

ascia

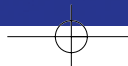
australasian society of clinical immunology and allergy inc.



annual report  
2005



The mission of ASCIA is to advance the science and practice of clinical immunology and allergy, by promoting education and the highest standard of ethical medical practice.



# CONTENTS

	Page
<b>President's Report</b>	<b>1</b>
<b>Treasurer's Report</b>	<b>5</b>
<b>Executive Officer's Report</b>	<b>7</b>
<b>Editor's Letter</b>	<b>8</b>
<b>ASCIA Meetings</b>	<b>9</b>
<b>Representative &amp; Committee Reports</b>	<b>12</b>
<b>Medical Student Grant Recipient Reports</b>	<b>19</b>
<b>ASCIA Awards &amp; Grants</b>	<b>25</b>
<b>New ASCIA Members</b>	<b>26</b>
<b>ASCIA Council</b>	<b>26</b>

## ■ ASCIA President's Report



*DR KARL BAUMGART*

Congratulations to Associate Professor Rohan Ameratunga and the other members of the local organising committee of the **ASCIA Annual Scientific Meeting (ASM) 2005** on an excellent scientific program,

outstanding international and local speakers, enjoyable social functions and a very high level of sponsorship.

It is with pleasure that I also report on the many other achievements over the last year for ASCIA and thank all the ASCIA members who have contributed to these achievements.

These achievements are consistent with the objectives, strategies and activities which were outlined in the **ASCIA STRATEGIC PLAN 2003-2008**. A summary of progress is included at the end of this report.

### INVESTMENT OF ICACI 2000 PROCEEDS

The proceeds from ICACI 2000 have now been invested with Macquarie Bank for one year. The return on investment has been approximately 8%, which is around double the return we would have received with only a cash investment. Unfortunately ASCIA paid approximately \$8,000 in taxes, as ASCIA did not have Deductible Gift Recipient (DGR) charity status at the time.

I am pleased to report that ASCIA recently made successful applications to the Australian Taxation Office (ATO) for Tax Concession Charitable status (income tax exemption) and Deductible Gift Recipient (DGR) Charity status. ASCIA is now confirmed as a **Health Promotion Charity**, that is, to **promote the prevention or the control of allergic & immune diseases in human beings**.

It is thought that the key factors in ASCIA achieving this status are the **provision of educational materials for the public** on the ASCIA website and **implementation of the ASCIA grant & scholarship programs** in the 2004-2005 financial year.

## ALLOCATION OF ICACI 2000 PROCEEDS

This year a total of seven applications for ASCIA grants were received and the successful applicants were announced at the 2005 AGM.

In the 2004-2005 financial year \$48,000 was awarded for the following two projects (summaries are published in this annual report):

- \$25,000 - to part fund human resources and infrastructure for the **ASCIA PID REGISTER**
- \$23,000 - to establish a diagnostic framework for the **ANAPHYLAXIS TO NATIVE AUSTRALIAN VENOMS PROJECT.**

In 2004-2005 a total of \$13,000 was awarded by ASCIA to four medical students for their elective studies relating to clinical immunology and allergy. Their reports are also published in this annual report.

ASCIA received several applications for the 2005-2006 medical student scholarships and the successful applicants will be announced before the end of 2005. One of the criteria that has changed in 2005 is that the applicants must now be citizens of Australia or New Zealand to be eligible for scholarships.

During the 2004-2005 financial year seed funding of \$10,000 was provided for the **Professional Certificate of Allergy Nursing** which is being run by the University of SA. Thank you to Deryn Thompson, Dr William Smith and all the ASCIA members involved in establishing this course.

In summary ASCIA spent \$176,000 on educational activities, including \$71,000 on educational grants and \$51,000 on ASCIA Education Resources brochures and the ASCIA website during the 2004-2005 financial year.

## ASCIA WEBSITE AND MEDIA COVERAGE

There is a continuing increase in website visitors. Each month there are around **1 million** hits, **60,000** page views and **15,000** unique visitors. This is ten fold the number of visits compared to 2001. In 2005 this was largely contributed to by the substantial media coverage of the World Allergy Day (a World Allergy Organisation initiative) on 8 July, which continued months later.

The latest updates to the ASCIA website include **new home page graphics**, which are consistent with ASCIA brochure images and a **list of Allergists and Clinical Immunologists** in Australia and New Zealand (who consented to be listed) on: <http://www.allergy.org.au/allergists/Aust-NZ.htm>

## ASCIA COMMITTEES, SPECIAL INTEREST GROUPS AND WORKING PARTIES

These groups have continued to work on position papers and guidelines, many of which have been published. Major achievements of these groups are as follows:

### ■ ASCIA Anaphylaxis Working Party

Anaphylaxis in schools guidelines published in Journal of Paediatrics & Child Health and Training Resources for Educators & Allied Health Professionals.

### ■ ASCIA Clinical Practice Committee

Skin Prick Testing manual and workshop at the ASCIA ASM 2005.

### ■ ASCIA Education Committee

Unorthodox test editorial published in the Medical Journal of Australia and some new ASCIA Education Resources articles.

### ■ ASCIA Insect Allergy Working Party

Australian insect anaphylaxis project underway and successful in attracting additional funding.

### ■ ASCIA Laboratory Practice Committee

Two guidelines now published on the ASCIA website.

### ■ ASCIA Paediatric Interest Group

Allergy prevention guidelines summary published in MJA

### ■ ASCIA Primary Immune Deficiency (PID) committee

Significant increase in registered patients and successful in attracting additional funding.

### **Congratulations to all members of these groups.**

ASCIA will endeavour to improve communications and where necessary fund some **face to face meetings** to facilitate greater efficiency and finalisation of key documents.

## ascia annual report 2005

### INTERACTIONS WITH GOVERNMENT AND OTHER ORGANISATIONS

On Friday the 24th of February 2006 ASCIA is planning to hold an **ASCIA Symposium on Allergy and Clinical Immunology** in Canberra, which will be targeting government bodies such as the TGA, PBAC, HIC, Commonwealth government advisors and ministers.

The aim of this symposium is to establish a format of a bi-annual meeting with the aim to create new lines of dialogue with government agencies.

In August 2005 ASCIA requested amendments to the Pharmaceutical Benefits Advisory Committee (PBAC) regarding the Pharmaceutical Benefits Scheme (**PBS**) **listing of EpiPen**, as proposed (and voted on) at the ASCIA AGM 2004. If successful, patients of all ages will be able to obtain two reimbursed EpiPens and continuing supply of EpiPens will require regular reviews by an Allergist/Clinical Immunologist. The delay in this request was due to waiting for a resolution to the short expiry date problem CSL was having with the supply of EpiPens in Australia.

Coinciding with the appointment of a new **Queensland Health** Minister, Director General and Deputy Director Generals, ASCIA sent letters (with Anaphylaxis and PIDD brochures) to these officials, to acknowledge their appointments and highlight the importance of having a public hospital service, particularly for children with potentially life threatening anaphylaxis or primary immune deficiencies. This has resulted in a meeting with one of the Deputy Director Generals and subsequent amendments to the proposal for a paediatric public allergy and immunology service in Queensland.

ASCIA symposia at other professional meetings (**ASI**, **ASMR**) were supported in late 2004 and an ASCIA session was held at the 2005 **RACP** meeting. ASCIA would like to continue having an ASCIA session at the RACP meeting and an ASCIA session is confirmed for the **TSANZ ASM** in 2006. However with so many other commitments to meetings the involvement of ASCIA in ASI and ASMR is being reviewed.

ASCIA continues to be represented on national asthma organisations, the **National Asthma Reference Group (NARG)** and the **National Asthma Council (NAC)**.

ASCIA currently has three representatives on the **World Allergy Organisation (WAO)**:

- **Associate Professor Connie Katelaris**  
(WAO Secretary-General)
- **Dr Dominic Mallon** (WAO House of Delegates)
- **Dr Tiffany Hughes** (WAO Editorial Board).

Although ASCIA was unsuccessful (by only one vote) for the 2011 World Allergy Congress (WAC) another bid will probably be made for the 2013 WAC in Perth, Western Australia.

Thank you to all ASCIA members who were involved in the tremendous effort which was made for the bid, as well as the bid partners, Perth Convention and Exhibition Centre and the WA Government.

### IMMUNOLOGY AND ALLERGY TRAINEES

An ASCIA postcard was developed in 2005, which has replaced the larger brochure that was sent out in 2004 and 2003. The postcard briefly profiles Clinical Immunology and Allergy training and is sent to approximately 500 Physician trainees in Australia and New Zealand each year. It directs potential trainees to the: **Trainee** and **Allergists/Clinical Immunologists** sections on the ASCIA website:

<http://www.allergy.org.au/trainees/index.htm>

<http://www.allergy.org.au/allergists/index.htm>

We trust that these resources will assist in the recruitment of advanced trainees. Thank you to Dr Richard Wong and other ASCIA members who are representatives on JSAC for their continuing efforts in the area of training.

