

XV Reunión CYNA



CONTROVERSIAS
Y NOVEDADES
EN ALERGIA

Madrid, 25 y 26 de Enero 2019

Programa



seaic
fundación

XV Reunión

CYNA

COORDINADORES CIENTÍFICOS

Dra. Montserrat Fernández Rivas

Dr. Santiago Quirce Gancedo

Dr. Joaquín Sastre Domínguez

Madrid, 25 y 26 de Enero de 2019

Solicitada acreditación

Convoca:



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Viernes, 25 de Enero

11:30 - 12:00 h. **Bienvenida y presentación**

12:00 - 13:30 h. MESA SEGURIDAD ALIMENTARIA

Moderadores: **Dra. M^a Carmen Diéguez Pastor**
Servicio de Alergología, Hospital 12 de Octubre, Madrid.

Dra. Montserrat Fernández Rivas
Servicio de Alergología, Hospital Clínico San Carlos, Madrid.

Ponencias: **¿Qué es el etiquetado precautorio y qué consecuencias tiene?**

Prof. André C. Knulst
Department of Dermatology/Allergology, University Medical Center Utrecht University, Utrecht, Países Bajos.

Manejo del riesgo basado en la evidencia: de los niveles umbrales al programa VITAL

Prof. Paul J. Turner
University of Sydney, Sidney, Australia. The Section of Paediatrics (Allergy and Infectious Diseases) and MRC and Asthma UK Centre in Allergic Mechanisms of Asthma, Imperial College London, Londres, Reino Unido.

13:30 - 15:30 h. **Comida de trabajo**

15:30 - 17:00 h. MESA CONTAMINACIÓN

Moderadores: **Dra. Paloma Campo Pozo**
Servicio de Alergología, Hospital Regional Universitario de Málaga, Málaga.

Dr. Joaquín Sastre Domínguez
Servicio de Alergología, Fundación Jiménez Díaz, Madrid.

Ponencias: **Traffic-related air pollution and allergic disease.**

Prof. Fan Chung
Professor of Respiratory Medicine and Head of Experimental Studies Medicine at National Heart & Lung Institute, Imperial College London, and is Consultant Physician at the Royal Brompton & Harefield NHS Trust, London. UK.

Efectos de la contaminación sobre otros órganos (no respiratorio).

Dr. Jordi Sunyer
Centre for Research in Environmental Epidemiology (CREAL). Hospital del Mar Medical Research Institute (J.S.), Barcelona.

17:00 - 17:30 h. **Descanso**

17:30 - 19:00 h. PRO-CON sobre INMUNOTERAPIA.

Moderadores: **Dr. Francisco Moreno**
Clínica Lobaton, Cadiz.

Dr. Joaquín Sastre Domínguez
Servicio de Alergología, Fundación Jiménez Díaz, Madrid.

Ponencia: **Dra. Carmen Vidal Pan**
Servicio de Alergología, Hospital de Santiago de Compostela, A Coruña.

Dr. Pablo Rodríguez del Río
Servicio de Alergología, Hospital Niño Jesús, Madrid.

Sábado, 26 de Enero

10:00 - 11:30 h. MESA ASMA

Moderadores: **Dr. José María Olaguibel Ribera**
Servicio de Alergología, Hospital de Navarra.

Dr. Santiago Quirce Gancedo
Servicio de Alergología, Hospital La Paz, Madrid.

Ponencias: **Asma de tipo 2 (T2): características fenotípicas y respuesta a corticosteroides.**
Prof. Parameswaran Nair
Firestone, Institute for Respiratory Health, St Joseph's Healthcare & Department of Medicine, McMaster University, Hamilton, Canada

Asma de tipo no 2 (no T2): aspectos clínicos y opciones terapéuticas.
Dr. Ratko Djukanovic

Southampton University. NIHR Southampton Biomedical Research, Centre. Southampton, Reino Unido

11:30 - 12:00 h. **Descanso**

12:00 - 13:00 h. CONFERENCIA: EPIDEMIOLOGÍA

Moderadores: **Dra. Montserrat Fernández Rivas**
Servicio de Alergología, Hospital Clínico San Carlos, Madrid.

Dr. Joaquín Sastre Domínguez
Servicio de Alergología, Fundación Jiménez Díaz, Madrid.

Ponencia: **Introducción precoz de los alimentos y prevención de la alergia a alimentos: de los ensayos clínicos a las guías.**

Prof. George Du Toit
Division of Asthma, Allergy and Lung Biology, Department of Paediatric Allergy, King's College London, Guy's and St. Thomas' Hospitals NHS Foundation Trust, Londres, Reino Unido.

13:00 h. **Clausura**

METODOLOGÍA DE FUNCIONAMIENTO DE LA XV REUNIÓN CYNA

Funcionamiento de las mesas

1. Duración: 1 hora y 30 minutos.
2. El Moderador hará una breve presentación del tema y del resto de componentes de la mesa (10 minutos).
3. Cada ponente dispondrá de 30 minutos para exponer su presentación y para plantear los problemas que merecen ser debatidos con el Moderador, con el Co-moderador y con la audiencia.
4. El Co-moderador seleccionará las preguntas que por escrito le haya pasado la audiencia y será quien las transmita a los ponentes durante 20 minutos, bajo la coordinación del Moderador. Si no hubiera preguntas por parte de la audiencia, el co-moderador deberá formularlas o plantear cuestiones sobre la ponencia anteriormente expuesta.
5. Será absolutamente fundamental ceñirse a los tiempos establecidos.

