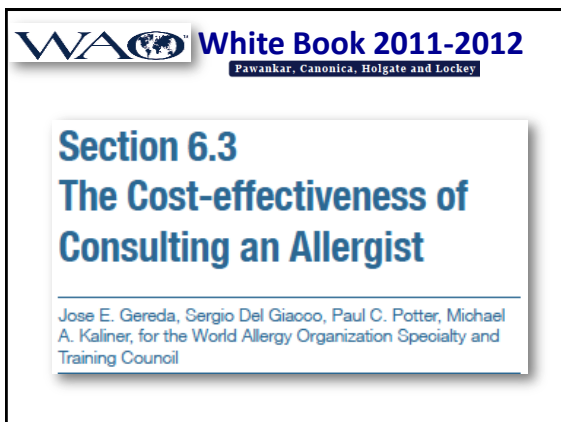
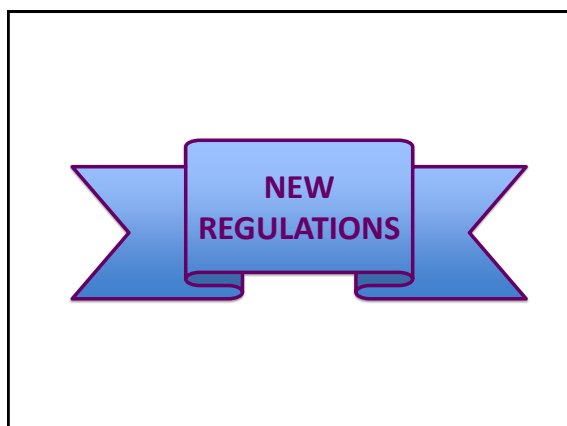
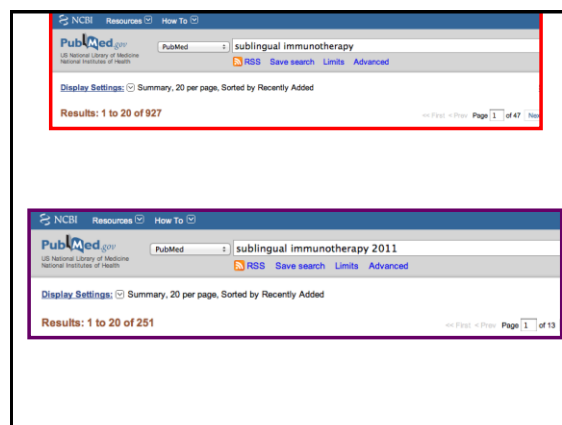
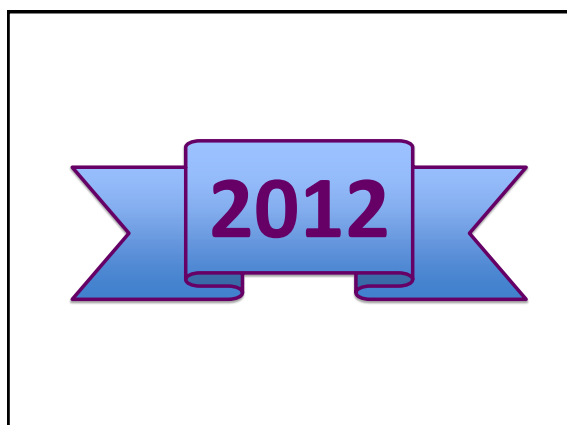
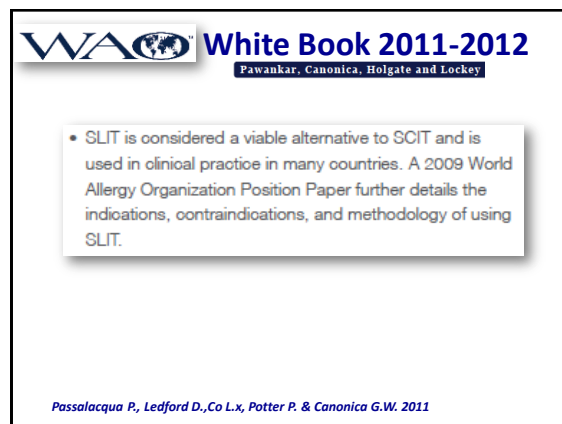
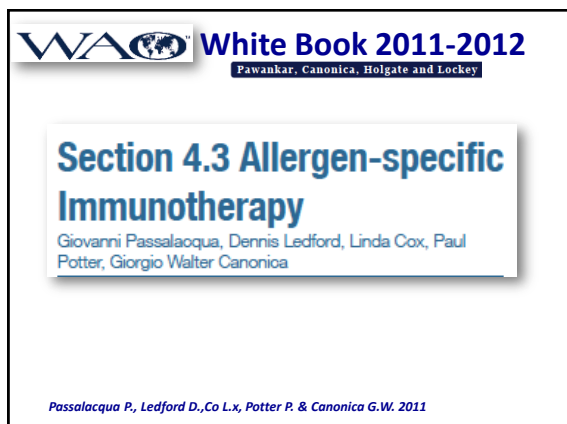


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Therefore, according to the EU Directives 2001/83 – 2003/94 and the following D.L. 219