## ASCIA STRATEGIC PLAN 2003-2008 AND PROGRESS MADE IN 2004-2005

- STRATEGY: To improve profile with basic trainees, medical students and graduates to increase recruitment of new trainees.

PROGRESS: Activities in 2005 have included the production and distribution of the ASCIA trainee postcard, new trainee website links and medical student scholarships.

- STRATEGY: To increase profile throughout Australia and New Zealand with GPs, medical specialists, nurses and other relevant medical or scientific organisations.

PROGRESS: Activities in 2005 include the new Allergy & Clinical Immunology section on the ASCIA website, ASCIA sessions at other meetings, the Nurses allergy course at Uni of SA and a Primary Care Allergy & Immunology Update day planned for the ASCIA ASM 2006.

- STRATEGY: To enhance profile with and understanding of relevant commonwealth and state government departments and processes (and vice versa).

PROGRESS: Activities in 2005 include the planning of a special seminar for government agencies in Canberra in February 2006.

- STRATEGY: To continue to build profile with the media and public.

PROGRESS: Activities in 2005 include media awards and media releases to coincide with publishing of position papers and World Allergy Day. A public seminar is planned (with Anaphylaxis Australia) to coincide with a new Allergy Expo in November 2006.

- STRATEGY: To utilise the many facets and expertise within the discipline.

PROGRESS: Several position papers and guidelines have been published by working parties, committees and special interest groups.

- STRATEGY: To be more proactive vs reactive to emerging issues.

PROGRESS: In 2005 three important position papers were published.

- STRATEGY: To use the funds generated from ICACI 2000 for projects which benefit the disciplines of clinical immunology and allergy.

PROGRESS: In 2005 funds were allocated to the ASCIA PID Register and the Anaphylaxis to Australian insects project.

## FUTURE DIRECTIONS

Specific initiatives for 2006 include:

- Transforming our dialogue with relevant Commonwealth agencies through a symposium in Canberra prior to the February Council meeting.
- Improved support for our committees and working parties through sponsoring some face-to-face meetings.
- Establishing a primary care education activity at annual scientific meetings.
- Managing the ASCIA ASM 2006 (and future ASMs) in-house.

I would also like to take this opportunity to extend a warm welcome to all the **new ASCIA members** who are listed later in this Annual Report.

**I wish all readers a safe, healthy, happy and prosperous 2006. ■**

## ASCIA Treasurer's Report



A/PROF JO DOUGLASS

The audit for the 2004-2005 was prepared by the accountants BH Edelstein & Co in time for the 2005 ASCIA Annual General Meeting. As you can appreciate this is a very quick turnaround time for a full audit and the

process involves obtaining detailed documentation regarding management and reporting procedures.

Whilst examining the audit summary (financial position and operating statement) it is important to understand that there was an extraordinary amount of unprecedented expenditure by ASCIA in the 2004-2005 financial year.

### EDUCATIONAL GRANTS AND PROJECTS

As outlined in the President's report, ASCIA spent a total of **\$176,000** in the 2004-2005 financial year on educational activities relating to immunology and allergy. This represents around twice the amount spent in the previous financial year.

With the budget and funding processes for ASCIA educational grants/projects now established it is essential that **any** requests for funding are made using these processes. Application forms are available on the ASCIA website: <http://www.allergy.org.au/awards/index.htm>

### LIQUIDATION OF PCO FOR ASCIA ASM 2004

Soon after receiving some proceeds from the professional conference organiser (PCO) of the ASCIA ASM 2004 (Worldwide Conference Professionals) the ASCIA accountants determined that there was a variance of **\$17,475.50** when the profit and loss statement for the ASM was prepared. After several attempts to recover these funds, we were informed that WCP was under administration and is now in liquidation. We have completed the necessary documentation and have participated in a creditors meeting.

### OTHER ANOMALIES

Website support for the ASCIA PID Register was twice the amount it should have been, as Tax Invoices for both 2003-2004 and 2004-2005 were received and paid in the 2004-2005 financial year.

Similarly the audit and accounting fees for both 2002-2003 and 2003-2004 were received and paid in the 2004-2005 financial year.

These variances account for \$37,575.50 which is around the same amount as the deficit of \$36,010.

Hence although a deficit was recorded in 2004-2005, this is offset by the large surplus in 2003-2004 of \$99,492.

In October 2005 Jill Smith (ASCIA Executive Officer) and I met with BH Edelstein (accountants), to discuss how the ASCIA accounting fees can be reduced in future. One of the outcomes of this meeting is that ASCIA will provide some limited book-keeping, on a quarterly basis, which will save around \$6,000 per year. This has now been implemented and will affect the fees for 2005-2006 which will be paid in the 2006-2007 financial year.

FINANCIAL POSITION	(\$ AU)	
	04-05	03-04
Current Assets	156,264	224,086
Non-current Assets	1,099,542	1,124,277
Total Assets	1,255,806	1,348,363
Current Liabilities	260	56,807
Funds introduced	804,677	804,677
Retained Profit	450,869	486,879
<b>TOTAL EQUITY</b>	<b>1,255,546</b>	<b>1,291,556</b>

OPERATING STATEMENT	(\$ AU)	
	04-05	03-04
Total Revenues	292,829	254,168
Total Expenses	328,839	154,676
<b>Net surplus (deficit)</b>	<b>(36,010)</b>	<b>99,492</b>

## ASCIA BUDGET 2005 - 2006

As a result of information collated from the last three audits (which have become mandatory since the transfer of ICACI 2000 proceeds) it is now possible for ASCIA to compile the following budget for 2005-2006.

<b>ASCIA BUDGET (2005 - 2006)</b>	
<b>Revenues</b>	
<b>Operating activities</b>	
ASM profit & sponsorship	200,000
Membership fees	40,000
<b>Non-operating activities</b>	
Dividends & interest	74,000
Final proceeds from ICACI 2000	58,000
<b>Total Revenues</b>	<b>372,000</b>
<b>Expenses</b>	
ASCIA Support - WCH Chair*	50,000
ASCIA Educational Grants	60,000
Printing of ASCIA Education Resources brochures	40,000
ASCIA Education project management	54,000
Website maintenance	11,000
ASCIA WP & SIG meetings (4)	12,000
ASCIA PID Register	15,000
ASCIA med student grants	13,000
<b>Total Educational Expenses</b>	<b>255,000</b>
Management Fee - Macquarie	11,000
ASCIA Secretariat	18,000
Council meetings	20,000
Accounting/Audit/Insurance	32,000
Teleconferences	7,000
ASCIA Media Awards	2,000
General Admin expenses	16,000
<b>TOTAL EXPENSES</b>	<b>361,000</b>
<b>Surplus (deficit)</b>	<b>11,000</b>

\* This is the first of five annual payments ASCIA has committed to, in support of the Allergy & Immunology Chair at the Westmead Children's Hospital.

## FUTURE DIRECTIONS

In 2004-2005 ASCIA spent \$176,000 on educational grants and projects, including \$71,000 on educational grants and \$51,000 on ASCIA Education Resources brochures and the ASCIA website.

In 2005-2006 ASCIA expenditure on educational activities will increase to \$255,000.

To allow for this increased funding ASCIA has undertaken to make considerable cost savings by:

- organising the ASCIA Annual Scientific Meetings in-house
- preparing quarterly spreadsheets for the accountants
- successfully applying for DGR Charity status.

It will be important that funding strategies for educational grants and projects are regularly reviewed by ASCIA, to be consistent with changes in revenue and educational opportunities. ■

**Note:** The financial position and operating statements should be read in conjunction with the compilation financial reports, available from ASCIA.

## Executive Officer's Report



JILL SMITH

During 2005 ASCIA has implemented many new and exciting initiatives and there have also been several challenges.

The main **highlights** from 2005 are as follows:

- Successful applications for ASCIA to be registered with the Australian Taxation Office as a **Health Promotion Charity**, that is to **promote the prevention or the control of allergic & immune diseases in human beings** and have Tax Concession Charity and Deductible Gift Recipient (DGR) status.
- Preliminary organisation of the ASCIA Annual Scientific Meeting (ASM) 2006, incorporating a primary care update day and development of processes for future ASCIA ASMs.
- Major updating of the ASCIA website including new images on the homepage, information for Physician trainees and a list of Clinical Immunologists and Allergists in Australia and New Zealand.
- Involvement in the ASCIA bid for the 2011 World Allergy Congress.
- Management of ASCIA educational projects, awards, grants and scholarships.
- Review of management and financial practices for ASCIA audit and development of an ASCIA budget for 2005-2006.
- Regular communication with ASCIA members via the ASCIA e-newsletter (which aims to keep members informed of ASCIA issues and activities in a timely manner).