Funcionamiento de la conferencia

1. Duración: 1 hora.
2. El Moderador hará una breve presentación del tema y del conferenciante (5 minutos).
3. El conferenciante expondrá su conferencia en 40 minutos.
4. El Moderador seleccionará las preguntas que por escrito le haya pasado la audiencia y será quien las transmita al conferenciante durante 15 minutos. Si no hubiera preguntas por parte de la audiencia, el Moderador deberá formularlas o plantear cuestiones sobre la ponencia anteriormente expuesta.
5. Será absolutamente fundamental ceñirse a los tiempos establecidos.

Obtención de créditos

Para la obtención de los créditos correspondientes es imprescindible realizar el cuestionario disponible en la web de la SEAIC. Se debe obtener más del 80% de aciertos y la fecha límite para su realización es el 28 de febrero de 2019.

COORDINADORES CIENTÍFICOS

Dra. Montserrat Fernández Rivas

*Servicio de Alergología,
Hospital Clínico San Carlos. Madrid.*

Dr. Santiago Quirce Gancedo

*Servicio de Alergología,
Hospital La Paz, Madrid.*

Dr. Joaquín Sastre Domínguez

*Servicio de Alergología,
Fundación Jiménez Díaz. Madrid.*

Intervienen

M^a Carmen Diéguez Pastor

Hospital 12 de Octubre, Madrid.

Dra. Montserrat Fernández Rivas

Hospital Clínico San Carlos, Madrid.

Prof. André C. Knulst

University Medical Center Utrecht University, Utrecht, Países Bajos.

Prof. Paul J. Turner

University of Sydney, Sidney, Australia.

Dra. Paloma Campo Pozo

Hospital Regional Universitario de Málaga, Málaga.

Dr. Joaquín Sastre Domínguez

Fundación Jiménez Díaz, Madrid.

Prof. Fan Chung

*Professor of Respiratory Medicine and Head of Experimental Studies
Medicine at National Heart & Lung Institute, London. UK.*

Dr. Jordi Sunyer

Centre for Research in Environmental Epidemiology (CREAL).

Dr. Francisco Moreno

Clínica Lobaton, Cadiz.

Dra. Carmen Vidal Pan

Hospital de Santiago de Compostela, A Coruña.

Dr. Pablo Rodríguez del Río

Hospital Niño Jesús, Madrid.

Dr. José María Olaguibel Ribera

Hospital de Navarra. Pamplona

Dr. Santiago Quirce Gancedo.

Hospital La Paz, Madrid.

Prof. Parameswaran Nair Firestone

*Institute for Respiratory Health, St Joseph's Healthcare & Department
of Medicine, McMaster University, Hamilton, Canada.*

Dr. Ratko Djukanovic.

*Southampton University. NIHR Southampton Biomedical Research,
Centre. Southampton, Reino Unido.*

Prof. George Du Toit

Division of Asthma, Allergy and Lung Biology, Londres, Reino Unido

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CURRICULA
VITAE

Coordinadores científicos



Dra. Montserrat Fernández Rivas

Montserrat Fernández-Rivas, es Doctora en Medicina y Cirugía, posee la especialidad de Alergología e Inmunología Clínica, una Diplomatura Superior en Metodología en Investigación Clínica y un Máster en Gestión Clínica.

Jefe de Servicio de Alergología del Hospital Clínico San Carlos de Madrid, Profesora asociada de Medicina de la Universidad Complutense de Madrid (UCM). Responsable de la asignatura “Alergia e Intolerancia a los alimentos”, del Master en Nutrición Humana y Dietética de la UCM.

Responsable del grupo de Investigación en Alergia del Instituto de Investigación Sanitaria San Carlos (IdISSC) y vicepresidenta de la Comisión de investigación del IdISSC.

Desde 1990 ha desarrollado una activa labor investigadora, especialmente en el campo de la alergia a alimentos, y en aspectos de epidemiología, alérgenos, diagnóstico, inmunoterapia y seguridad alimentaria. Ha participado como investigador principal en proyectos nacionales y Redes de Investigación financiadas por el Instituto de Salud Carlos III y el MINECO del Gobierno de España, en varios proyectos integrados financiados por la Unión Europea (SAFE, CREATE, EuroPrevall, FAST, iFAAM), y en ensayos clínicos de inmunoterapia con alimentos.

Desde 2003 a 2010 ha coordinado el Comité de Alergia a Alimentos de la Sociedad Española de Alergología e Inmunología Clínica (SEAIC), y ha sido vocal de la Junta Directiva de la SEAIC desde 2006 a 2010. Desde 2008 es miembro del Grupo de Interés en Alergia a Alimentos de la Academia Europea de Alergia e Inmunología Clínica (EAACI), del que ha sido Chair de 2013 a 2015. Chair (2016-17) del grupo de trabajo de la Guía de inmunoterapia con alimentos dentro de las Guías de inmunoterapia de la EAACI.