Allergens are medicines

and therefore should undergo registration as all other drugs



Stelmach et al. Allergy 2011

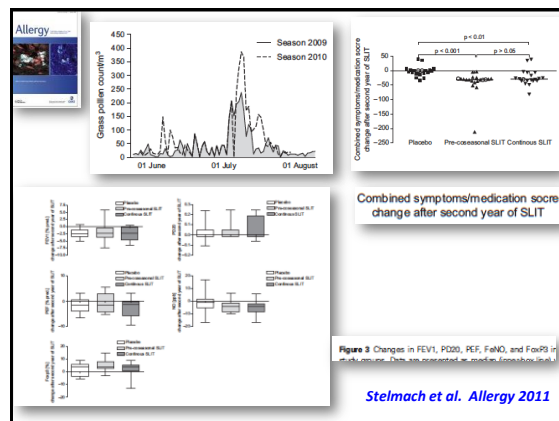
ORIGINAL ARTICLE

EXPERIMENTAL ALLERGY AND IMMUNOLOGY

Comparative effect of pre-coseasonal and continuous grass sublingual immunotherapy in children

I. Stelmach¹, I. Kaluzińska-Parzyszek¹, J. Jerzynska¹, P. Stelmach², W. Stelmach³ & P. Majak¹

¹Department of Pediatrics and Allergy, Medical University of Lodz, N Copernicus Hospital, Lodz; ²Medical University of Lodz, Lodz; ³Department of Social and Preventive Medicine, Medical University of Lodz, Lodz, Poland



CONCLUSION

In conclusion, the present study indicates that both pre-coseasonal and continuous protocols, compared with placebo, were safe and had a similar positive effect on the reduction in combined symptoms/medication score, with the exception of nasal symptoms that were lower in the pre-coseasonal group.

Stelmach et al. Allergy 2011



Conclusion: In grass pollen allergy, the continuous regimen performs better than the coseasonal in the first season, whereas in the subsequent years, the two regimens are nearly equivalent.

Pediatric Allergy and Immunology

ORIGINAL ARTICLE

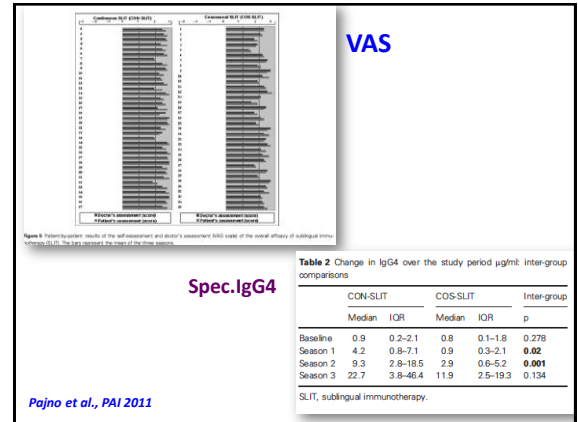
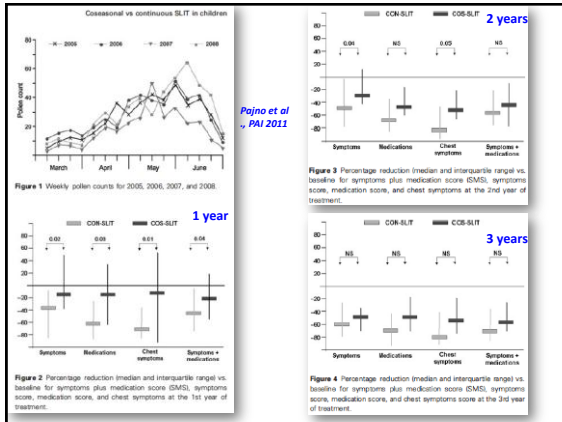
UPPER AIRWAYS AND SPECIFIC IMMUNOTHERAPY

Direct comparison between continuous and coseasonal regimen for sublingual immunotherapy in children with grass allergy: A randomized controlled study

Giovanni B. Pajno¹, Lucia Caminiti¹, Giuseppe Crisafulli¹, Daniela Vita¹, Mariella Valenzise¹, Raffaele De Luca² & Giovanni Passalacqua²

¹Department of Pediatrics, Allergy Unit, University of Messina, Messina, Italy; ²Allergy and Respiratory Diseases, University of Genoa, Genoa, Italy

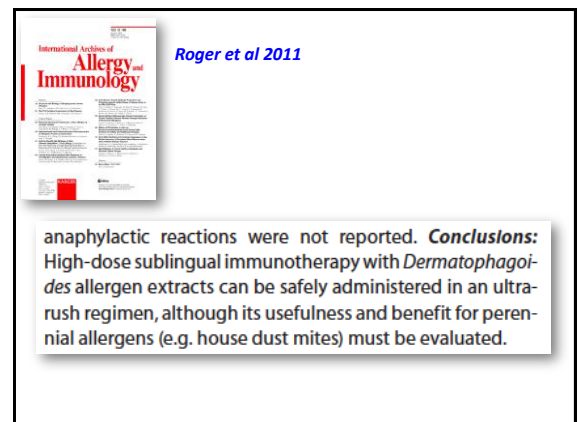
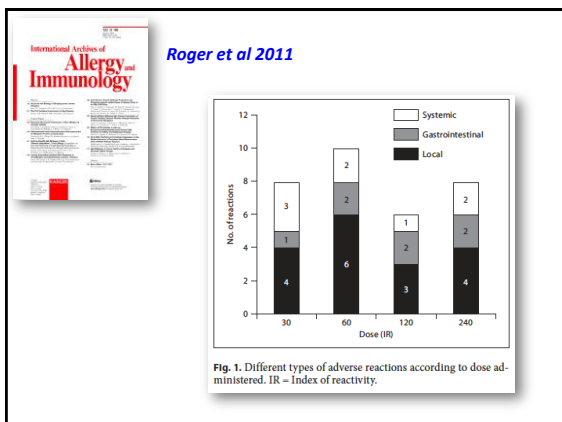
Pajno et al., PAI 2011