## MAIN MEDIA COVERAGE

The main publicity in 2005 was generated by the ASCIA media release for World Allergy Day, the Sunday Program on Anaphylaxis and the subsequent coronial inquest into the death from anaphylaxis of a NSW boy on a school camp.

A summary of the main media coverage is as follows:

- Channel 9 (Sunday Program - two part feature on Anaphylaxis).
- Channel 7 (Sunrise interview for World Allergy Day).
- Over 20 newspaper articles and 20 radio interviews for World Allergy Day.
- Several Pharmacy journal articles, particularly regarding World Allergy Day.
- Several articles in magazines, including The Bulletin, Medical Observer, Australian Dr, New Zealand Dr and Good Medicine.
- Two major articles in The Weekend Australian in early Spring.

## SPONSORSHIP UPDATE

As a relatively small professional society ASCIA is dependant on educational grants from sponsors to enable the ASCIA website and ASCIA Education Resources to continue to develop. We are extremely grateful for the support provided by the following organisations over the past year.

### PLATINUM:

**UCB Pharma**  
**Octapharma**  
**CSL Pharma**  
**Schering Plough**

**Nutricia**  
**CSL Bioplasma**  
**Australian Laboratory Services**

### GOLD:

**Novartis**  
**IDFNZ**  
**Astra Zeneca**

**Nestle**  
**EBOS**  
**Abbott**



## FUTURE DIRECTIONS

A major challenge for ASCIA is to maintain the high level of sponsorship in future years. By organising the ASCIA ASMs in-house we hope to be able to achieve this by offering flexible, attractive and appropriate sponsorship packages.

The inclusion of a Primary Care Allergy & Immunology Update Day at the ASCIA ASM 2006 should serve as a model for future ASMs, and thus help achieve one of the key ASCIA strategies, of providing high quality education for General Practitioners in allergy and immunology.

In 2006 ASCIA will also be involved, in conjunction with Anaphylaxis Australia, in public seminars on allergy, as part of a new Allergy Expo which will run from 11-12 November 2006 in Sydney. This is consistent with the ASCIA strategy of increasing its profile with the media and the public. ■

## ■ Editor's Letter

*DR SHERYL VAN NUNEN*

It is with great pleasure that I welcome you to the ASCIA Annual Report 2005.

This publication replaces the annual printed newsletter and its aim is to provide ASCIA members and supporters with a hard copy of the highlights of each year, including:

- financial and other reports presented at the ASCIA Annual General Meeting
- relevant information from the regular electronic newsletters "ASCIA News Update" which are sent out at least monthly to ASCIA members by our Executive Officer to ASCIA members.

This Annual Report and the electronic newsletters are archived on the ASCIA website, under "newsletters".

Information or reports you would like to submit to the ASCIA e-newsletters should be sent by email to [education@allergy.org.au](mailto:education@allergy.org.au) ■

## ■ ASCIA Meetings

### 31 AUG - 4 SEPT 2005 QUEENSTOWN, NEW ZEALAND



A/PROF ROHAN AMERATUNGA

As ASCIA ASM 2005 attracted around 250 delegates and 6 Platinum Sponsors it was very successful. Information compiled for this meeting should be helpful for planning future ASCIA meetings.

We have tried to build relationships with the companies and provide them with an appropriate profile at the meeting. Unfortunately the venue was such that we have had to limit the number of booths for sponsors.

We would like to be able to use some of the proceeds from the meeting for training and education purposes in New Zealand. *(This has been discussed at an ASCIA Council meeting and ASCIA New Zealand members have been asked to submit applications for 2006 ASCIA grants.)*

The conference organising company we used gave us very good support, but at considerable expense. In future I believe future ASMs can successfully be organised by ASCIA, with the organising committees providing the scientific input and the organisation of the venue etc by a designated person. This would result in considerable cost savings and therefore increased profits, particularly with increasing numbers of delegates and sponsoring companies. ■



### ASCIA 17TH ANNUAL ASM 7 - 10 SEPT 2006 MANLY BEACH

DR KARL BAUMGART

The themes for the first three days (7-9 Sept) are:

- "immunity" (Lupus and other autoimmune diseases, bio-therapeutics and primary immune deficiency diseases)
- "sensitivity" (Anaphylaxis, drug allergy, insect and food allergy)
- "inspiration" (Asthma and allergy, rhinitis and sinus disease).

On Sunday 10th September a 'PRIMARY CARE UPDATE IN ALLERGY AND IMMUNOLOGY' is planned to run from 9am until 4.30pm. This will be held concurrently with an ASCIA Nurses' day, immunopathology workshop and meetings for ASCIA working parties, special interest groups and committees.

The registration brochure and call for abstracts (for the ASM) will be available in March 2006.

## INTERNATIONAL SPEAKERS

*PROFESSOR RONALD DAHL*

**Dept of Respiratory Medicine & Allergy, Aarhus University Hospital, Denmark**  
**Sponsored by World Allergy Organisation (WAO)**

Professor Dahl's research interests include indoor air, house dust mite allergy, immunotherapy for rhinitis and asthma and "united airways" disease. He is currently the President of the European Respiratory Society (ERS) and a board member of the World Allergy Organisation (WAO), Interasma and the WHO Global Alliance against Chronic Respiratory Diseases (GARD).

*PROFESSOR MARKUS OLLERT*

**Dept of Dermatology & Allergy, Technical University, Munich, Germany**  
**Sponsored by DPC Biomediq**

Professor Ollert is an authority on dermatology and allergy and will be presenting on vasculitis and the skin, anaphylaxis and the skin and the latest in therapeutics and diagnostics in these areas.

*PROFESSOR VIRGINIA PASCUAL*

**Baylor Institute for Immunology Research, Dallas, Texas, USA**

Professor Virginia Pascual is highly regarded for her research on Lupus and will be presenting highlights from her work in the Autoimmunity Plenary on Thursday 7 September 2006.

*PROFESSOR WERNER PICHLER, SWITZERLAND*

**Division of Allergology, Clinic for Rheumatology & Clinical Immunology & Allergology, Inselspital, Bern, Switzerland**

Professor Werner Pichler is regarded a foremost expert on drug allergy and will be the key presenter at the Drug Hypersensitivity Symposium on Friday 8 September 2006.

*PROFESSOR RUDOLF VALENTA*

**Immunopathology, Medical University of Vienna, Vienna General Hospital, Austria**

Professor Valenta's research interests include molecular and immunological strategies for prevention, diagnosis and treatment of Type I allergies and "Auto-allergy" - IgE autoimmune disease models. His pioneering work on the characterisation of allergens and their use for new concepts of allergy treatment has been granted numerous scientific awards.

## SOCIAL FUNCTIONS

- Welcome reception at the Manly Pacific Hotel (overlooking Manly Beach)
- Gala dinner at the spectacular 'Cardinal's Palace' (overlooking the northern beaches of Sydney)
- Tour of the infamous and historic 'Quarantine Station' at North Head.

In addition there will be opportunities for participants to partake in the many other beach and harbour related activities available in Manly. ■



**ASCIA ASM 2006 Gala Dinner venue**

## ASCIA SYMPOSIUM ON ALLERGY & CLINICAL IMMUNOLOGY 24 FEB 2006

DR KARL BAUMGART

This meeting will be held in Canberra on the day before the ASCIA Council meeting. Proposed participants are government health department heads, bodies such as the TGA, PBAC, HIC, Commonwealth government advisors and ministers. The draft outline is:

- PUBLIC HEALTH ASPECTS OF ALLERGIC AND IMMUNE DISEASES - where are we by international comparisons, what are the trends and what are the most pressing problems?
- SERVICE UTILISATION IN AUSTRALIA - clinical, diagnostic and hospital utilisation trends.
- PHARMACEUTICAL UTILISATION IN AUSTRALIA - medication classes and utilisation trends in allergic and immune diseases
- NON-ORTHODOXY IN ALLERGY & IMMUNOLOGY - case studies, the true cost to our patients and society.
- ORPHAN DRUGS AND ORPHAN NEEDS
- BIOLOGICAL AGENTS, IMMUNOTHERAPY
- ASCIA PRIORITY AREAS ■

### PLANNED ROTATION FOR ASCIA ASMS 2007 - 2013

<b>2007</b>	<b>13 - 17 November, Esplanade Hotel Fremantle, Western Australia</b>
2008	South Australia
2009	Victoria
2010	Queensland
2011	New Zealand
2012	New South Wales/ACT
2013	Western Australia (possibly as part of the WAC 2013)

*In 2005, 2006 and 2007 the ASCIA ASM venues are in "satellite" type locations, rather than major city centres.*

*It would be useful if we could identify similar types of high quality venues in "Satellite" like locations in other states and New Zealand which can include at least 25 trade exhibits and up to 250 delegates in main sessions.*

## ■ Representative & Committee Reports

### QUEENSLAND REPORT



*DR JANE PEAKE*

Monthly meetings have been held with a dinner and guest speaker on alternative months. On the other month we discuss interesting and informative cases and review recent literature.

