



CSACI Newsletter

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PRESIDENT'S MESSAGE

A professional organization, such as the CSACI, depends on the support of its members to carry out its many activities. Many in the society have donated generously of their time in service of the CSACI and to these individuals, I give a heart-felt thanks. Dr. Susan Wasserman and the Annual Scientific Planning committee have spent the past year organizing the annual scientific meeting. Dr. Richard Warrington has served as editor of "Allergy, Asthma and Clinical Immunology", the official journal of the CSACI, for a number of years. Others serve on various committees, such as the CPD (Continuing Professional Development) committee, the Awards committee, and the Nominations committee. The board has given generously of its time, meeting at least four times annually over the past two years. There are many longstanding members of our organization who have faithfully served for many years in various capacities.

New volunteers are always welcome. I appreciate the excellent work of Drs. Anne Ellis and Sari Herman-Kideckel in organizing a Fellows-in-Training symposium and networking opportunities at the Hamilton meeting. I encourage other allergy residents and recent graduates to follow their example of making a difference in the CSACI.

I would encourage everyone to get involved in an interest section or volunteer to serve on one of the committees of the CSACI. Those who put the most effort into an organization also derive the greatest benefits from it. Getting involved in a committee is a wonderful way to get to know other allergists and immunologists from across the country.

The CSACI is a great society with a long history of service by its members. Let us make it even more vibrant by each investing our time and energy into the success of this great organization.

Dr. Charles Frankish
President, CSACI

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

**Send your comments to
CSACI at:
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Echo Drive
Ottawa, ON K1S 5N8
Tel: 613-730-6272
Fax: 613-730-1116
E-mail: csaci@rcpsc.edu**

INTEREST SECTION REPORTS

ANAPHYLAXIS

The incidence of anaphylaxis is increasing. While most members of our Society recognize epinephrine as the first line treatment for anaphylaxis, this message still needs to be strongly conveyed to our colleagues and the public. The World Allergy Organization recently re-emphasized this in its position statement on the use of epinephrine for the treatment of anaphylaxis. (Allergy 2008;63:1061-1070.) Epinephrine still appears to be under-utilized and often dosed suboptimally. There are no absolute contraindications for the use of epinephrine during anaphylaxis. Physicians and other health care professionals should instruct patients at risk for anaphylaxis outside of a medical facility to err on the side of caution and self-administer epinephrine if there is any doubt anaphylaxis is either present or imminent. This important message is highlighted by the recent tragic death of an adult man with known cashew allergy in Markham, Ontario. After ingesting a food with suspected cashew, the gentleman felt severe stomach-ache, symptoms that were unlike his previous allergic reactions. He elected not to use his epinephrine and drove himself to the local hospital, only a few minutes away. While in the Emergency room he suddenly developed extensive urticaria and angioedema and died of cardiorespiratory arrest despite efforts to resuscitate him.

In an important study of childhood anaphylaxis, de Silva *et al.* (Allergy 2008;63:1071-1076.) describe a 5 year retrospective review of 123 cases of anaphylaxis in 117 children presenting to the Emergency Room in Melbourne, Australia. The median age of presentation was 2.4 years. Most children presenting to the ED with anaphylaxis were first-time

anaphylactic reactions and the time to administration of therapy was often significantly delayed. Home was the most common setting (48%) and food (85%) the most common trigger. Peanut (18%) and cashew nut (13%) were the most common cause of anaphylaxis. The median time from exposure to anaphylaxis for all identifiable agents was 10 min. The median time from onset to therapy was 40 min. Respiratory features were the principal presenting symptoms (97%). Seventeen per cent of subjects had experienced anaphylaxis previously. There was one death.

This year our section will combine with the Section of Allied Health to discuss important aspects of anaphylaxis management in the community.

**Dr. David Hummel,
Section Head**

PEDIATRICS

Members of the pediatric section have been involved in a number of important areas of specific pediatric interest over the past year, including continued involvement in updating and distribution of the Canadian Anaphylaxis Guidelines, an AllerGen study addressing school readiness for dealing with anaphylaxis throughout the Canadian provinces, and preparation of referral guidelines for anaphylaxis.

**Dr. Tim Vander Leek,
Section Head**

ASTHMA

The CSACI has chosen to endorse the American College of Chest Physicians Consensus Statement: Diagnosis and Management of Work-related Asthma which will be published in Chest this fall. The lead author is Dr. Susan Tarlo who is an asthma section member and former section chair. Occupational asthma continues to be a significant and often unrecognized cause of asthma. This consensus statement will be the focus of the asthma section meeting at this year's annual CSACI meeting in Hamilton. Please feel free to submit any cases you would like to discuss in advance of the meeting. We look forward to seeing you there.