Ha publicado más de 160 trabajos científicos en revistas internacionales y españolas, y más de 15 capítulos en libros internacionales y nacionales, e impartido más de 100 conferencias en reuniones internacionales y españolas de Alergología.

Coordinadores científicos



Dr. Santiago Quirce Gancedo

Santiago Quirce Gancedo es natural de Santander y licenciado en Medicina por la Universidad de Cantabria en 1983. Premio Extraordinario de Licenciatura en 1985. Doctor en Medicina (“cum laude”) por la Universidad de Cantabria en 1991.

Finalizó la especialidad de Alergología en el Hospital Universitario Ramón y Cajal de Madrid en 1989. Realizó la Formación de Postgraduado como Clinical Research fellow en el Vancouver General Hospital, Respiratory Division, University of British Columbia (Canadá), en 1993-1994.

Es Jefe del Servicio de Alergología del Hospital Universitario La Paz de Madrid desde 2007. Anteriormente ha sido Médico Adjunto de Alergología en la Fundación Jiménez Díaz y en el Hospital Ramón y Cajal, Madrid, y en el Hospital Universitario Virgen del Camino, Pamplona.

Ha sido investigador becario del Gobierno Foral de Navarra y del Ministerio Español de Educación y Ciencia. Tiene proyectos de investigación en marcha con CIBERES, el FIS y NIOSH (EE.UU.), fundamentalmente sobre asma y alergia respiratoria y ocupacional.

Es coautor de numerosos trabajos científicos publicados en revistas nacionales e internacionales, así como autor y coordinador de varios capítulos y libros sobre alergia y asma.

Coordinadores científicos



Dr. Joaquín Sastre Domínguez

Estudios de Medicina en la Universidad Autónoma de Madrid, licenciatura en 1979. Especialidad de Alergia en el Servicio de Alergia-Neumología de la Fundación Jiménez Díaz a través del sistema MIR 1980-85. Grado de Doctor en Medicina en 1985. Completó formación en Alergia e Inmunología clínica en la Universidad de Tulane en New Orleans (USA) durante dos años.

Desde 1992 es Jefe del Servicio de Alergia de la Fundación Jiménez Díaz de Madrid

Profesor Asociado Facultad de Medicina, Universidad Autónoma de Madrid

Presidente de la Sociedad Española de Alergia e Inmunología Clínica para los años 2014-2018.

Sus principales áreas de interés en investigación son: asma, rinitis, alergia ocupacional, calidad de vida en enfermedades alérgicas.

Es autor o co-autor de 305 publicaciones indexadas en PubMed. H Index: 39.

Premio Clemens von Pirquet Award 2018 de la Academia Europea de Alergia e Inmunología Clínica por sus aportaciones a la Alergología.

Intervienen



Dr. André C. Knulst

Prof. dr. André C. Knulst works at the Dept. of Dermatology/Allergology of the UMC Utrecht, The Netherlands. He is dermatologist and immunologist and heads the outpatient department of Allergology. He has a longstanding experience in diagnosis and treatment of patients with allergies, urticaria and angio-edema, with a particular interest in food allergy urticaria and angio-edema. The Dept. of Dermatology/Allergology is a centre of expertise for eczema, food allergy and urticaria/angio-edema. He is involved in the training of dermatologists, otolaryngologists, pediatric allergists, and clinical immunologists/internist-allergologists.

He also heads the allergy research. Within the UMC Utrecht there is a close collaboration with the department of Children's Pulmonology and Allergology and the Laboratory of Translational Immunology of the UMC Utrecht. His research focus is on patient profiling and improvement of food allergy diagnosis a.o. using component resolved diagnostics. He participated in many multicenter studies a.o. the EU sponsored SAFE, CREATE and Europrevall projects. Another research area of particular interest is the development of novel therapeutic options for food allergy. He was involved in the VIPES study on the efficacy and safety of epicutaneously administered peanut and the FAST study on the efficacy of subcutaneous immunotherapy using a hypoallergenic parvalbumin. He is member of a task forces of the International Life Sciences Institute (ILSI) in food allergy.

Interviewen



Prof. Paul Turner

Paul Turner is MRC Clinician Scientist and Clinical Senior Lecturer in Paediatric Allergy & Immunology within the MRC & Asthma UK Centre in Allergic Mechanisms at Imperial College London, and Clinical Associate Professor at the University of Sydney, Australia. His research centres on the pathophysiology of severe allergic reactions to food, and how this impacts upon allergen risk management. He leads the food allergy desensitisation programme at St Mary's Hospital, London; the team was awarded the Best UK Clinical Team by Allergy UK in 2018.

Interviews



Dr. Kian Fan Chung

Current position

Professor of Respiratory Medicine & Head of Experimental Medicine, National Heart & Lung Institute, Imperial College London.

Consultant Physician, Royal Brompton & Harefield NHS Trust, London.

Principal Investigator, MRC & Asthma UK Asthma Centre on Allergic Mechanisms of Asthma.

Principal Investigator/Head of Asthma Consortium, Royal Brompton/NHLI Respiratory BRU

Principal Investigator, MRC-EPA Health & Environment Centre

Senior Investigator, National Institute for Health Research, NHS.