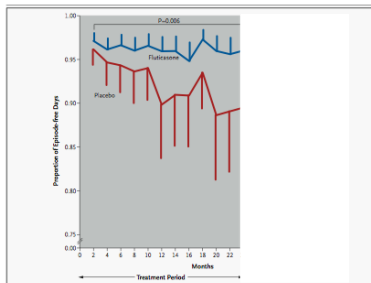
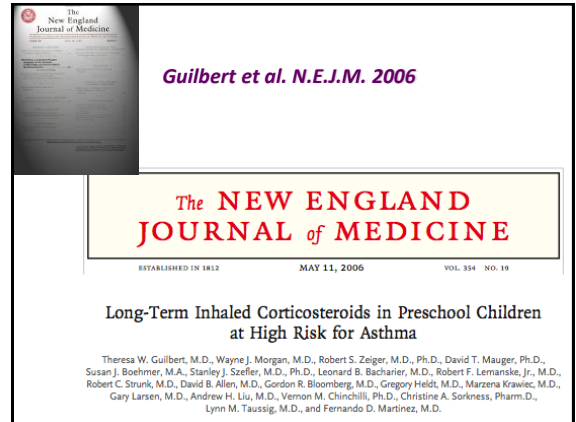
CONCLUSION

In conclusion, it may be suggested that in grass allergy a pre-coseasonal regimen should be chosen at the first course of vaccination, then coseasonal courses are also a suitable option.

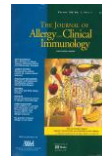
Pajano et al., PAI 2011



The ADDED Value of SIT



Guilbert et al. N.E.J.M. 2006



Original articles

Long-lasting effects of sublingual immunotherapy according to its duration: A 15-year prospective study

Maurizio Marogna, MD,^a Igino Spadolini, MD,^b Alessandro Massolo, BS,^a Giorgio Walter Canonica, MD,^a and Giovanni Passalacqua, MD^c Varese, Florence, and Genoa, Italy, and Calgary, Alberta, Canada

Long-lasting effects of sublingual immunotherapy according to its duration: A 15-year prospective study



Sensitive subjects

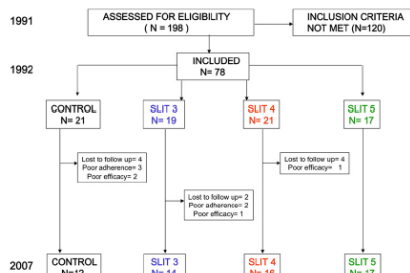


FIG 1. Patients' disposition and dropouts.
Marogna et al.
J.Allergy Clin Immunol. 2010 in press

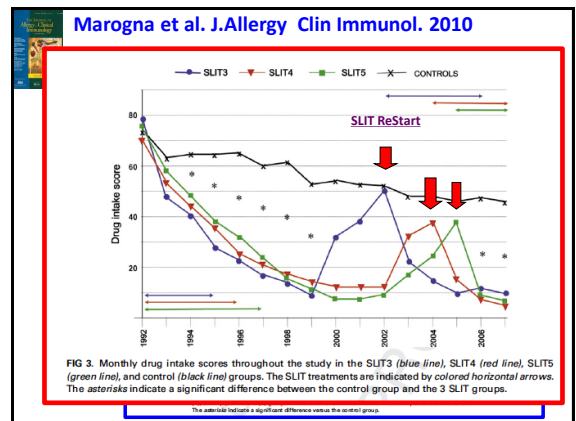
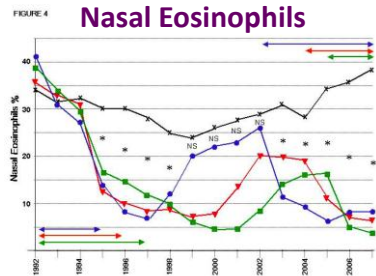
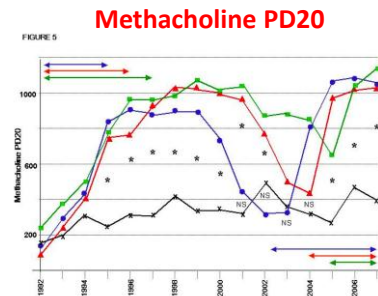


FIGURE 4: % of nasal eosinophils throughout the study in SLIT3 (blue line), SLIT4 (red line), SLIT5 (green line) and controls (black line). The SLIT treatments are indicated by coloured horizontal arrows. The asterisks indicate a significant difference between the control group and the 3 SLIT groups. NS= not significant difference between controls and SLIT3.