**Dr. Stephen Betschel,
Section Head**

Diagnosis and Management of Work-Related Asthma: American College of Chest Physicians Consensus Statement

The supplement is now freely available from the Chest website at the following link:

http://chestjournal.org/cgi/content/abstract/134/3_suppl/1S

IMMUNOLOGY

Interesting Immunology publications

- ◆ Novel primary immunodeficiencies revealed by the investigation of paediatric infectious diseases. *Curr Opin Immunol.* 2008;20:39-48.
- ◆ How regulatory T cells work. *Nature Reviews Immunology.* 2008;8:523-32.
- ◆ ITPKC functional polymorphism associated with Kawasaki disease susceptibility and formation of coronary artery aneurysms. *Nature Genetics.* 2008;40:3542.
- ◆ Common variable immunodeficiency disorders: division into distinct clinical phenotypes. *Blood.* 2008;112:277-86.
- ◆ Idiopathic CD4+ lymphocytopenia: natural history and prognostic factors. *Blood.* 2008;112:287-94.

Upcoming National and International Immunology Conferences

- ◆ 2nd Mediterranean Clinical Immunology Meeting, October 4-7, 2008. Antalya, Turkey.
- ◆ European Society for Immunodeficiency, October 16-19, 2008. 's-Hertogenbosch, Netherlands.
- ◆ Federation of Immunology Societies of Asia-Oceania, October 17- 20, 2008. Taipei, Taiwan.
- ◆ Canadian Society for Immunology, April 3-6, 2009. Whistler, BC.
- ◆ Federation of Clinical Immunological Societies, June 11-15, 2009. San Francisco, CA. USA.
- ◆ Frontiers in Immunology Research, July 22-26, 2009. Hawaii (Kona), USA.
- ◆ International Congress of Immunology. August 22-27, 2010. Kobe, Japan.

Research Grants for Primary Immunodeficiency

Canadian Immunodeficiency Society.

<http://www.cisociety.com/files/research.html>

National Institutes of Health.

<http://grants.nih.gov/grants/guide/pa-files/PAR-08-206.html>.

Dr. Eyal Grunebaum,
Section Head

ALLIED HEALTH

In March 2008, I accepted the position of Chair for the Allied Health Section. I was subsequently invited to attend the Anaphylaxis Canada Conference in Vancouver. This was a great opportunity to witness first hand the energy and dedication of the members representing Anaphylaxis Canada. The anaphylaxis program in the schools is marching across Canada.

In May, I participated in the International Primary Care Respiratory Group Conference in Seville. Workshops and presentations covered respiratory topics of interest to nurses, respiratory therapists, physicians and respirologists. The next IPCRG Conference will be in Toronto in 2010.

The highlights from these two conferences were communicated, with appropriate references by email, to the Allied Health membership .

Final preparations are being made for the CSACI annual meeting in October 2008. The topics selected for the Allied Health Section will address the following issues:

- ◆ Is hospital and emergency care for asthma exacerbations increasing?
- ◆ Is asthma education reaching the asthmatic population and making a difference?
- ◆ Is spirometry testing being performed as recommended in the Canadian Asthma Consensus Guidelines?
- ◆ What level of symptom control should be the goal?
- ◆ What is new in anaphylaxis care? Learn about information updates you should be aware of.

I'm looking forward to meeting everyone in Hamilton this October. Bring a colleague to the meeting and introduce them to the benefits of joining the CSACI.

Jo-Anna Gillespie RN,
Section Head

FOOD LABELING

On July 23, 2008, Federal Health Minister, Tony Clement announced proposed regulatory changes to Canada's food labelling policy. The proposed amendments to Canada's Food and Drug

Regulations, which regulate food labelling, require that all ten priority allergens plus sulphites* will need to be declared on the labels of all pre-packaged food. This removes some existing exemptions on pre-packaged foods that do not currently need to list all their component ingredients when pre-

present in trace amounts. Priority allergens will need to be listed by their common names. Another key change is that all hydrolyzed proteins, starches or lecithin must be identified by their plant or animal source. In a news release by Anaphylaxis Canada it was stated: "These proposed amendments to the regulations, if implemented will allow allergic individuals and their families to make safer choices when purchasing food products".

"These proposed amendments to the regulations, if implemented will allow allergic individuals and their families to make safer choices when purchasing food products".