Academic qualifications: MBBS, MD, DSc, FRCP

Professional awards

1983-84 Dorothy Temple Cross Visiting Scientist Scholar, MRC (UK)

2010-~ Senior Investigator, National Institute for Health Research, NHS.

2014 Delivered Sadoul Lecture at European Respiratory Society Congress

2014 Elected Fellow of the European Respiratory Society

2014-20 Visiting Professor, Guangzhou Medical School & Respiratory Institute, China

2017-19 Visiting Professor, Lee Kong Chian /Nanyang Tech University, Singapore

2018-20 Visiting Professor, Taipei Medical University, Taiwan.

Editorial Boards and Journals

2003-~ Editorial Board, Respirology, Journal of Asia-Pacific Society of Respirology (APSR)

2000-~ Editorial Board of European Journal of Clinical Pharmacology

2002-~ Editorial Board of BioMed Central Pulmonary Medicine (on line journal)

2005-2012 Co-Editor-in-Chief of BMC Cough

2007-~ Editorial Board of European Journal of Pharmacology

2011-~ Editorial Board of Lancet Respiratory Medicine

2013-~ Editorial Board of Translational Medicine

2015-~ Associate Editor of Clinical Respiratory Disease

2015-~ Co-editor of Journal of Thoracic Disease

2017- Associate Editor Frontiers in Medicine

Intervienen



Dr. Jordi Sunyer

Professor Jordi Sunyer is a recognised and qualified researcher in the area of Environmental Epidemiology, with a long history of publications in high-ranked journals, international collaborations, and experience in guidance of 44 PhD students (35 dissertations accomplished) and 16 postdoctoral researchers. In 2014, Sunyer received the John Goldsmith Award, which recognises environmental epidemiologists who serve as models of excellence and integrity in research, and unwavering promotion of environmental health. In 2014 he was also given the award for excellence in medical research by the Catalan College of Medicine and the award for excellence in environmental research by the Catalan College of Environmental Scientists. International recognition and diffusion: Cites: ISI-WOK counted 712 papers, with 29.423 citations and H index=86 (Sept. 2018). His high-quality research is demonstrated by his numerous publications in high rank journals in the field (PLoS Medicine, Epidemiology, Environmental Health Perspectives). Funding: Participation in 15 European projects (e.g. HITEA, ESCAPE, HELIX, LIFECYCLE), led the ERC Advanced Grant BREATHE, and currently leads the ERC Advanced Grant AIR-NB. From Spanish agency (FIS), coordinated a network of excellence (INMA) (2002-2006), now a strategic project within the CIBER on Epidemiology and Public Health. He has led 50 research projects, and participated as co-investigator in 22. Total funding obtained as PI 9,5 k€. Sunyer regularly uses his expertise in air pollution and health to provide policy advice to a number of expert bodies. He also serves the scientific community as grant reviewer for 12 agencies, as member of the external scientific advisory committee for 3 research centres, and as permanent reviewer of 20 scientific journals, including the top-ranking medical and epidemiological journals. Sunyer also have been actively involved in the practical implementation of air quality policies (the development of air quality plans) and outreach activities and citizen's science in secondary schools. Institution Building: J. Sunyer was the co-director and founder with JM Antó and M Kogevinas of the Centre for Research in Environmental Epidemiology (CREAL). Currently, he is the Child Health Programme Coordinator at ISGlobal; Head of the group of Respiratory health & childhood development at the Institut Hospital del Mar d'Investigacions Mèdiques (IMIM); Full Professor in Preventive Medicine and Public Health, Pompeu Fabra University (UPF), Barcelona.

Intervienen



Dra. Carmen Vidal Pan

Posición actual:

Jefe de Servicio de Alergología, Complejo Hospitalario Universitario de Santiago.

Profesor Asociado P6 de la facultad de Medicina, Universidad de Santiago de Compostela.

Grado académico:

Doctor en Medicina y Cirugía por la Universidad Autónoma de Madrid (1992).

Otros datos:

Autora de numerosos trabajos científicos publicados en revistas internacionales indizadas (Índice H JCR 28), autor y coordinador de varios capítulos y libros sobre alergia y asma. Investigadora en Proyectos Financiados de Investigación y en la red REDIAP (Red de Investigación en Actividades Preventivas y Promoción de la Salud en Atención Primaria) hasta 2017 y desde entonces en la Red de Trastornos Adictivos. Coordinadora y docente de múltiples Cursos de Formación Continuada y de programas de formación MIR. Presidenta del Comité de Inmunoterapia de la SEAIC en el período 2010-2014. Vicepresidenta de la SEIAC desde el año 2016.

Intervienen



Dr. Pablo Rodríguez del Río

Datos académicos:

2014-2016: Realización de tesis doctoral en la Universidad Autónoma de Madrid con el proyecto titulado: “Descripción de la metodología y los resultados obtenidos en un estudio prospectivo europeo sobre seguridad de la inmunoterapia en la práctica clínica habitual”. Sobresaliente Cum laude.

2004-2008 Especialización en Alergología: Hospital Clínico San Carlos, Madrid.

2007 suficiencia investigadora: Manifestaciones respiratorias en la alergia alimentaria. Universidad Complutense de Madrid.