Queensland is undergoing major changes with the recent inquiries and changes in the Health Minister, Director General of Health and also many senior Queensland Health personnel.

We have taken this opportunity to contact Queensland Health and the Queensland Government again regarding the need for public immunology and allergy services in Queensland. ■

### NEW SOUTH WALES REPORT



*DR LOUISE EVANS*

Three successful and well attended meetings have been held in Sydney this year:

- A dinner meeting in February with presentation by Prof Andrew Kemp

- Clinical Grand Rounds at Royal North Shore Hospital in October

- An end of year function in December featuring a presentation by a Forensic Pathologist on "Food allergy and forensics".

We are very grateful for the support we receive from industry for these meetings. It seems that the most successful and easier to organise meetings are sponsored, with a dinner speaker selected by ASCIA, which has been the case over the past two years. ■

### VICTORIA REPORT



*DR JO SMART*

We have held three successful and well attended dinner meetings this year. In addition allergy workshop meetings also occur 3-4 times per year.

Victorian PID sites have rallied to improve our PID reporting rates and a PID transition clinic has been established (from RCH to 2 adult sites).

ASCIA continues to have ongoing representation at the bimonthly Victorian IVIG Users Group Meetings. ■

### WESTERN AUSTRALIA REPORT



*DR TIFFANY HUGHES*

WA members of ASCIA were kept very busy during the first half of 2005, preparing and presenting the bid for WAC 2011. Thank you to everyone who helped us to do as well as we did.

Local meetings continue to be held monthly and are well attended.

Plans for the ASCIA ASM in Fremantle are well underway. The dates are 13-17 November 2007. ■

### SOUTH AUSTRALIA REPORT



*DR PATRICK QUINN*

In SA we continue to have well attended monthly meetings.

Anaphylaxis awareness week was launched in SA this year, coinciding with the establishment of Anaphylaxis Australia in SA.

They have gained some media coverage and as a result of this some extra funding has been pledged. ■

## ASSOCIATE REPRESENTATIVE REPORT



*DERYN THOMPSON*

It has been a busy year with the formation of the **Professional Certificate of Allergy Nursing** well underway. ASCIA has been instrumental in enabling University of South Australia to establish the course and it should be ready for

**first semester 2006.** It will be an external course, delivered on-line to enable nurses from all states and overseas to have equal access. Content is being reviewed by those Council members who expressed an interest to do so. I thank them for their valuable input and guidance.

Encouragement for patients attending allergy/immunology services and clinics, medical practitioners and health professionals to access the ASCIA patient educational resources has proven successful, as hits to the website have increased dramatically over the past 12 months. Many associate members are involved with promoting access to the ASCIA website and the available, informative resources

More hospitals are establishing roles of a 'designate allergy /immunology nurse'. This is a very important development, as the incidence of allergy is still rising and funding for most of the hospital allergy departments is still not of the highest priority to those with control of the purse strings.

South Australia's group of allergy nurses, who meet bi-monthly, have continued their professional development and education program this year with education talks related to allergy and immunology, including Respiratory Medicine, Aspirin Sensitivity, the Eczema education study conducted at Flinders Medical Centre and Immunotherapy. At the meeting this year in Queenstown we have encouraged other states and New Zealand to take a similar stance and encourage meetings and support among nursing members. The nurses throughout Australasia keep in contact via email.

One highlight of 2005 was the official Australian launch of Anaphylaxis Awareness Week in South Australia, in May and the setting up of the South Australian branch of Anaphylaxis Australia Inc. They are planning to increase public awareness in South Australia with several ideas in the pipeline. Nurses and other associate members in other states are also working hard to raise the profile of anaphylaxis within the general and medical community. Maria Said and her team's work continues indefatigably.

We bid farewell to Carol Jones, who is no longer in immunology/allergy nursing in NSW. Her enthusiasm back at the inaugural Nurses' day at the Annual Scientific meeting in Adelaide in 2002 indirectly resulted in the formation of the South Australia Allergy Nurses' Group and was part of the catalyst for the development of the allergy nurses' course. We thank her and wish her all the best.

Welcome to the new Associate members and I hope their association with ASCIA will be rewarding and valuable and encourage them to access the many resources available to them via the internet. ■

**GP LIAISON REPORT***DR VICTORIA SMITH*

Most general practitioners are now aware of allergy, anaphylaxis and the action plans. Areas that still need to be addressed are:

- how to access an allergist in each state
- how to find the ASCIA website
- links between allergy and eczema, asthma, growth retardation and infant feeding problems
- an avenue of education towards childcare nurses.
- jack jumper ant and ant anaphylaxis - there is a growing swell of people who are aware that desensitisation with funding could be available as a treatment for anaphylaxis to ants.

The year in summary: I think ASCIA has to be given a huge pat on the back for the amount of literature and publication that hits the general practitioners' desks and is probably read, used and referred on to patients. However, increasing awareness is still required through Government, child health and patient circles of allergic disease. I look forward to another exciting year with ASCIA. ■

**CLINICAL PRACTICE REPORT***DR WILLIAM SMITH*

In 2005 the Clinical Practice committee has mainly been addressing the issue of skin prick testing.

A manual for skin prick testing have been prepared and is in the final stages of review.

Thank you to the ASCIA members who have provided valuable input to this document. The skin prick testing workshop in Queenstown also presented an opportunity to receive feedback.

Once finalised the manual is intended as basic information for specialists, as educational material for non-specialists and as a resource for skin prick testing workshops at future ASCIA Annual Scientific Meetings. ■

## ascia annual report 2005

### PRIMARY IMMUNODEFICIENCY REPORT



DR SEAN RIMINTON



MS PHILIPPA KIRKPATRICK

The 2004-2005 period has been a great year for the ASCIA Primary Immune Deficiencies (PID) Register. There have been many new developments arising, including:

■ **Improved data collection** - We have over 1150 registered patients and this number has been rising rapidly. There have been **434 new registrations** in the 2004/2005 financial year which is a record for the ASCIA PID Register. SA has the most registrations per head of population, followed by WA, NSW and ACT. Victoria has recently registered many patients and is beginning to reach the reporting level of the states listed above. NZ are working hard to get their patients registered. There have been advances in QLD with a small amount of staff time being allocated to registering patients at Princess Alexandra Hospital.

■ **Clinical Practice Guidelines** - New clinical practice guidelines for IVIG use and supply are being developed by the National Blood Authority (NBA). We coordinated the ASCIA response to the discussion paper distributed by the NBA and thank all members who made a contribution. Dr Sean Riminton will be further contributing to the NBA IVIG working party and writing committee.

■ **IgG Subclass Deficiency** - The NBA discussion paper has listed IgG subclass deficiency as one of ten conditions for which the effectiveness of IVIG therapy is under review. We request particular attention of members to improving the quality of data for this indication. We also plan to hold discussions with members of ASCIA and the ASCIA PID Committee to develop an ASCIA Consensus statement on IgG subclass deficiency.

■ **Sponsorship** - CSL Bioplasma Pty Ltd are providing \$20,000 per year and a new sponsor Octapharma has provided \$15,000 for the 2005/2006 financial year.

■ **PID patient support initiatives** - We have been involved in coordinating meetings between parties previously involved with PID patient support groups in Australia and the chairman and general manager of IDFNZ, a very successful NZ PID patient support group. We launched a discussion paper outlining ways in which an Australian group could be developed with assistance and support from the NZ group. A meeting of all interested parties was held at the ASCIA ASM 2005. We have also been involved in coordination of the first meeting of 'IDF Australia', at RPA hospital in late November 2005.

■ **ARCBS** - Discussions have taken place with the Australian Red Cross Blood Service (ARCBS) to determine how we can work together to achieve the common goal of guiding the use of immunoglobulin replacement resources.

■ **SE ASIA** - Inquiries have been made about extending PID project collaboration with south-east Asia and China.

■ **RESEARCH** - Interest has been expressed in research regarding links between the PID Register and cancer registries and the link between PID and autoimmune and allergic disease. We are also involved in collaboration between clinicians and scientists. However, we have been unsuccessful in our application for an enabling grant from the NHMRC.

■ **PROMOTING THE ASCIA PID REGISTER** - Information about the ASCIA PID Register has been published in various places including; RACP News, Concord Connections newsletter and the Association of Genetic Support of Australia (AGSA) newsletter. Philippa was awarded 'Highly Commended' at Concord Hospital Clinical Week for her work on the ASCIA PID Register. The Register has also been promoted at both local and international meetings including the IUIS PID Consensus working party in Hungary.

■ **ASCIA GRANT** - The \$25 000 grant provided by ASCIA in the last financial year has been essential in allowing us to move forward and work towards the objectives of this important project.