Dr. Frankish, representatives of the various lay organizations, and anaphylactic children and their families were on hand in Ottawa at the Health minister's announcement. Dr Frankish spoke on behalf of all allergy organizations present and thanked Minister Clement for the proposed changes to Canada's food labelling policy.

This announcement is the first step in a process. On July 26, 2008, the proposed changes were published in the Canada Gazette. A 90-day public consultation period follows this publication. The government then responds to the concerns raised by key stakeholders. Assuming the proposed amendments are enacted into law, the food industry then has one year period to comply with the new regulations.

Dr. Charles Frankish
CSACI, President

** The ten priority allergens are: cow's milk, egg, peanut, tree nuts, sesame seeds, wheat, soybean, fish, crustaceans and mollusks. Ten ppm or more of added sulphites will also need to be declared on labels.*

NOTICE OF THE CSACI / CAAIF ANNUAL GENERAL MEETING



PURSUANT TO ARTICLE XXX OF THE CSACI BYLAWS, NOTICE IS HEREBY GIVEN THAT THE ANNUAL GENERAL MEETING OF MEMBERS OF THE CSACI WILL BE HELD IN HAMILTON, ONTARIO ON SATURDAY, OCTOBER 25TH FROM 08:30 TO 09:30 IN THE CHEDOKE C – HAMILTON CONVENTION CENTRE.

The Annual General meeting (AGM) is an important event for every organization. It gives its members a broad overview of the current directions and financial health of the organization. It is also a chance to elect members into key positions of the CSACI and the CAAIF. All CSACI members are invited to attend the CSACI and CAAIF AGMs.

The agenda and other pertinent documents will be available on site.

Charles Frankish, MD, FRCPC
President, CSACI

Eric Leith, MD, FRCPC
Chair, CAAIF

SAVE THE DATE

**COME JOIN YOUR COLLEAGUES
AT THE 2008 CSACI ANNUAL
SCIENTIFIC MEETING
PLAN THREE DAYS OF
EDUCATION AND
NETWORKING!**

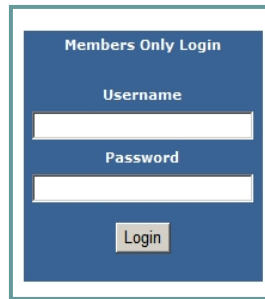
International and Canadian speakers will share their expertise and insights as they cover the wide spectrum of clinical and basic sciences.

The CSACI is proud to offer the "Fellows-In-Training" Symposium. Take this opportunity to network among peers and mentors.

You can register online until October 14th or by fax (download registration form) - just visit the CSACI website at www.csaci.ca

**SHUTTLE BUS FROM PEARSON
AIRPORT TO HAMILTON
SEE INSERT FOR MORE DETAILS**

For more information regarding the meeting, please visit the CSACI website at www.csaci.ca or contact the CSACI Head Office at 613-730-6272 or at csaci@rcpsc.edu.



A screenshot of a web login form titled "Members Only Login". It features two input fields: "Username" and "Password". Below the fields is a "Login" button.

The **CSACI website** is up and running. Members can access the secure area of the website by using their CSACI member identification number as their Username and their last name (in lower case) as their Password.

(Your member ID number is located on your membership dues notice — in the upper left hand side corner.)

Once logged in, CSACI members have access to a member menu and customized member services.

We respect your right to privacy. If you DO NOT wish to have your name listed on either the public area (under Patient Info) or private secure area of the website (under Membership - Directory), please indicate by either sending us an email or by telephoning the CSACI Head Office at (613) 730-6272.

Please send in your response, ASAP, as the Membership Directory will be posted in October

We look forward to your comments, suggestions or feedback by emailing csaci@rcpsc.ca.

**Louise Tremblay
CSACI Manager**

IMPORTANT DATES

- ◆ CSACI Annual Meeting - October 23 to 26, 2008 - Hamilton, Ontario
- ◆ XIX World Congress of Asthma, November 5-8, 2008, Monte-Carlo, Monaco
- ◆ American College of Allergy, Asthma and Immunology - November 7-12, 2008 Seattle, WA
- ◆ Maintenance of Certification (MOC) deadline is January 31, 2009
- ◆ American Academy of Allergy, Asthma and Immunology - March 13-17, 2009, Washington, DC
- ◆ CSACI Mid-Term Canadian Dinner - March 14, 2009 - Washington, DC

The Canadian Society of Allergy and Clinical Immunology would like to gratefully acknowledge the following companies for their unrestricted educational grants:

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Please note that the CSACI has also received unrestricted educational grants from:
AllerPharma and King Pharmaceuticals