1996-2002 Licenciado en Medicina por la Universidad Complutense de Madrid.

Filiaciones

Miembro de la SEAIC, participación en comité de inmunoterapia y alergia infantil

Miembro de la EAACI, participación previa en el “Immunotherapy Interest Group” y actualmente miembro del Board de la Sección de “Pediatrics”

Experiencia laboral:

FEA: Hospital Universitario Niño Jesús (06-07-09 hasta la fecha)

Medico de plantilla en Centro Subiza de Asma y Alergia (Mayo 08 hasta Septiembre2013)

FEA: Hospital Clínico de Madrid 12-05-09 hasta 03-07-09

Subinvestigador en estudio Europrevall (Nov08-Mayo09)

Participación en Proyectos de investigación:

Miembro de la red ARADyAL, centro RD16/0006/0026

Participación en más de 20 proyectos de investigación, tanto públicos como de financiación privada

Publicaciones y ponencias

11 publicaciones en libro

44 publicaciones en revistas nacionales e internacionales

Participación como ponente en congresos nacionales e internacionales

Revisor de manuscritos para varias revistas internacionales

Interviews



Prof. Parameswaran Nair

Academic appointment

- Professor of Medicine, Division of Respiriology, McMaster University (effective July 1st, 2014)

Adjunct appointment

- Adjunct Professor of Medicine, McGill University (effective July 1st, 2013)

Hospital appointment

- Staff Respiriologist, St. Joseph's Healthcare Hamilton (CPSO# 70786) (effective January 1st, 2004)
- Courtesy privileges, Hamilton Health Sciences Corporation Hospitals

Research appointments

- Frederick E. Hargreave Teva Innovation Chair in Airway Diseases, McMaster University
- Active Staff, The Research Institute of St. Joseph's Healthcare Hamilton
- Director, Frederick E Hargreave Sputum Laboratory, St Joseph's Healthcare
- Member, BioInterfaces Institute, Departments of Chemistry & Chemical Biology, McMaster University

Administrative appointments

- Member, Tenure & Promotion Committee, Faculty of Health Sciences, McMaster University (2018)

Medical Diplomas/Degrees/Fellowships

- FRCPC (Respirology & Internal Medicine), 2009
- PhD (Medical Sciences), McMaster University, 2004
- FRCP (London), 2003

Intervienen

- MRCP (UK), 1996
- MNAMS, National Academy of Medical Sciences, India, 1993
- DNB (Respiratory Diseases), National Board of Examinations, India, 1992
- MD (Respiratory Medicine), University of Kerala, India, 1992
- DTCD (Diploma in Tuberculosis & Respiratory Diseases), University of Kerala, India, 1991
- MBBS, University of Kerala, India, 1988

Honorary Fellowships

- FCCP (Fellow of the American College of Chest Physicians), 1999
- Member, Collegium Internationale Allergologicum, 2014

Training

- PhD in Medical Sciences/Respiratory Medicine Fellowship, McMaster University (2000-2003)
- Fellowship in Respiratory Medicine/Health Research Methodology, McMaster University (1996-98)
- Residency (Registrar) in Respiratory Medicine, Royal Sunderland Hospital, England (1994-1996)
- Residency in Internal Medicine (Senior House Officer), Royal Sunderland Hospital, England (1993-1994)
- House Officer in Internal Medicine, Royal Sussex County Hospital, Brighton, England (March-June 1993)
- Residency in Respiratory/Internal Medicine, University of Kerala, India (1989-1992)
- Houseman (Internship), Medical College Hospital Trivandrum, University of Kerala, India (1988)
- Medical School, Medical College Hospital Trivandrum, University of Kerala, India (1983-1988)

Previous academic/clinical appointments

- Associate Professor of Medicine, Division of Respiriology, McMaster University (July 2006-June 2014)
- Assistant Professor of Medicine, Division of Respiriology, McMaster University (Jan 2004-June 2006)
- Canada Research Chair in Airway Inflammometry, McMaster University (2005-2010)
- Chief of Service, Pulmonary Medicine, Amrita Institute of Medical Sciences, Cochin, Kerala, India (February-September 1999)

Intervienen



Prof. Ratko Djukanovic

Clinical and Experimental Sciences, Mailpoint 810, level F, Sir Henry Wellcome Laboratories,
University Hospital Southampton, Tremona Road, Southampton SO16 6YD, United Kingdom
Professor of Medicine, University of Southampton (HEFCE funding)

Theme Lead, Respiratory and Critical Care, NIHR Southampton Biomedical Research Centre
Honorary Consultant Physician, University Hospital Southampton NHS Trust

Other positions/roles:

Co-founder and co-lead of the UBIO-PRED (Unbiased BIOmarkers in PREDiction of respiratory disease outcomes)

First Chair of the Steering Committee, NIHR Translational Research Partnership in Respiratory Medicine, re-elected twice
Chair (with Prof Elisabeth Bel as co-chair) of SHARP: Severe Heterogenous Asthma Research collaboration, Patient-centred),
the ERS Severe Asthma Clinical Research Collaboration.