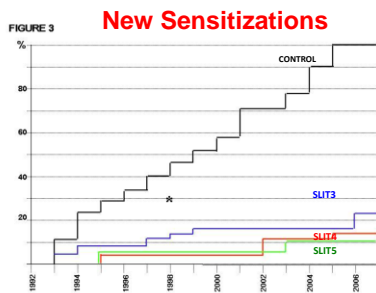
Marogna et al. J.Allergy Clin Immunol. 2010

FIGURE 5: Methacholine PD20 (in mg) throughout the study in SLIT3 (blue line), SLIT4 (red line), SLIT5 (green line) and controls (black line). The duration of SLIT treatments is indicated by coloured horizontal arrows. The asterisks indicate a significant difference between the control group and the 3 SLIT groups. NS= not significant difference between controls and SLIT3.



Marogna et al. J.Allergy Clin Immunol. 2010

FIGURE 3: Percentage of patients developing at least one new skin sensitization in SLIT3 (blue line), SLIT4 (red line), SLIT5 (green line) and controls (black line). The asterisk indicates the significant difference versus the control group



Marogna et al. J.Allergy Clin Immunol. 2010

Marogna et al. J.Allergy Clin Immunol. 2010

In conclusion, under the described conditions, a 4-year duration of SLIT seems to be the best choice in view of the persistence of the clinical benefit. In addition, a second course of vaccination achieves an even more rapid benefit.

Clinical implications: For patients sensitized to house dust mite, a 4-year course seems to be a reasonable choice. When the long-lasting effect attenuates, a second course promptly achieves the clinical benefit.

**NEW
HIGHLIGHTS**



doi: 10.1111/j.1365-2222.2009.03448.x

Clinical & Experimental Allergy, 40, 102-102
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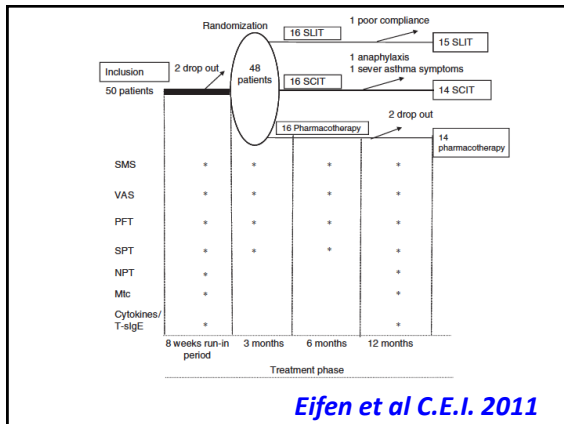
ORIGINAL ARTICLE Clinical Allergy

Clinical efficacy and immunological mechanisms of sublingual and subcutaneous immunotherapy in asthmatic/rhinitis children sensitized to house dust mite: an open randomized controlled trial

A. O. Eifen^{1,2}, I. Akoc¹, A. Yildiz¹, S. Koles¹, C. Ozdemir¹, N. N. Bahcecioglu¹ and I. B. Barlan¹

¹Division of Pediatric Allergy and Immunology, Marmara University Medical Faculty, Istanbul, Turkey and ²Allergy & Clinical Immunology Section, NHLI, Imperial College, Faculty of Medicine, London

Eifen et al C.E.I. 2011

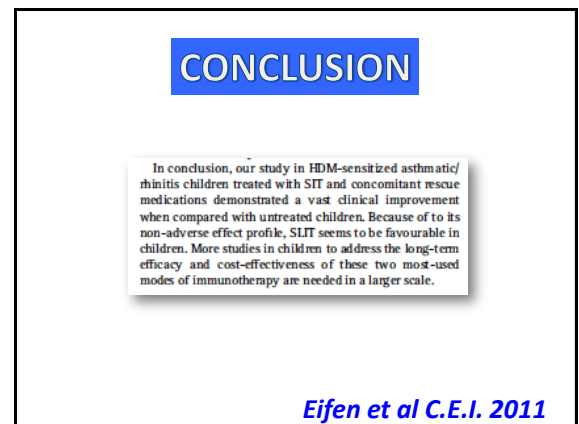
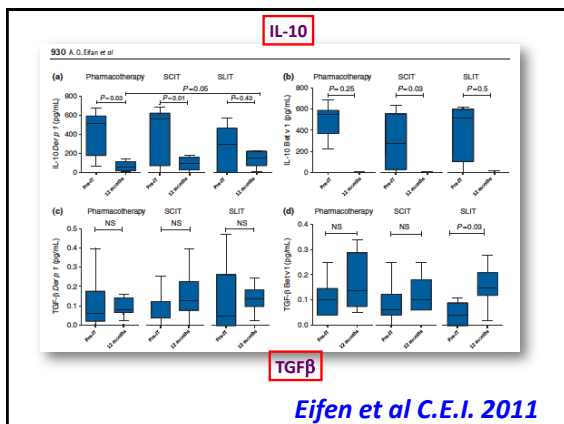
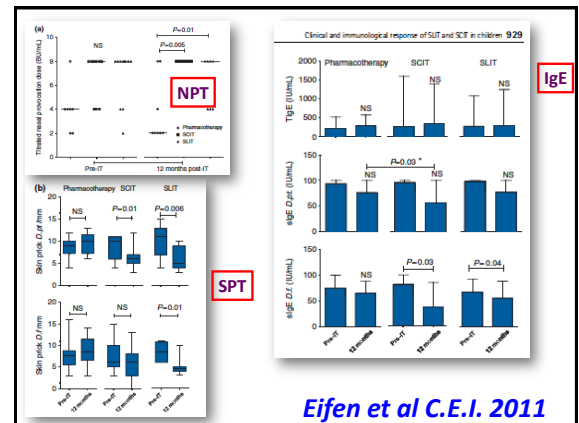
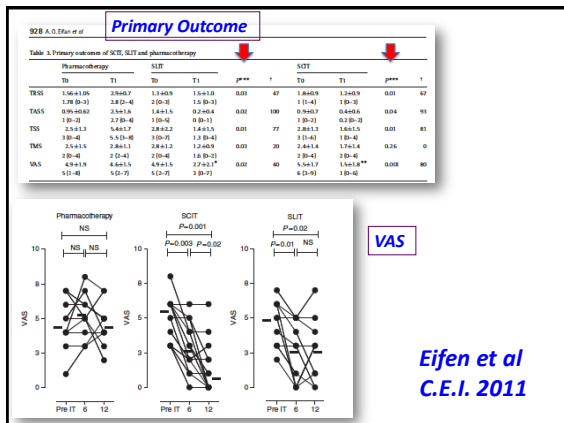