**The objectives over the coming year are to:**

1. Continue to improve the numbers of patients registered by increasing awareness of the ASCIA PID Register.
2. See through the establishment of a national (Australian) PID patient support group.
3. Represent ASCIA's interests in revision of IVIG guidelines.
4. Develop an ASCIA Consensus Statement for IgG Subclass Deficiency.
5. Support research arising from the Register.
6. Improve data quality through audits and other means.
7. Formally collate and report data from the ASCIA PID Register.

The ASCIA PID Committee is grateful for financial support from the ASCIA grant, CSL Bioplasma and Octapharma, the many great contributors to this project and in particular the PID officers for their efforts in increasing the number of registrations. ■

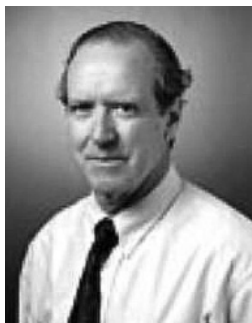
**EDUCATION REPORT***A/PROF RAY MULLINS*

The main activities this year have included:

- Publication of the Position paper summary - unorthodox methods of allergy testing (MJA Editorial on 15 Aug 05)
- Collation of Australian prevalence allergy prevalence statistics for WAO
- Interviews for World Allergy Day and editing of media release
- Development of new brochures and review of updated brochures
- New articles eg Jumper ant allergy
- Review of Better Health Channel articles
- Responses to media requests
- Patient inquiries via website
- Coordination of MJA series of articles
- Review of SPT safety guidelines
- Input and review of Anaphylaxis training manual. ■

## ascia annual report 2005

### LABORATORY PRACTICE REPORT



*A/PROF PETER  
HOLLINGSWORTH*

The following ASCIA Guidelines were published on the ASCIA website earlier this year:

- Measurement of Uncertainty (inter-batch/lot precision) Guidelines
- Consensus Guidelines on Anti-Intrinsic Factor Antibody Testing

The ASCIA list of rare tests and their providers is in the process of being updated for the ASCIA website.

Regarding PSTC items, this committee is reviewing the item numbers for Tryptase and in vitro IgE testing. We need to propose appropriate panels of allergens.

This committee is also requesting that suppliers write to their customers regarding inappropriate reporting of response units for in vitro Specific IgE test reporting. ■

### PAEDIATRIC REPORT



*A/PROF MIMI TANG*

A summary of the ASCIA Position Statement on Allergy Prevention was published in the Medical Journal of Australia 05; 182 (9): 464-467.

The full version of the Position Statement is available on the ASCIA website [http://www.allergy.org.au/pospapers/Allergy\\_prevention.htm](http://www.allergy.org.au/pospapers/Allergy_prevention.htm) and has generated a great deal of publicity for ASCIA since it was published in late 2004.

Guidelines for food allergen challenges are in the process of being developed and guidelines for immunotherapy still need to be developed.

A database of research activities is being compiled by A/Prof Susan Prescott to help prevent duplication of efforts. ■

**ANAPHYLAXIS WORKING PARTY REPORT**

DR MIKE GOLD



DR ROB LOBLAY

ASCIA Training Resources for educators and allied health professionals have now been extensively reviewed and are available on the ASCIA website under "Anaphylaxis resources". It is intended that a training presentation be developed for Anaphylaxis, based on these resources.

A letter was sent to the PBAC regarding the reimbursement of 2 EpiPens for >17yrs and we should have an outcome by the end of 2005.

CSL have addressed the short expiry dates of EpiPens by having Dey laboratories package EpiPens with Australian labeling and discouraging warehouses and pharmacies to stockpile EpiPens.

Some members have been involved in supporting Anaphylaxis Australia at the Inquest into the death of a Sydney schoolboy from Anaphylaxis at a school camp. The resulting recommendations have implications for all states and New Zealand.

One of the recommendations from the inquest was to establish a register of anaphylaxis cases and ASCIA has provided some seed funds to assist in development of this register. ■

**INSECT ALLERGY WORKING PARTY REPORT**

A/PROF SIMON BROWN

In February 2005, the ASCIA Insect Allergy Working Party (IAWP) completed and lodged a comprehensive NHMRC Project Grant submission "*Anaphylaxis to Australian native ant venoms; major allergens, cross-reactivity, diagnosis and risk assessment*".

This has resulted in the securing of the following two grants:

1. A/Prof Simon Brown. Viertel Clinical Investigatorship-Laboratory assessment of venom immunotherapy: \$60,000 single payment.
2. A/Prof Simon Brown, Dr Robert Heddle, Mr Michael Wiese, Dr Richard Loh, A/Prof Raymond Mullins. NHMRC Project Grant- Life-threatening allergy (anaphylaxis) to Australian ant venoms: \$338,000 over three years.

Ethical approval has been obtained for the coordinating site and approvals at each participating site are now being sought. Patient samples are now being collected at approved sites.

In addition to ASCIA and NHMRC funding, further infrastructure funding has been secured from the University of Western Australia and the State Government of Western Australia.

Collection of ant nests has begun and a laboratory has been set up for the extraction of venom from each species.

The success of this project to date can be directly traced to the ASCIA start-up funds provided to the IAWP, and demonstrates the importance of these ASCIA grants. ■

## ■ Reports from 2004-2005 ASCIA Medical Student Grant Recipients

### IMMUNOLOGY & DERMATOLOGY ELECTIVES AT THE JOHN RADCLIFFE HOSPITAL AND WEATHERALL INSTITUTE FOR MOLECULAR MEDICINE, UK.



*HSIEN CHAN*  
*BMedSci(Hons)*  
MBBS/BArts - 6th Year  
University of Western  
Australia

#### **Aim**

Clinical practice and medical research are areas in which medical students can satisfy their burning desire to help and to discover. As such, my elective at the John Radcliffe Hospital aimed to fulfil both these roles. A clinical attachment to the Immunology and Dermatology Departments at the John Radcliffe Hospital was combined with extensive time in the Cutaneous Immunology lab at the Weatherall Institute for Molecular Medicine (WIMM). Maintaining clinical pertinence to research in the molecular sciences is of utmost importance. Accordingly, my research project at the WIMM involved characterising the T-cell phenotype of atopic individuals and would often involve collecting blood samples from clinically atopic individuals in one morning's clinic and processing these samples that very afternoon. This stimulating course of study further clarified my interest in research and clinical immunology.

#### **Clinical Attachment**

My clinical attachment consisted of outpatient clinics at the John Radcliffe Hospital Medical Specialties Clinics (Immunology) and the Churchill Hospital Dermatology Clinics. Not surprisingly, the spectrum of medicine seen in these clinics was quite similar to that in Australia. Investigations, management and clinical reasoning were also akin to my education at the University of Western Australia.

By chance, the Royal Society of Medicine - Section of Dermatology Clinicopathological Meeting coincided with my stay in the UK and I was able to attend this meeting on 20th of January at the Royal Society of Medicine Head Office at 1 Wimpole Street in London. This was a most stimulating session and the rare opportunity arose of meeting a dermatologist with a syndrome named after him.

#### **Research Attachment**

Founded in 1989 at the John Radcliffe Hospital Health Campus in Headington, the Institute of Molecular Medicine was established by Sir David Weatherall with the aim of applying state of the art molecular and cell biology research techniques to human disease. Funding for this institution mainly derived from the University of Oxford, Medical Research Council (UK), Cancer Research UK, Wellcome Trust and other medical charities.

Bearing the same location as the main clinical teaching site for the University of Oxford Medical School, the Weatherall Institute provides a scientific environment that involves an approach to medical research that combines both the clinical and basic sciences. Several initiatives are currently in place to encourage medical clinicians specifically to undertake research studies. Clinical Research Training Fellowships and Senior Clinical Fellowships are examples of such initiatives. This integrated approach has resulted in a multitude of significant discoveries at the Weatherall Institute. For example, the Human Immunology Unit section that I was attached to is currently responsible for the studies in the MVA-HIVA (Modified Vaccinia Virus Ankara) vaccinations that are currently being implemented in clinical trials.

The Cutaneous Immunology Lab that I was attached to is part of the Human Immunology Section of the WIMM and is headed by Dr Graham Ogg who is an MRC Senior Clinical Fellow and a Consultant Dermatologist. A major focus of this lab is to elucidate the immunological basis for atopic conditions such as asthma, eczema and rhinitis. A current PhD project of the lab conducted by Dr Michael Arden-Jones is focused on characterizing the T cell response in clinical flare-ups of these conditions by the use of molecular techniques such as tetramers combined with Elispot assays. My short stay at the lab involved helping out in some of these experiments.