Markers of esteem:

Fellow of the European Respiratory Society – first generation

NIHR Senior Investigator

Fellow of the Royal College of Physician

Member of the 1942 Club

Membership of editorial boards

1998-2002: Associate Editor of the European Respiratory Topic (a journal of the European Respiratory Society)

2000-2002: Assistant Editor of Respiratory Research

2001-2008 (September): Associate Editor of the European Respiratory Journal

2007 – 2010: Member of the Editorial Board of the American Journal of Respiratory and Critical Care Medicine

2008 – present: Member of the International Advisory Board of the European Respiratory Journal.

Membership of scientific boards of grant bodies

2001-2003: Member of the Scientific Committee of the British Lung Foundation (BLF)

Task forces/ and workshops

1999-2000: European Respiratory Society Task Force “Standardized methodology of sputum induction and processing”
Chairman, with Professors P Sterk, F Hargreave and J Fahy as co-chairmen.

2001-2002: International Task Force “Endobronchial Biopsies in Clinical Research: Understanding pathogenesis and effects
of treatment” – member.

2003: NIH Workshop providing recommendations on safety of research bronchoscopy and bronchoprovocation – the only
European member

2009-2014: ERS/ATS Task Force on severe asthma.

Intervienen



Dr. George Du Toit

George du Toit is Professor of Paediatric Allergy, King's College London and Evelina London Children's Hospital, Guy's and St Thomas' NHS Foundation Trust. George is Senior Co-Investigator on NIH-funded research studies aimed at the prevention of peanut allergy (The LEAP-Trio Studies). George is Co-Investigator on the EAT-On Study, the BAT II Study and PI on Aimmune Peanut Desensitisation trials. George is lead clinician for the Children's Drug Allergy and Urticaria service at Evelina London Children's Hospital and past Chairperson of the European Academy of Allergy and Clinical Immunology (EAACI) Paediatric Section.

COI

Grants from National Institute of Allergy and Infectious Diseases (NIAID, NIH), Food Allergy & Research Education (FARE), MRC & Asthma UK Centre, UK Dept of Health through NIHR, Action Medical Research and National Peanut Board. Scientific Advisory Board member Aimmune and Co investigator on Aimmune funded peanut immunotherapy trials. UK advisory Board DBV Technologies. Hold Equity in FoodMaestro, Aimmune and DBV technologies. Lecturer at Allergy Symposia supported by Pharma companies

ABSTRACTS

WHAT IS PAL AND WHICH ARE ITS CONSEQUENCES?

Dr. André Knulst

PAL stands for 'precautionary allergen labeling' and is a term used for warnings on food products to inform food allergic patients for the potential risk when eating that product. It's a statement on a food product that is different from the allergen ingredient labeling. This is an obligatory part of the product information, regulated by law and should include the 14 most important food allergens, e.g. peanut, tree nuts, cow's milk, hen's egg, soy, lupine, fish, shellfish (both crustaceans and mollusks), celery, sesame, gluten containing grains, mustard, sulfite.

PAL is voluntary and used by many producers, but not always and it is unclear what makes food producers to use this labeling. The wording used may vary: 'is produced by a company that also processes xx', 'may contain traces of xx', and many others. Patients think that the different statements indicate differences in the risk of a certain product, but that is a misperception.

Since the number of PALs has increased strongly over the past years, patients, especially adolescents tend to ignore them, posing them at risk for accidental reactions. Although PAL is intended to inform patients about the risk, a negative consequence is the strong impairment of food choices.

Studies so far indicate that products with PAL do not necessarily contain the allergen and products without PAL are not always safe. This adds to the uncertainty of patients and health care workers, including dietitians that have to advise patients what to avoid and what to eat. A recent prospective study showed that almost 50% of food allergic patients experienced an unexpected allergic reaction to food products twice a year. Most of them being moderate to severe. The amount of allergen in products analyzed could be far beyond so called reference doses that have been calculated based on information of large numbers of threshold doses established during double blind food challenges.

Together these data indicate that despite all efforts to make food products more safe, the current situation is that many food products can implicate a significant risk, which is not adequately covered by PAL. Moreover the current practice of ingredient labeling is only available for 12 allergens, whereas patients can be allergic to many others. If PAL was based on reference doses that are currently available for most of the important food allergens, it is likely that the risk of unexpected reactions could significantly be decreased. In Australia there is already experience with this system under the name 'VITAL': Voluntary Incidental Trace Allergen Labelling. There is an urgent need to implement a similar approach in Europe and worldwide.

EVIDENCE BASED RISK MANAGEMENT: FROM THRESHOLD DOSES TO THE VITAL PROGRAM

Dr. Paul Turner

The use of precautionary allergen labelling (PAL) has increased significantly over the past decade, both on prepacked foods and, with the recent changes in EU legislation, on fresh, non-prepacked foods sold from catering outlets. PAL may be used by food businesses to communicate risk to allergic consumers, where such risk has been determined at risk assessment. However, PAL may also be used where no risk exists, or as a substitute for a risk assessment.

A number of international collaborations, most notably those involved in The Allergen Bureau's VITAL (Voluntary Incidental Trace Allergen Labelling) Program (Australia), have sought to use allergen threshold data to develop a standardised allergen risk assessment process for the food industry. There is a growing consensus over the need for some an approach.