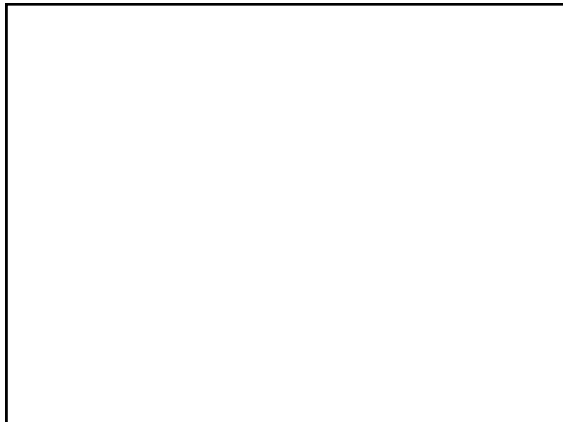
Clinical and immunological response of SLIT and SCIT in children 927

Table 2. Demographic and clinical characteristics of patients at screening

	Pharmacotherapy, n (%)	SLIT, n (%)	SCIT, n (%)	P
Number of patients	16	16	16	>0.05
Gender (M/F)	9/7	10/6	9/7	>0.05
Age (years)	7.5 (5-10)	7.5 (5-10)	7.5 (5-10)	>0.05
Patients with asthma and rhinitis	10	10	10	>0.05
Patients with asthma only	4	2	4	>0.05
Patients with rhinitis only	2	3	2	>0.05
Symptoms duration (months)	26.7 (5-57)	30.6 (4-57)	24.7 (4-57)	>0.05
Visual analogue score ^a	24 (12-40)	24 (12-40)	24 (12-40)	>0.05
Symptoms duration (months)	4.5 (1-17)	4.5 (1-17)	4.5 (1-17)	>0.05
Total rhinitis symptoms score ^b	5 (0-8)	5 (0-8)	5 (0-8)	>0.05
Total asthma symptoms score ^c	1.5 (0-5)	1.5 (0-5)	1.5 (0-5)	>0.05
Total symptoms score ^d	1.5 (0-5)	1.5 (0-5)	1.5 (0-5)	>0.05
Total medication score ^e	2.5 (0-5)	2.5 (0-5)	2.5 (0-5)	>0.05
Total IgE (IU/ml)	2.5 (0-5)	2.5 (0-5)	2.5 (0-5)	>0.05
Specific IgE (IU/ml)	41.7 (2-100)	41.7 (2-100)	41.7 (2-100)	>0.05
Specific IgE (IU/ml)	20.5 (1-100)	20.5 (1-100)	20.5 (1-100)	>0.05
Specific IgE (IU/ml)	40.5 (7-7)	40.5 (7-7)	40.5 (7-7)	>0.05
Specific IgE (IU/ml)	75 (1-100)	75 (1-100)	75 (1-100)	>0.05
SPT D, pf	8.1 (0-10)	8.1 (0-10)	8.1 (0-10)	>0.05
SPT D, pf	8.1 (0-10)	8.1 (0-10)	8.1 (0-10)	>0.05
MTC100 PC ^a	1.5 (0-5)	1.5 (0-5)	1.5 (0-5)	>0.05
NS positive	7 (43.8)	7 (43.8)	7 (43.8)	>0.05
NPT positive	5 (31.3)	5 (31.3)	5 (31.3)	>0.05

Eifen et al C.E.I. 2011





Conclusion: Our novel regimen of immunotherapy, SCIT plus SLIT, appeared promising in that it successfully combined the advantages of the 2 alternatives: rapid onset and potency in SCIT and safety and avoidance of injections in SLIT. (J Allergy Clin Immunol 2011;127:1000-1006.)

