







MANIFESTO

Definition of Allergens 2013

Is there a need for *Seasonal & Perennial?*



Canonica G.W. Baena Cagnani C.E. Bousquet J. Pawankar R. Zuberbier T.

<u>Reasons</u>

for NOT using the classification of SEASONAL or PERENNIAL Allergens anymore

1. Limitations due to the current Nomenclature

2. More suitable treatment management related to a different definition

3. Eligibility of Patients to some treatments

4. Evidence of the Validation of "Intermittent" or "Persistent".

SUPPORTING A NEW DEFINITION is important due to the following:

- Modification of Pollen Counts related to Climate Changes
- •The current definition doesn't work for occupational, mite and pet allergens
- Polysensitization in the vast majority of patients
- Cross-reactivity and PanAllergens

ALLERGY SEASONs

• The period and duration of pollen seasons (of the same pollen allergen) are different in different regions, both in terms of pollen counts and in terms of days.

- Mite Allergens, usually referred to as "perennial" allergens have a seasonality too.
- Minimal Persistent Inflammation in the target organs, in symptomfree patients, has been described during the exposure to pollens (subclinical threshold) as demonstrated in patients with allergy to mites.
- The concept of seasonality cannot be applied to occupational, mite and pet allergens.
- A variability exists in skin sensitivity (*skin prick test*) to the same aeroallergens

Modification of Pollen Counts related to Climate Changes

- A typical example of the influence of the Climate Changes on Pollen presence in the air is provided by a 27 years follow up of the pollen counts in the same region, demonstrating an increased presence of the Parietaria Officinalis pollen. 85 more days in a year, for a total of over 250 days.
- A persistent allergen exposure of 6 weeks a year shouldn't be referred as <u>seasonal</u>.

Polysensitization in the vast majority of patients

- The vast majority of patients , in clinical practice, are <u>polysensitized</u>, reporting a clinical history of symptoms related to both pollens and mites/pets/molds.
- The vast majority of patients display multiple skin test positivities, concurring with the above mentioned point.

Cross-reactivity and PanAllergens

- Molecular Allergy Diagnosis is a current reality capable of demonstrating the presence of cross reactivities or the presence of Pan-allergens.
- Cross reactivity of food allergens/inhalant allergens can also be detected.
- Molecular Allergy Diagnosis is a useful tool for appropriate prescription of Allergen Immunotherapy .

We advocate.....

- •A change in the definition of seasonal vs perennial allergens
- •A change in the guidelines to reflect the overlap between seasonal and perennial allergens
- •The removal of the terms seasonal vs perennial
- •A change in the treatment approach to managing allergic diseases that reflects the overlap between seasonal vs perennial.
- -To also take into account polysensitisation
- -Pets/environmental
- Contact vs aeroallergens

We Recommend....

- The replace the terms seasonal and perennial with the classification "<u>intermittent</u>" and "<u>persistent</u>" disease/ exposure to allergens.
- This change of approach should be reflected in the treatment approach to managing allergic diseases that reflects the overlap between seasonal vs perennial allergens.
- This should lead to an update of the Asthma, Immunotherapy and Atopic Dermatitis guidelines

References

- ARIA-Allergic Rhinitis and its Impact on Asthma. *Bousquet* et al J.A.C.I. 2001
- Global Strategy for Asthma Management and Prevention Updated 2011 GINA
- Pawankar R, Canonica GW et al WAO White Book on Allergy, 2013
- Ariano et al., Annals All.Asthma Immunol. 2010
- Canonica & Compalati, Clin Exp.All. 2009
- Choi et al. , All.Asthma Immunol Res. 2013
- Canonica et al. WAO ARIA GALEN Consensus Document on Molecular-based Allergy Diagnostics WAO journal 2013