In this session, we will review the evidence for using allergen threshold data to develop population dose-distribution curves which can be incorporated into allergen risk management. We will discuss the current status of the VITAL and similar programmes, and highlight strategies to overcome the current limitations to the roll-out of a standardised risk assessment tool to aid both food business operators and the allergic consumer.

TRAFFIC-RELATED AIR POLLUTION AND AIRWAYS DISEASE

Prof. Fan Chung

Air pollution is a major cause of death and disease globally, particularly affecting the lungs. 40-50% of the population in Asia is exposed to levels of air pollution above the recommended WHO levels. Air pollution causes 43% of deaths and disease from chronic obstructive pulmonary disease, including asthma, and 29% of deaths and disease from lung cancer. The major components of air pollution that cause particular concern include particulate matter (PM) of less than 10 μM and 2.5 μM diameter (PM₁₀ and PM_{2.5}), ultrafines (PM_{0.1}), ozone, nitrogen dioxide and sulphur dioxide. PM are able to reach deep into the lungs and entering directly into the blood circulation. In children and adults, both short- and long-term exposure to ambient air pollution can lead to reduced lung function, respiratory infections and worsen asthma, with the young and elderly particularly susceptible. Maternal exposure to ambient air pollution is also associated with low birth weight and small gestational age births.

The detrimental effects of air pollution on airways include increased permeability and reduced ciliary activity of the airway epithelium together with inflammatory changes and epithelial cell death. There is evidence that constituents of pollution such as polyaromatic hydrocarbons synergise with allergens to increase Th2 responses with upregulation of IgE production through the production of reactive oxygen species. In addition, atopic subjects develop eosinophilic inflammation when exposed to diesel exhaust particles. Airway epithelial cells on exposure to pollution can release alarmins such as TSLP and IL-33, that in turn causes the activation of innate lymphoid cells and direct dendritic cells towards inducing Th2 cell activation through the activation of aryl hydrocarbon receptor (AHR). We have evidence that exposure to air pollution might partly drive the process of asthma.

We recently showed that walking in a polluted environment negated the benefits of exercise in opening up the airways and in causing vasodilation. Measures to combat the deleterious effects of air pollution at an individual level rest on ways of reducing personal exposure and in mitigating the effects of air pollution. However, many of these measures need convincing proof of effect. (1-5)

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EFFECTS OF AIR POLLUTION ON NON RESPIRATORY ORGANS ISGLOBAL

Dr. Jordi Sunyer

Air pollution is the main urban-related environmental hazard and one of the major contributors to the global burden of disease based on its cardio-vascular-respiratory impacts (including stroke and myocardial infarction). During pregnant life, air pollution is related to impaired fetal growth, low birth weight and increase of reproductive problems. Pioneering studies on brain tissue from autopsies in dogs and children living in highly polluted areas of Mexico city showed inflammation in several brain areas, and this work led to a long series of experiments in mice exposed to fine, ultrafine and diesel particles showing a role on brain inflammation compatible with Alzheimer. In children, exposure to air pollution is associated with increased risk of cognitive delay, accelerated function decline, mental health, and academic achievement. However, the evidence of the effects of air pollution on brain development is still inadequate. A major debate is whether early life exposures have a more profound impact on development and diseases than exposures during childhood and adulthood. Very recently, in utero exposure to fine particles in mice was linked to structural brain changes; and, scarce evidence in children supports the importance of the pre-natal period. Two studies in school age children found that pre-natal air pollution exposure damaged brain structure while exposure during childhood was not linked to any structural alteration. Another study showed that children with higher traffic-related pollution at school had lower functional integration in key brain networks, but no changes in brain structure, possibly because of the time window of air pollution exposure (in utero versus childhood exposure). The few published studies using neuroimaging suggest that pre-natal air pollution exposure affects myelination. These results are consistent with the observed effects in mice exposed in utero and in elderly humans, although cumulative exposure and the mechanisms of action could be different in later life. A mechanism by which air pollution may affect foetal brain development during pregnancy is by impairing placental function and decreasing transplacental oxygen and nutrient transport. Evidence from birth cohorts suggests that air pollution affects placental function measured by Doppler ultrasound. Oxidative stress has been proposed to mediate the adverse health effects of air pollution. Air pollution was associated with differential DNA methylation in mitochondria-related genes, as well as differential methylation and expression of genes involved in antioxidant defence pathways in the cord blood and placenta. Given that traffic is the main source of the human exposure to air pollutants, regulation of mobility and urbanizations of the cities are of a major concern for public health.

INMUNOTERAPIA CON AEROALÉRGENOS

*Dra. Carmen Vidal
Dr. Pablo Rodríguez del Río*

La inmunoterapia específica es el único tratamiento con capacidad de modificar el curso natural de la enfermedad y existen documentos de posicionamiento que avalan su uso. Atendiendo a la evidencia generada a través de ensayos controlados con placebo a doble ciego en inmunoterapia con aeroalérgenos y metaanálisis basados en ellos, encontramos algunas limitaciones (sesgo de publicación, heterogeneidad o problemas metodológicos internos) que debemos ponderar a la hora de interpretar sus resultados ya que probablemente repercutan negativamente en la magnitud efecto descrito.