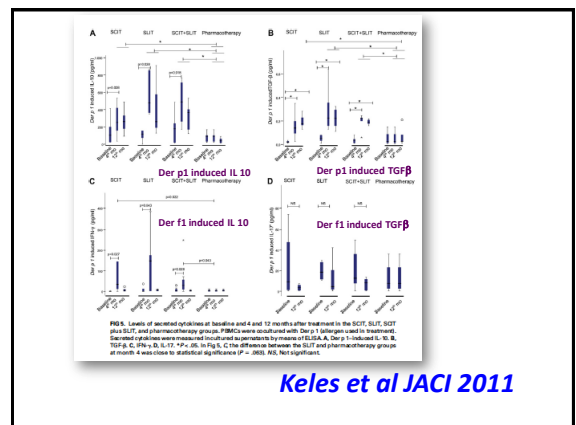
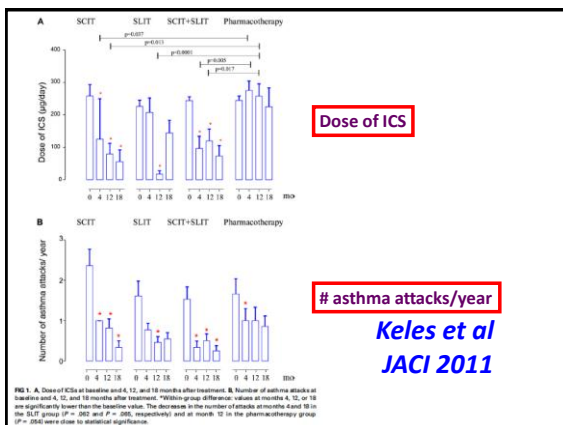
The Journal of Allergy Clinical Immunology

Original article

A novel approach in allergen-specific immunotherapy: Combination of sublingual and subcutaneous routes

Sevgi Keles, MD,* Elif Karakoc-Aydiner, MD,* Ahmet Ozen, MD,* Ayse Gul Irgi, MS,* Ayzer Tevetoglu, MS,* Tunc Akkoc, PhD,* Nerin N. Bahcedir, MD,* and Isil Barlan, MD* *Istanbul, Turkey*

Keles et al JACI 2011



KEY MESSAGES

Key messages

- Both SCIT and SLIT are more effective than pharmacotherapy in HDM-sensitized children with asthma.
- The combination of SCIT with SLIT is more effective than SLIT and safer than SCIT.
- Der p 1-specific IgG₄ antibodies were induced in the SCIT and SCIT plus SLIT groups.

Keles et al JACI 2011

Allergy

ORIGINAL ARTICLE

Tolerability and efficacy of house dust mite AIT

H. Mosbech

Allergy Clinic, Gentofte University Hospital, Copenhagen, Denmark

To cite this article: Mosbech H. Tolerability and efficacy of house dust mite AIT. *Allergy* 2011; 66 (Suppl. 39): 55-56.

Mosbech 2011



The primary efficacy endpoint was a significant reduction in inhaled corticosteroid dose compared to baseline after 1 year of daily treatment. A positive therapeutic effect on asthma was demonstrated by a reduction of more than 80 µg/day inhaled budesonide for a group receiving six developmental units daily compared to the placebo group.

Mosbech 2011



Original article

The RHINASTHMA GAV scores without SLIT, at the beginning and at the end of seasonal SLIT

Jochen Sieber,¹ Anna Gross,² Kija Shah-Hosseini² and Ralph Mösges²

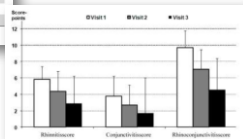
Sieber et al. 2011

Table 3. Evaluation of the RHINASTHMA GAV health related quality of life scores with parametric ANCOVA tests for seasonality. For underlying values, see Table 2.

Variables	Time-DB Score of Seasonality	DB ^a	Mean Square	F ^b	p-value
Location in daily life	41,722	1,475	38,872	178,748	<0.001
Disruption of activities	39,424	1,599	36,435	189,724	<0.001
Disruption of work	41,129	1,558	4,639	189,724	<0.001
Treatment and medication problems	31,968	1,889	52,422	94,728	<0.001
Disruption in leisure programme	40,718	1,881	41,391	145,467	<0.001
Total score of RHQoL	41,819	1,719	39,482	199,148	<0.001

^a Degree of freedom

^b Adjusted value



Sieber et al. 2011

Conclusion: The improvement in HRQL during seasonal SLIT was clinically relevant and reached scores close to normal already in the first pollen season. (*Asian Pac J Allergy Immunol* 2010;28:232-6)



Original Paper

Int Arch Allergy Immunol 2011;154:336–344
DOI: 10.1159/000321826

Sublingual Allergen-Specific Immunotherapy Adjuvanted with Monophosphoryl Lipid A: A Phase I/IIa Study

Oliver Pfarr^{a,b}, Christine Barth^{a,b}, Christine Jaschke^{a,b}, Karl Hörmann^b,
Ludger Klimek^{a,b}

^aCenter for Rhinology and Allergology, Wiesbaden, and ^bDepartment of Otorhinolaryngology, Head and Neck Surgery, University Hospital Mannheim, Mannheim, Germany



Lactic acid bacteria as adjuvants for sublingual allergy vaccines

Laurence Van Overtvelt^a, Helene Moussu^a, Stéphane Horiot^a, Sandrine Samson^b, Vincent Lombardi^{a,1}, Laurent Mascarell^a, Ariane van de Moer^{b,c}, Raphaële Bourdet-Sicard^b, Philippe Moingeon^{a,1}

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^cUtrecht University, Budapestlaan 6, 3584 CT Utrecht, Netherlands

conclusions

Collectively, our results confirm that multiple types of lactic acid bacteria can be defined based on their distinct capacities to influence T cell polarization. With respect to sublingual allergy vaccines, we conclude that strains acting as Th1/possibly Treg inducers represent valid candidate adjuvants.