### Role of CD8+ T Cells in Atopy

There is increasing evidence that CD8+ T cells play a role in allergic disease in animals. 1-3 In humans, increased frequencies of cutaneous lymphocyte associated antigen CD8+ T cells producing type 2 cytokines have been found in the peripheral blood of individuals with atopic dermatitis. 4-7 Previous studies have indicated that up to 30% of the T cell infiltrate within atopic dermatitis skin samples are CD8+ T cells 8 and in other atopic conditions such as asthma, similar evidence of activated CD8+ T cell infiltrate has also been identified.<sup>9</sup>

### Tetramers and Elispot

What is needed to examine this proposed relationship is a method of staining for CD8+ T-cells and measuring their functional activity in clinically atopic individuals. While it was known for some time that the T cell receptor could only bind peptide only when it was presented by class I or II major histocompatibility complexes, 10, 11 initial attempts at identifying antigen-specific T cells by binding T cell receptors with their corresponding antigen, peptide and MHC were unsuccessful. It was not until the successful refolding of MHC complexes, peptide and  $\beta$ 2-microglobulin was achieved by Garboczi et al. that more successful attempts could be made.<sup>12</sup> The work of Dr John Altman and Professor Mark Davis in collaboration with the Oxford group that I spent my elective with (headed by Professor Andrew McMichael), used tetramers of these complexes and were able to develop 4 biotinylated complexes of antigenic peptide, MHC class II complexes,  $\beta$ 2-microglobulin around a streptavidin core that achieved binding of significant avidity to be of laboratory and research use <sup>13</sup> (reviewed by Ogg et al.<sup>14</sup>).

Tetramers largely determine the presence of antigen-specific T-cells (specific to the epitope incorporated into the tetramer). To determine functional information such as activation of these T-cells, Elispot assays were used to stain for cytokines from these cells. However, a caveat to this approach is that we cannot be absolutely certain that the same T-cells identified by staining with tetramers are the source of the interleukins identified in the separate Elispot assay.

Recent advances may help with this problem such as combining tetramer technology and intracellular staining techniques. <sup>15, 16</sup> Functional information to indicate activation, effector function, proliferation and apoptosis

of antigen-specific CTL may also bear considerable insight into specific cytological responses in atopic individuals.<sup>17</sup>

### Future Directions

Identifying the certain epitopes that atopic individuals are highly reactive to may provide a marker for immunotherapy efficacy. In addition, identifying the epitopes responsible for the exaggerated immune response in atopic individuals may provide specific targets for immunotherapy.

### **Reflection**

Medical school has been a challenging but extremely rewarding experience. As I have progressed from the pre-clinical to the clinical years, I have always maintained an appreciation for the role of lab science in driving current clinical practice. Experience in research during a BMedSci Honours year in the US has been complemented through my clinical teachings at the University of Western Australia. This elective has added another dimension to my medical experience. The elective is frequently regarded as the highlight of a medical student's studies and my elective has certainly allowed me to combine these two major interests of clinical medicine and medical research. My experiences in the UK have revealed to me a potential career in both, specifically in the field of Clinical Immunology.

This experience has only been made possible through the devotion to teaching provided by my supervisors at the Weatherall Institute, Dr Graham Ogg and Dr Michael Arden-Jones and the generosity of the Australasian Society of Clinical Immunology and Allergy. ■

Please note that due to space constraints reference lists, figures and tables for the four medical student reports could not be published. These are available from [education@allergy.org.au](mailto:education@allergy.org.au)

On 25 November 2005 Hsien Chan graduated from UWA with an MBBS(Hons)/BA, BMedSci(Hons) and has been awarded a Monash award to study for a DPhil at Oxford from December 2006.

## LOOKING FOR THE CAR KEYS: RESEARCH IN IMMUNOLOGY AT MEMORIAL SLOAN-KETTERING CANCER CENTER, NEW YORK, USA.



*HARRIETT GEE*

University of Melbourne

From January 3- 28, 2005, I undertook a rotation as a final-year medical student on the Clinical Immunology Service at Memorial Sloan-Kettering Cancer Center, New York.

Memorial Sloan-Kettering is the world's oldest and largest private institution devoted to patient care, education and research into cancer. The Clinical Immunology service focuses on the development of vaccines for melanoma treatment. The research conducted in the immunology department is very broad, from basic science work conducted in the adjacent Sloan-Kettering Institute building, to translational research and clinical trials.

### Background

At Monday clinic, which I attended with my supervisor Dr Paul Chapman, I observed the treatment of patients with metastatic melanoma. The treatment options are currently very limited. Only two drugs are approved for the treatment of advanced-stage melanoma, each with less than 20% response rates. The median survival for stage IV melanoma is around seven months.

Melanoma is felt to be susceptible to immune attack for several reasons: primary melanoma can regress spontaneously; metastatic tumours can undergo spontaneous regression; and melanoma patients sometimes develop depigmentation around naevi. These features of the cancer, along with the lack of response to chemotherapy, have prompted research into immunological treatments. Currently, these include 12 months of interferon-alpha, and various vaccines which are in trial stage.

Approaches include vaccine with undefined antigens such as allogeneic vaccines (cell extracts or whole cells), autologous vaccines (patient's own tumour cells, with adjuvant such as heat shock protein), or vaccines with defined antigens such as gangliosides, peptides (eg

gp100) or DNA (to be presented by dendritic cells). The many approaches to vaccination reflect one of the major controversies in tumour immunology - whether a T-cell based or antibody-based approach is likely to be more clinically effective.

Antibody-based therapy for melanoma (targeting the antigen GD3 on melanoma) was first trialled 20 years ago but since then the field has shifted to focus on T-cell-based therapy. It is likely, however, that successful treatment will require both a T-cell and antibody response. For example, the antitumour effects of trastuzumab (anti-HER2/neu for breast cancer) are dramatically reduced in mice lacking activating Fc(III) receptors and are enhanced by blocking inhibitory Fc(II) receptors. This was a surprising result as until that point, antibodies like trastuzumab were thought to work purely by blocking the function of their target (in this case the human epidermal growth factor receptor).

To date, purely antibody-based therapies like anti-GD3 have shown response rates of about 10%, while T-cell-based therapies have shown even lower efficacy in practice. For example, passive transfer of melanoma-specific T cells into patients has been largely ineffective, and near-complete responses are seen only when virtually every circulating T cell recognizes a tumour antigen. On the other hand, transfer of polyclonal cultures of tumour-infiltrating lymphocytes into patients after nonmyeloablative chemotherapy has induced partial responses in 50% of patients. The difference is felt to be due to the polyclonal nature of the T cell culture and preparation which might enable activation of B-cells.

### Therapeutic approaches

Patients were recruited for three trials while I was there - one chemotherapy (temazolamide) and two vaccine-based trials. On Tuesday and Friday afternoons the multidisciplinary team of dermatologists, surgeons, bench researchers, oncologists and nurses met to discuss proposed trials or controversial areas (such as the role of sunlight and vitamin D in melanoma). I learnt about the logistics of running a clinical trial, particularly dose-selection, patient characteristics, and getting blood and tissue samples analysed in a centralised and meaningful way. Clinicians were also attentive to the needs of their patients, who often lived far away from Manhattan.

Phase one trials included injection of dendritic cells loaded with melanoma antigens, a multi-epitope peptide vaccine using GM-CSF DNA as an adjuvant, and injection of the genes for human and mouse gp100 into patients with melanoma. Gp100 is a protein found in melanoma cells that is involved in melanin production, and injection elicits both antibody and T-cell responses in mice. In the Gp100 trial, patients received both human and mouse gp100 DNA in a cross-over design, to assess immunogenicity of the two types of DNA.

An interesting phase two trial studied the MAPkinase signaling pathway. Activating mutations in this pathway are found in the majority of melanomas. For example, B-RAF (a downstream protein in the pathway) is mutated in 60% of melanoma. 17-N-allylamino-17-demethoxy geldanamycin (17-AAG) is an inhibitor of HSP-90, a chaperone protein for B-RAF. This trial studied inhibition of the MAPkinase pathway in tumours by destabilising the key B-RAF protein involved in signaling. Data from this promising study will be released in April.

One of the most interesting parts of my experience was the constant debate that went on about these techniques, both between the researchers and clinicians, and the patients themselves. Many patients had read up on the various treatments and were trying to decide which to go with. For example, some hospitals offer interferon-alpha treatment, which involves a year of therapy with significant side-effects. Data is conflicting but most agree that there is an increase in disease-free survival with treatment, but no increase in overall survival, especially over years. I was impressed with my supervisor's patience in discussing the complex risk-benefit with his patients and their families.

