



Physician Allergy Times

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CML CELEBRATES 20TH YEAR

On March 11, 2005, we celebrated our 20th year in business! It seems impossible. Twenty years ago we opened our laboratory in a very small space with only five employees. Reagents were placed in test tubes by hand and all liquids were added by manual pipette. We performed only modified RAST and had a single well gamma counter. Calculations were performed with a calculator and graph paper. Results were written and later typed individually onto each form. Although accurate, testing was extremely laborious.

Today we boast 22 full-time employees working in a 14,000 square foot building. Robotic equipment dispenses reagents, washes tubes and pipettes blood serum automatically—all computer

driven. With a multiplicity of testing types, CML is widely recognized as a true leader in allergy testing and related immunology. With staff R.N.'s, we also engage heavily in education and practice consulting. We are most proud of our track record and high performance standards.

All of the aforementioned is noteworthy indeed, yet without you, it would simply be a pipe dream. Many of you have been loyal clients for



Michael Pratt—Founder and President

many years. We know many of you personally as well as professionally. We have met your children, spouses and colleagues. Because of your faith and support in us, we have been able to reach our highest goals.

On behalf of our company and staff, please allow me to thank each and every one of you from the bottom of our hearts.

Sincerely,
Michael Pratt



Martin Heyert—Founder and Executive Vice President

NEW ASTHMA ALLERGY RISK

A study conducted by the University of Michigan indicates that bacteria and fungi in the gastrointestinal tract may intensify immune system response to common inhaled allergens. This may increase the risk of chronic allergies or

asthma."change the microflora in the gut and you upset the immune system's balance between tolerance and sensitization." Some people develop allergies after taking antibiotics that can upset the balance of gut micro-

flora. This study authored by Gary Huffnagle, an associate professor of internal medicine and of microbiology and immunology, appears in the January 2005 issue of *Infection and Immunity*.

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AD is many times the start of the "allergic march" that later develops into asthma or allergy.

"...It's not an exaggeration to say that this is a public health emergency."

*Joel Segal
Public Affairs Director*

New Insights Regarding Atopic Dermatitis

In a recent article entitled, *Updates on Atopic Dermatitis: Insights into Pathogenesis and New Treatment Paradigms*, author Mark Boguniewicz, M.D. outlines some new directions in therapy. Dr. Boguniewicz states that atopic dermatitis (AD) is the most common chronic skin disease in children. Over 50% of patients with AD progress to develop asthma and allergy. It is also postulated that AD is many

times the start of the "allergic march". Unlike other chronic inflammatory skin diseases, AD patients exhibit positive skin cultures for *Staphylococcus aureus*. AD patients culture positive on lesional skin and uninvolved skin as well. It is suggested that *Staphylococcus aureus* may play an important role in the pathogenesis of AD. The *S. aureus* emit toxins that exacerbate and/or maintain inflammation

due to their superantigenic nature.

Chronic use of topical corticosteroids has been thought inappropriate as side effects such as skin atrophy can be irreversible. However, new studies with fluticasone propionate are demonstrating that twice weekly therapies of the topical corticosteroid after the AD is under control might well be appropriate and safe.

Surgeon General Issues Conflicting Message

A recently released study by the Institute of Medicine, "Damp Indoor Spaces and Health," has come under fire for issuing a press release about study findings that failed to convey that the study was only charged to investigate allergic and non-infectious respiratory symptoms of fungal exposure. Other serious symptoms were never included in the examination. Joel Segal, Public Affairs Director for the office of Congressman John Conyers said, "We are receiving complaints from people who have experienced lung and organ damage, permanent neurological problems and fatigue symptoms that are functionally disabling after mold exposures in their homes. We've had more calls on this than any other single issue, including universal health care—since sponsoring HR 1268 (proposes mold be listed as a hazardous substance) we have been receiving 10 calls a day for the last three years from victims who are displaced, calling from motels, sick and living in cars." He continued with saying, "We need to sponsor a multi-agency, non-partisan task force to study the human health and economic impacts of this."

Allergic Conditions May Increase the Risk of Some Cancers

A study published November 2004 in BMC Public Health shows that people with hives showed an increased risk of leukemia. The study also found an increased risk of Non-Hodgkin's lymphoma among individuals who had eczema during childhood (important to note that Non-Hodgkin's lymphoma only affects 0.03% of people in the USA).

Researchers followed 16,539 twins for 31 years. The Swedish Twin Registry sent out a questionnaire in 1967 and questions about allergies were included on it. This is of particular note since the answers about allergies were collected before a diagnosis of cancer was made.

Study findings did not support the "immune surveillance" hypothesis in which allergic conditions protect against malignancies by enhancing the ability of the immune system to detect and eliminate malignant cells. Instead, the chronic stimulation of the immune system caused by allergic conditions, which leads to the increase in the number of white blood cells, increases the risk of cancer-causing mutations to occur within this white cell population. To view this article in its entirety, go to www.biomedcentral.com/1471-2458/4/51.



A 31 year study of twins does not support the "immune surveillance" hypothesis in which allergic conditions protect against malignancies.