PERSPECTIVE

Asia Pacific
allergy

ISSN 2233-8276, eISSN 2233-8033
Current Review
http://dx.doi.org/10.5415/apallergy.2011.12.123
Asia Pac Allergy 2013;123-129

Sublingual immunotherapy in allergic rhinitis
Doo Hee Han¹ and Chae-Seo Rhee^{2,3,4*}

¹Department of Otorhinolaryngology, ²Graduate School of Immunology, Seoul National University College of Medicine, ³Sensory Organ Research Institute, and ⁴Institute of Allergy and Clinical Immunology, Seoul National University Medical Research Center, Seoul 151-750, Korea

CONCLUSION

SLIT has been establishing its role for AR. SLIT could be adopted for both adult and children patients with AR for pollen or HDM with safety. Long-term use of SLIT could change immunologic profiles. SLIT as well as SCIT does not make only clinical symptom improve but also prevents poly-sensitization and development of asthma. Also, risk of severe or fatal adverse events seemed to be much less than SCIT.



Chin J Contemp Pediatr 2010

第12卷第5期
2010年5月

中国当代儿科杂志
Chin J Contemp Pediatr

Vol. 12 No. 5
May 2010

论著·临床研究

舌下特异性免疫治疗对尘螨过敏性哮喘儿童的作用
Efficacy of sublingual immunotherapy in children with dust mite allergic asthma

MA Xiang-Ping, Duolikun, Department of Pediatrics, First Affiliated Hospital, Xinjiang Medical University, Urumqi 830054, China (Ma X-P, Email: maxiangping1999@tom.com)

Abstract; Objective To compare the efficacy of sublingual immunotherapy (SLIT) combined with inhaled corticosteroids (ICS) versus ICS alone in children with mild and moderate dust mite allergic asthma. **Methods** Thirty-two children with mild and moderate dust mite allergic asthma were randomly divided into two groups: SLIT + ICS (n = 18) and ICS alone (n = 14). A total of 30 children completed the one year clinical observation. The amount of ICS administration, the day and night symptom scores, skin-prick test and pulmonary function test results, serum specific immunoglobulin E (sIgE) and G4 (sIgG4) levels and visual analog scale (VAS) scores were compared between the two groups. **Results** By the end of one year the SLIT + ICS group had significantly decreased amount of ICS administration than the ICS alone group. Compared with the ICS alone group, the day and night symptom scores decreased, FEV1 and sIgG4 levels increased significantly, and serum sIgE levels and VAS scores were significantly reduced in the SLIT + ICS group. There were no statistical differences in the skin-prick test results, and FEV1 and sIgG4 levels between the two groups. No severe adverse events occurred in both groups during the follow-up period. **Conclusions** SLIT combined with ICS may produce a better efficacy than ICS alone in the improvement of day and night symptoms, pulmonary function and VAS scores in children with dust mite-allergic asthma. [Chin J Contemp Pediatr, 2010, 12 (5):344-347]

**NEW
PERSPECTIVE**

Pediatric Allergy and Immunology

ORIGINAL ARTICLE

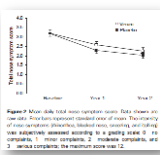
Sublingual immunotherapy not effective in house dust mite-allergic children in primary care

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de Bot et al PAI 2011

Pediatric Allergy and Immunology



In the currently marketed Oraigen® House Dust Mite (Oraigen Mijten®, Artu Biologicals, Lelystad, The Netherlands),

Conclusion

HDM-SLIT with a relatively low dosage was not effective in this primary care population of children with allergic rhinitis. SLIT was in general safe and well tolerated.

de Bot et al PAI 2011




Pediatric Allergy and Immunology

Letter to the Editor
by
Bachert C., Canonica G.W., Bufe A.

2012

CORRESPONDENCE

SIT: efficacy depends on product, not on route of application

Bachert C., Canonica G.W., Bufer A., PAI 2012

2012

Dear Editor,
We here refer to a recent publication 'Sublingual immunotherapy not effective in house dust mite-allergic children in primary care' by de Bot et al. (1); we believe that this title may be misleading for the following reasons:

1. The title suggests that sublingual immunotherapy for house dust mite 'in general' is not effective, but should clearly state that SLIT for HDM with a specific product is not effective.
2. The title also suggests that SLIT (eventually with this product) might be effective in the hands of specialists; to our knowledge, however, there is not a single published study to demonstrate efficacy of this product in any patient population.

Bachert C., Canonica G.W., Bufer A., PAI 2012

Thus, the correct title should have been 'No evidence of efficacy for Oralgen[®] SLIT (Artu Biologicals, Almere, NL) in house dust mite-allergic children.' The same remarks also apply to another paper using allergens from the same company: 'Sublingual immunotherapy with grass pollen is not effective in symptomatic youngsters in primary care' by Röder et al. (2), whereas quite a few studies, using products of different manufacturers, demonstrated grass SLIT efficacy in DBPC trials (3, 4). It is important to note that different from other SLIT regimes, both products of Artu Biologicals were administered twice a week only after reaching the maintenance phase. Thus, there may be dosage (esp. in HDM SLIT) and scheduling issues differentiating therapy with these products from others.

Bachert C., Canonica G.W., Bufer A., PAI 2012

2012

Studies to demonstrate evidence for SIT are only available for some marketed products; however, because of a lack of differentiation between products, this evidence often is taken 'granted' for all SIT products in the general discussion, even including claims of long-term effects or efficacy and safety in children for SIT products that never have been studied adequately. On the other hand, studies with a noneffective product are misunderstood as representative for all products using a specific application route (SLIT vs. SCIT). These generalizations are not scientific and should therefore be avoided.