My supervisor's laboratory work currently revolves around CD1, a family of antigen-presenting molecules with the ability to present lipids and glycolipids to T cells and to natural killer T cells. This molecule is postulated to be involved in the recognition of tumour antigen (which is supported by Dr Chapman's finding that GD3, a ganglioside expressed on human melanoma cells, is presented by CD1 to Natural Killer cells). Promising as this work is, it is yet to be translated into humans and I was urged by my supervisor to see the limitations of their current work as ***"like the man under a street light trying to find his lost car keys: when asked by the police officer why he was looking there, he said 'Because this is where the light is.'"***

### Other activities

The department of immunology's visiting speakers' topics most frequently included Toll-like receptors and I particularly enjoyed a talk by Chandrashekar Pasare of Yale School of Medicine, who talked about TLR and control of adaptive immunity. Other talks included further TLR commentary and discussion of T-cells such as 'Defective proximal TCR signaling in non-lytic CD8 tumour infiltrating lymphocytes' by Alan Frey from New York University.

On Tuesday and Friday mornings I attended grand rounds. These enabled me to learn about other promising treatment options for cancer such as angiogenesis inhibitors. I enjoyed the opportunity to see the breadth of research at the hospital, from imaging tumour hypoxia to angio- and neurogenesis as well as visiting speakers such as the Director of National Cancer Institute J Carl Barrett and even a motivational speaker, Benjamin Zander, conductor of the Boston Philharmonic Orchestra, speak on his book the 'Art of Possibility'.

I spent two weeks on the inpatient service where I observed the treatment of melanoma and autologous stem cell transplants. As well as scrupulous attention to handwashing, masking and gloving, it was interesting to see the implementation of new technology such as efficient mobile computer-based ordering system, and observe American medical roles (such as the highly-valued nurse practitioner).

While in New York City I took full advantage of the terrific music scene, attending several performances of the Beethoven string quartets at the Lincoln Centre, and a wonderful Monteverdi concert at Columbia University. My mid-morning toasted bagel with cr me cheese was addictive!

It was an inspiring experience to go to MSKCC at this stage of my career to see the extraordinary breadth of research and translational focus. Even senior clinicians were friendly and approachable, and my supervisor in particular was fantastically generous with his time and mentorship. During our many discussions, he took time to respond to my questions and ideas seriously, and by engaging in real discussion with me, I have been shown new ways of thinking about immunological questions.

I sincerely appreciate the support of the Australasian Society of Clinical Immunology and Allergy in making this elective possible. ■

## FETO-MATERNAL HLA G GENOTYPE MISMATCH SIGNIFICANTLY INCREASES RISK FOR PRE-ECLAMPSIA BUT NOT GESTATIONAL HYPERTENSION IN THE MALAY POPULATION



JULIA FV HO,<sup>1,6</sup>

Yap Seng CHONG,<sup>2</sup> Yiong Huak CHAN,<sup>3</sup> Keng Joo LIM,<sup>5</sup> Annamalai LOGANATH,<sup>2</sup> Caroline G LEE,<sup>4</sup> Samuel S CHONG<sup>1</sup>

<sup>1</sup>Pediatrics, <sup>2</sup>Obstetrics & Gynecology, <sup>3</sup>Biostatistics Unit, and <sup>4</sup>Biochemistry, Yong Loo Lin

School of Medicine, National University of Singapore, Singapore. <sup>5</sup>Obstetrics & Gynecology, Sultanah Aminah Hospital Johor, Malaysia. <sup>6</sup>School of Medicine, University of Melbourne, Australia.

### Introduction

HLA G is a MHC Class 1b gene and it is the main HLA gene being expressed at the materno-fetal interface (Figure 1). It has been suggested that HLA G may have an immunomodulatory role in the maternal tolerance of the semiallogenic fetus; failure of this role could be one of the precipitating factors for the development of pregnancy-related hypertensive disorders like gestational hypertension (GH) and pre-eclampsia (PE). PE is one of the leading causes of maternal and fetal mortality and morbidity, but its aetiology remains undefined. Some possible causative mechanisms are shown in Figure 2. In particular, a maternal immune maladaptation to fetal antigens may be involved in the pathogenesis of PE, as it may bring about the release of cytokines that causes maternal endothelial cell damage [1]. This immunological hypothesis is further supported by the following epidemiological findings: the incidence of PE and GH is higher in nulliparous women [2], and in women who are less exposed to their partners' antigens [3-8]. Although associations between HLA G and risk for PE have been widely investigated, the results have been conflicting thus far.

In this study, we investigated the relationship between particular HLA G SNPs and risk for PE and GH in a Southeast Asian Malay population. To our knowledge, the Malay population had not been studied previously. We tested for associations between single SNPs as well as SNP haplotypes and risk for PE and GH, in order to increase the likelihood of detecting positive

associations. This effort will help to clarify the effect of variations in HLA G expression or structure on risk for developing PE and GH, and contribute to the design of more accurate predictive tests and genetic screening for PE risk. Accurate predictive tests will in turn enable earlier management and thus better prognosis for affected pregnancies.

### Materials and Methods

We tested for association between HLA G and PE and/or GH using a case-control approach. DNA was extracted from venous blood of mothers and cord blood of babies from 31 PE, 46 GH, and 164 normotensive Malay women. HLA G was amplified in 6 fragments in a single-tube multiplex PCR and genotyped for 19 Single Nucleotide Polymorphisms (SNPs) using a multiplex minisequencing strategy (Figure 1). The genotypes were analyzed in the following ways. First, normal controls were compared against PE or GH cases. Both individual SNP genotype as well as haplotype frequencies were compared between case and control mothers. In addition, babies of case and control mothers were also compared to test for paternal contribution to disease development. Finally, we examined if there were any differences in mother-child genotype pairs between case and control groups to test for possible histoincompatibility effects. These differences were statistically examined using chi-square statistics, with a confidence interval of 95%. The effect of a SNP or haplotype allele in relation to disease risk or susceptibility was expressed as a relative risk.

### Results and Discussion

The risk for PE was not associated with maternal HLA G genotype, but was strongly associated with the presence of fetal haplogroup E ( $p=0.007$ ;  $RR=6.613$ ,  $95\%CI=1.827-23.939$ ). In addition, heterozygote frequency of non-synonymous SNP16, which defines haplogroup E, differed strongly between case and control babies ( $p=0.006$ ;  $RR=6.013$ ,  $95\%CI=1.88-23.256$ ). These suggest that the presence of SNP 16 in the fetal HLA G gene could increase the risk for PE. It is possible that the SNP 16 polymorphism affects the expression and/or function of fetal HLA G. Alternatively, this polymorphism may be in linkage disequilibrium with another locus that directly influences the alternate splicing or stability of the HLA G gene transcript.



Furthermore, the frequency of the SNP16 genotype mismatch between mother (homozygous wildtype) and child (heterozygous) was significantly increased in PE pregnancies compared to normal pregnancies ( $p=0.002$ ,  $RR=21.2$ ,  $95\%CI=2.45-183.03$ ). This strongly implies that a materno-fetal genotype histo-incompatibility in the HLA G gene may be one of the contributing factors in the pathogenesis of PE, which supports the immunological causative mechanism as mentioned earlier.

The risk for GH was also found not to be associated with either maternal or fetal HLA G genotype. As such, although PE and GH share similar characteristics, they may have quite difficult pathogeneses.

### Conclusion

Polymorphisms in the HLA G gene that affect its expression and function may be one of the major contributing factors in the multifactorial pathogenesis of PE. The contribution of paternal HLA G haplogroup E (defined by the variant allele of SNP16) in the fetus significantly increases risk for PE, but not GH, in wildtype haplogroup mothers. In addition, increased risk for PE may be mediated by a maternal immune response to the variant paternal histocompatibility antigen in the fetus. Further investigations on the impact of the SNP 16 polymorphism on HLA G gene structure, function and expression could help to shed light on this issue. ■

## DEVELOPMENT OF CHILDHOOD ALLERGY IN RELATION TO GUT MICROBIOTA COMPOSITION

SUMITHA BHASKARAN <sup>1</sup>

Mah Ka Weng, Pasuree Sangsupawanich,  
Bengt Bjorksten, Lee Bee Wah, Hugo van Bever,  
Chua Kaw Yan, Shek Lynette <sup>1</sup>University of Melbourne

### Background

The prevalence of atopic dermatitis has been increasing over the recent years. The 'hygiene hypothesis' suggests that this is due factors associated with the Western lifestyle and the consequential decrease in microbial stimulation. The microbes in the GIT are the largest source of microbial pressure on the immune system. Therefore, differences in the patterns of colonization by gut microflora could affect immune development and as a result lead to atopic manifestation.

### Specific Aims

The aims of this study were to describe the pattern of gut microflora of children from Singapore with and without and eczema (Part 1), and that of a general population of children from a developed country with high prevalence of atopy (Singapore) and a developing country with low prevalence of atopy (Rural Thailand) (Part 2).

### Methods

A case-controlled study with 21 AD and 15 healthy children was conducted for part 1, while a cross-sectional study with 63 children from Singapore and 69 children from Thailand was conducted for part 2. All the children (age =  $3.0 \pm 0.5$  years) were recruited using a modified ISAAC questionnaire given to parents. Stool samples were collected from these children, and conventional stool cultures and quantitative flow cytometry were carried out to quantify seven bacterial species.