RAST-BASED IMMUNOTHERAPY

In November 2004, *Otolaryngology – Head and Neck Surgery*, published an article entitled, "Safety and Efficacy of Radioallergen sorbent Test-based Allergen Treatment of Perennial Allergic Rhinitis and Asthma." This study claims to be the first large, multiyear study of the safety and efficacy of RAST-based immunotherapy for treating perennial allergic rhinitis and asthma. This study should address any concerns about the effectiveness or safety of RAST testing.

From 1978 to 2000, 480 patients with perennial allergic rhinitis were tested by RAST and underwent allergen immunotherapy also employing the RAST test results to determine the initial allergen concentration. All patients had RAST results of class I or higher for at least one allergen.

Duration of allergen immunotherapy lasted from 3 months to 10 years, with the mean being 2.49 years. All dilutions for immunotherapy vials were based upon 5-fold sequential dilutions. Only commercial extracts were used and were 1:20 weight/volume in 50% glycerine. Standardized extracts were used when possible at the highest available concentration. All injections were given weekly.

Atopic response to dust mites were prevalent in 98% of the patient-study population. Positive Bermuda Grass scores appeared 50% of the time with other allergens in less frequent numbers. Most patients were found positive to 3 allergens or fewer, while 24% of the study population were positive to more than 3 allergens.

All data was statistically analyzed employing sound measures and tests. The study demonstrated a 78% good or excellent rhinitis symptom improvement rate with only 7.7% of patients (including dropouts) not responding well to immunotherapy treatment. Criteria for assessing positive response included patient improvement in sneezing, itchy eyes, coughing, obstruction, rhinorrhea, etc.

This study should serve to solidify confidence in the RAST methodology and allow for even greater safety in treatment through its employment as a tool to help predict potential strong reactions to immunotherapy. This methodology allows for dose determination to be formulated based upon the patient's individual and specific response.

Greer Receives FDA Approval for Sublingual Trials

Greer Laboratories, Inc., has received FDA approval to begin Phase I safety and dosing studies focused on sublingual-oral administration of short ragweed pollen extracts, Timothy grass pollen extracts and cat hair extracts. Greer has now received approval for all planned Phase I safety and dosing studies on sublingual-oral administration from the FDA. This includes the November 2004 FDA approval to begin Phase I safety and dosing studies on sublingual-oral administration of dust mite extracts.

Clinical Trials are currently scheduled to begin during the first quarter of 2005. The principal investigators for these safety and dosing studies are Dr. Richard Lockey at University of South Florida for cat hair, Dr. David Peden at University of North Carolina – Chapel Hill, for Timothy grass pollen, and Dr. Robert Bush at University of Wisconsin – Madison for short ragweed pollen and dust mite.



A multi-year study solidifies confidence in the RAST methodology and immunotherapy treatment.



Greer Laboratories located in Lenoir, NC has entered into a supply agreement with CML.

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Helpful Hints for Specimen Submission:

- Always label the specimen transport container with the patient's full name. Improperly labeled specimens may be rejected. The name on the tube should match the name on the CML test requisition.
- Remember to check the appropriate billing box on the CML requisition to indicate the party to be billed for the services requested. If we are to bill the patient's insurance company, an ICD9 code is always required.
- The patient's date of birth and the specimen collection date are also critical pieces of information for specimen processing.

CML Conference/Exhibit Schedule 2005

Pan Am Allergy Society
Grapevine, TX

March 17-20

AAOA-Basic
Quebec City

July 14-17

AOCOO-HNS
Scottsdale, AZ

May 4-8

Mold— An Unwelcome Houseguest in Any House

Mold is not selective about the type of home it lives in or where it's located. As long as there is moisture, a food source (wallboard), warm temperatures and oxygen, it's content and settled in for an extended visit. The only way this unwelcome guest is going to leave is by eliminating at least one of these four components.

There are a lot of theories about why mold seems to be more prevalent the last few years. Houses are constructed to be more airtight so moisture remains for longer periods of time. The number of bathrooms in a house has increased which leads to a greater possibility of leaks in the plumbing. Suspicions of "shoddy" construction due to the rapid pace of home construction in some



The level of indoor air pollutants may be 100 times higher than outdoor levels and Americans spend up to 90% of their time indoors. — EPA

areas of the country has also been blamed.

Regardless of the reason, many people are becoming ill and the associated health issues are wreaking havoc with their lives. In extreme cases, families have had to flee their homes and the tremendous increase in litigation has triggered the exclusion of mold coverage from many homeowner policies.

The resulting illnesses don't get better with nasal decongestants or antibiotics. The most effective treatment is to leave the building or clean it up.

To assist your patients in identifying mold in their homes, CML now offers mold testing kits and rental of the Aero-Trap™ Fungal Sampler for airborne sample collection to identify both visible and non-visible mold. These kits are also beneficial in gauging the effectiveness of remediation.

WANTED— Allergy nurse for new ENT practice in the Raleigh-Durham/Chapel Hill, North Carolina area. Experience preferred but will train. Please fax resume and cover letter to 919-532-7901.

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