We therefore suggest to specify the SIT product in the title of the publication, and to avoid unjustified general statements on application routes or patient groups.


Yours faithfully,
Claus Bachert, G. Walter Canonica, Albrecht Bufer

**INITIATIVES
for SIT
DISSEMINATION**

**EAACI
NATIONAL ALLERGY SOCIETY**

2011

A European Declaration on Immunotherapy
Combating allergy beyond symptoms



**EAACI
NATIONAL ALLERGY SOCIETY**


Call for Action

- 1. Promote allergen immunotherapy awareness**
Allergic diseases affect millions worldwide, including children with associated school, social and economic costs. Allergic diseases are a major cause of morbidity and mortality in many countries. We call upon European policy makers to coordinate activities and improve individual and public health in allergy by:
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Promoting allergen immunotherapy awareness
- 2. Update national healthcare policies to support allergen immunotherapy**
Allergic diseases negatively affect individual patients and society via impairment of quality of life, decreased work and school performance, increased absenteeism, and rising healthcare costs. Clinical impact and cost are exacerbated by the lack of treatment or under-treatment. By prioritizing immunotherapy in health planning and by developing healthcare policies that support immunotherapy treatments of allergic rhinitis, allergic asthma, allergic conjunctivitis, systemic effects of allergic diseases and food allergy, the potential of allergic diseases can be reduced not only in significant cost reduction, but also in the major improvement of the quality of life of European citizens.
- 3. Prioritize funding for immunotherapy research**
After 100 years of clinical use of immunotherapy there has been no major advance in effectively diagnosing and treating specific allergic diseases. In order to achieve optimum results research must be directed towards:


Monitor the macroeconomic and health economic parameters of allergy
There is a need to monitor, over time, the prevalence and cost-effectiveness of allergic diseases in different groups and for different allergens, based on the clinical, economic, social and environmental burden. Immunotherapy is a highly specialized value-added treatment that can be considered a high-potential investment. However, the economic burden of allergic diseases requires a wide range of health care professionals to be adequately trained and educated in order to ensure as well as being equipped with appropriate tools to adequately respond to expanding allergic morbidity and patients' needs.

Streamline medical disciplines and specialities
Health systems around Europe offer variety in regard to the provision of services and range of health care professionals who address allergic diseases. Immunotherapy is a highly specialized value-added treatment that can be considered a high-potential investment. However, the economic burden of allergic diseases requires a wide range of health care professionals to be adequately trained and educated in order to ensure as well as being equipped with appropriate tools to adequately respond to expanding allergic morbidity and patients' needs.

The effective implementation of the above policies will have a major positive impact in European Health & Well-Being in the near future.

 **CLINICAL AND TRANSLATIONAL ALLERGY** **2012**

EAACI: A European Declaration on Immunotherapy. Designing the future of allergen specific immunotherapy

 **CLINICAL AND TRANSLATIONAL ALLERGY** **2012**

EAACI: A European Declaration on Immunotherapy. Designing the future of allergen specific immunotherapy

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ALLERGISTS' COMMITMENT


To spread the SIT culture/awareness to:

- Patients
- GPs
- Pharmacists
- Non-allergy healthcare professionals
- Regulatory authorities

AMR
Allergies at Multiple Resonances

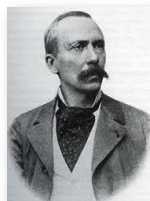
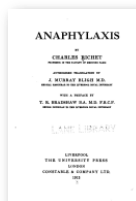
100 Years of Immunotherapy
The Monaco Charter 2011

VALUES & NEEDS
for Specific Immuno Therapy DISSEMINATION



14-15 November 2011

Under the High Patronage
of His Serene Highness Prince Albert II of Monaco



International Archives of Allergy and Immunology

Position Paper

Int Arch Allergy Immunol 2013;160:346-349
DOI: 10.1159/000343883

100 Years of Immunotherapy: The Monaco Charter

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International Archives of Allergy and Immunology 2012

AMRHH
100 Years of Immunotherapy
The Monaco Charter 2013
Under the High Patronage of His Serene Highness Prince Albert II of Monaco

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100 Years of Immunotherapy
The Monaco Charter 2013
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100 Years of Immunotherapy: The Monaco Charter
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AIMS

- To Analyze the current evidence of efficacy & safety of Allergen Specific Immunotherapy,
and the reasons for its underuse in clinical practice
- To develop strategies to increase the awareness of Allergen Specific Immunotherapy in
- Allergic Patients ,
- General Practitioners
- Pharmacists and
- Non –allergy Healthcare Professionals

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STRUCTURE

- FACTS
- BARRIERS & UMNET NEEDS
- TOOLS & STRATEGY of COMMUNICATION
- ACTION PLANS

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The Monaco Charter 2013
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FINAL AIM

- **To make Allergen Specific Immunotherapy accessible and affordable to the eligible patients**

WAO
WORLD ALLERGY ORGANIZATION

Sub-lingual Immunotherapy: World Allergy Organization Position
Paper 2009

UPDATING 2012

EAACI
WORLD ALLERGY & ASTHMA CONGRESS
22 – 26 June 2013
Milan, Italy

EAACI-WAO Congress 2013
Allergy, a Global Health Challenge

Save the date!

Abstract Submission Deadline:
21 January 2013

www.eaaci-wao2013.com