### Results

Children with eczema had significantly lower counts of Bifidobacteria and Clostridia (0.14% vs. 0.63% and 0.28% vs. 1.18%,  $p < 0.05$  respectively), and higher counts of LAB and Enterococci (7.36 vs. 5.37 log CFU/g and 6.37 vs. 4.57 log CFU/g,  $p < 0.05$  respectively) than healthy children. Thai children had significantly higher counts of Staphylococci than Singaporean children (5.30 vs. 3.97 log CFU/g,  $p < 0.01$ ). Consumption of untreated water and increasing number of siblings were found to have positive association with Staphylococcal counts.

### Conclusion

We confirm that there are differences in the gut flora of healthy and AD children and that these differences extend beyond infancy into early childhood. We also found significant differences in the gut flora of children from Singapore and Thailand and postulate that these differences maybe due to water quality and family size. ■

## ■ ASCIA Awards & Grants

### DISTINGUISHED SERVICE AWARDS FOR PAST ASCIA PRESIDENTS

**Professor Tony Basten** 1991-1992  
**Assoc Prof Dan Czarny** 1993-1994  
**Assoc Prof Connie Katelaris** 1995-1996  
**Dr Robert Heddle** 1997-1998  
**Assoc Prof Ron Walls** 1999-2000  
**Dr Roger Garsia** 2001-2002  
**Dr David Gillis** 2003-2004

### CERTIFICATES OF APPRECIATION

**Assoc Prof Rohan Ameratunga**  
 Chair of the ASCIA ASM 2005  
**Dr Stephen Adelstein**  
 ASCIA Treasurer 1999-2005  
**Ms Philippa Kirkpatrick**  
 Project Coordinator of the ASCIA PID Register  
**Dr William Smith**  
 State representative & CPC Chair 2000-2005  
**Assoc Prof Mimi Tang**  
 JSAC Paediatric Representative 1999-2005

### PID AWARDS

**Dr Rob Stirling**  
**Dr Marnie Robinson**  
**Dr Karl Bleasel**

### MEDICAL STUDENT SCHOLARSHIPS

**Hsien Chan (WA) - \$4,000**  
**Harriett Gee (VIC) - \$3,000**  
**Julia Ho (VIC/Singapore) - \$3,000**  
**Sumitha Bhaskaran (VIC/Sing) - \$3,000**

### MEDIA AWARDS

**Ann Buchner** (producer)  
**Helen Dalley** (presenter)  
 Sunday program, Nine Network Australia  
 'When food can be fatal - parts 1 and 2'

Highly commended (Runner up)

**Jill Margo**, Columnist, Aust Financial Review 'Self-medication is on the nose for suffering sniffers'.

Highly commended (Runner up)

**Joshua Gliddon**, Science & Health Editor  
 The Bulletin Magazine - "Brittle People"

### WAO / ICACI 2000 AWARDS 2005

Five applicants have been awarded part funding for their projects (a total of \$60,000):

APPLICANT: ASCIA PID COMMITTEE  
 Main contact: Dr Sean Riminton  
*Project: ASCIA PID Register (continuation)*  
**\$23,000 GRANTED for 2005-2006**

APPLICANT: ASCIA INSECT ALLERGY WORKING PARTY  
 Main contact: A/Professor Simon Brown  
*Project: Establishing a diagnostic framework for anaphylaxis to native Australian ant venoms (continuation)*  
**\$10,000 GRANTED for 2005-2006**

APPLICANT: INSTITUTE FOR IMMUNOLOGY AND ALLERGY RESEARCH, WESTMEAD HOSPITAL & WOOLCOCK INSTITUTE OF MEDICAL RESEARCH  
 Main contacts: A/Prof Connie Katelaris & Dr Janet Rimmer  
*Project: Application to ASCIA to fund the purchase, establishment and validation of a novel device (Rhinolux) to non-invasively measure nasal congestion*  
**\$2,000 GRANTED for 2005-2006**

APPLICANT: ALFRED HOSPITAL, ROYAL CHILDREN'S HOSPITAL, ROYAL MELB HOSP.  
 Main contacts: A/Prof Jo Douglass, Dr Robert Stirling, A/Prof Mimi Tang, Dr Jo Smart, Dr Karl Bleasel.  
*Project: A qualitative study of the needs of individuals with primary immunodeficiency disorders in transition from paediatric to adult care.*  
**\$10,000 GRANTED for 2005-2006**

APPLICANTS: DRS ROB LOBLAY, MIKE GOLD  
*Project: Establishment of an ASCIA Anaphylaxis Registry*  
**\$15,000 (seed funds) GRANTED for 2005-2006**

## ■ New ASCIA Members

### FULL

**Dr Karl Bleasel** MBBS FRACP  
Royal Melbourne Hospital VIC  
**Dr Frank Yan** MBBS BSc(Med) FRACP  
Pitt St Sydney NSW

### ASSOCIATE (TRAINEE/PHD)

**Dr Lucinda Berglund** BSc(Med) MBBS  
Westmead Hospital NSW  
**Dr Lloyd Dorsogna** MBBS  
Royal Perth Hospital WA  
**Dr Karuna Keat** MBBS  
Westmead Hospital NSW  
**Dr Shueh-Wei Lim** MBBS MRCP(UK)  
Royal Adelaide Hospital SA  
**Dr Sam Mehr** MBBS BMedSci  
Royal Children's Hospital VIC  
**Dr Marnie Robinson** MBBS DRANZCOG FRACP  
Royal Child Hosp VIC  
**Dr Gary Unglik** MBBS(Hons)  
Royal Melb Hospital VIC  
**Dr Brynn Wainstein** MBChB  
Sydney Children's Hospital NSW

### ASSOCIATE & ASSOCIATE (MEDICAL)

**Professor Kanti Bhoola** MBChB BAO BSc(Hons) MD PhD  
AARI - Honorary Research Fellow WA  
**Jennifer Ann Brown** RN  
Royal Children's Hospital VIC  
**Wendy Van Cuylenburg** RN  
Royal Children's Hospital VIC  
**Ms Tracie Easter** BSc  
Women's & Children's Hospital, WA  
**Dr Kerry Hancock** BMBS DipObs IBCLC  
GP, Chandlers Hill, SA  
**Donna Jelley** BHlthSc(Nursing)  
Sydney Children's Hospital NSW  
**Sally Moore** RN  
Royal Children's Hospital VIC  
**Rachel Sumich-Antonik** RN  
Royal Children's Hospital VIC  
**Debra Poole** RN Divn 1 (G3)  
Royal Children's Hospital VIC  
**Dr Euan Tovey** MSc PhD  
Woolcock Institute of Medical Research NSW  
**Ms Narissa Wieland** BN  
Princess Margaret Hospital WA

## ■ ASCIA Council 2005-2006

### EXECUTIVE

PRESIDENT: Dr Karl Baumgart  
PRESIDENT ELECT: Dr Dominic Mallon  
HON SECRETARY: Dr Matthew Cook  
HON TREASURER: A/Prof Jo Douglass

### AREA REPRESENTATIVES

QUEENSLAND: Dr Jane Peake  
NEW SOUTH WALES: Dr Louise Evans  
VICTORIA: Dr Jo Smart  
SOUTH AUSTRALIA: Dr Patrick Quinn  
WEST AUSTRALIA: Dr Tiffany Hughes  
NEW ZEALAND: A/Pr Rohan Ameratunga

### OTHER REPRESENTATIVES

Laboratory Practice: A/Pr Peter Hollingsworth  
Clinical Practice: Dr William Smith  
Newsletter: Dr Sheryl van Nunen  
Education: A/Prof Ray Mullins  
Computer: Dr Glenn Reeves  
Paediatric Rep: A/Prof Mimi Tang  
Associate Rep: Mrs Deryn Thompson  
GP Liaison Rep: Dr Victoria Smith  
Immunodeficiency: Dr Sean Riminton  
JSAC: Dr Richard Wong  
ASI President: Dr Philip Hodgkin  
Anaphylaxis WP: Dr Mike Gold

### EXECUTIVE OFFICER

Jill Smith  
Correspondence:

### ASCIA

**PO Box 450 Balgowlah  
NSW Australia 2093  
Email: [education@allergy.org.au](mailto:education@allergy.org.au)  
Ph: 04252 16 402  
Fax: 02 9907 9773**



# ascia

australasian society of clinical immunology and allergy

The peak professional body of Clinical Immunologists  
and Allergists in Australia and New Zealand.

PO Box 450 Balgowlah NSW 2093  
Email [education@allergy.org.au](mailto:education@allergy.org.au)  
Fax (02) 9907 9773

Further information on ASCIA is available on the website:

[www.allergy.org.au](http://www.allergy.org.au)