La evidencia existente se basa en un número reducido de productos que a la postre, acaban haciendo efecto “paraguas” a otros productos, incurriendo en una incorrecta generalización de su eficacia, pero que se traslada invariablemente a la vida real debido esencialmente a la falta de una regulación rigurosa en este campo. Aunque escasos, los estudios de dosis-respuesta en ITA han puesto de manifiesto la relevancia de la dosis, siendo admitido en un plano teórico por toda la comunidad científica la necesidad de usar productos con dosis “suficiente”. Sin embargo, la disponibilidad de extractos con escasa cantidad de alérgeno mayor y/o potencia biológica, el empleo de mezclas o la gran diversidad de reconocimiento molecular en fuentes alérgicas complejas hace que muy probablemente se estén empleando vacunas infradosificadas, redundando en la ineficacia del tratamiento.

Otros factores limitantes de la inmunoterapia son la falta de adherencia en vida real a un tratamiento que puede durar de 3 a 5 años, y por otro lado, el importante efecto placebo descrito en los ensayos clínicos y que seguramente se traslade a la clínica, limitando la capacidad del prescriptor para juzgar por sí mismo la eficacia del tratamiento.

En conclusión, la ITA es un tratamiento que ha demostrado de manera selectiva eficacia para alérgenos concretos, con productos específicos, en individuos bien caracterizados, pero que en vida real se emplea en condiciones no avaladas, lo que conlleva que la eficacia global del tratamiento esté en entredicho.

ASMA DE TIPO 2 (T2): CARACTERÍSTICAS FENOENDOTÍPICAS Y RESPUESTA A CORTICOSTEROIDES.

Prof. Parameswaran Nair

Patients with severe uncontrolled asthma have disproportionately high morbidity and health care utilization as compared to their peers with well-controlled disease. While treatment options for these patients were previously limited with unacceptable side effects, the emergence of biologic therapies for the treatment of asthma has provided promising targeted therapy for these patients. Biologic therapies target specific inflammatory pathways involved in the pathogenesis of asthma, particularly in patients with an endotype driven by type 2 (T2) inflammation. In addition to anti-IgE therapy that has improved outcomes in allergic asthma for over a decade, three anti-IL-5 biologics (mepolizumab and reslizumab targeting the IL-5 cytokine, and benralizumab targeting the IL-5R) and one anti-IL-4R biologic (dupilumab) have recently emerged as promising treatments for T2 asthma. These targeted therapies have been shown to reduce asthma exacerbations, improve lung function, reduce oral corticosteroid use, and improve quality of life in appropriately selected patients. In addition to the currently approved biologic agents, several biologics targeting upstream inflammatory mediators are in clinical trials with possible approval on the horizon.

NON-TYPE 2 ASTHMA: CLINICAL CHARACTERISTICS AND THERAPEUTIC OPTIONS

Dr. Ratko Djukanovic

Asthma presents in variable clinical forms that can be stratified into multiple clinical phenotypes driven by distinct pathological mechanisms that define so-called asthma endotypes. This stratified approach to asthma is useful for both advancing the understanding of disease pathogenesis and optimising treatment with inhaled corticosteroids and biologics. Type-2 (T2) interleukins (IL), 4, 5, and 13, are pivotal in asthma, driving the isotype switch to the production of immunoglobulin E, eosinophilia, mast cell activation, and airways remodelling. Trials with T2 biologics have shown that T2 cytokines play key roles in a significant proportion of asthmatics, particularly those with prominent eosinophilic inflammation. However, substantial numbers of patients do not respond to T2 biologics, suggesting the presence of T2-independent mechanisms. At most, only 50% of asthma cases are attributable to eosinophilic airway inflammation. A major proportion of asthma is based on neutrophilic airway inflammation, possibly triggered by environmental exposure to bacterial endotoxin, particulate air pollution, and ozone, as well as viral infections, but there are also forms of asthma where analysis of airways inflammation shows reduced granulocyte counts, so called pauci-granulocytic phenotype. One phenotype which has attracted attention is the IL-17-high phenotype reported by Choy and colleagues. More recently, analysis of the European severe asthma consortium, U-BIOPRED, dataset has confirmed the presence of an IL-17 phenotype and has described novel clinical features and shed light on molecular pathways that could be the basis for new treatment.

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PREVENTION OF FOOD ALLERGY THROUGH EARLY INTRODUCTION OF FOODS: FROM CLINICAL TRIALS TO GUIDELINES

Dr. George du Toit

Food Allergy is increasingly common in Industrialised countries and considered by most to be a public health concern. The most common food allergies include egg, milk and peanut, and these three allergies have been best studied to date. Peanut allergy affects up to 2% of the Western World, usually begins in early childhood, is rarely outgrown and has no currently approved treatment. There is therefore a pressing need for prevention strategies. In 2015, the LEAP study findings found that early consumption of peanut protein was effective in preventing peanut allergy in high-risk children as compared to peanut avoidance. Similar findings have emerged for the prevention of hens egg allergy. These findings resulted in changes to allergy prevention guidelines and policy across the world. There are country specific variations to guidelines but, within these variations, feeding peanut, egg and indeed other common food allergens to children in infancy is a common theme. There are numerous logistical challenges surrounding the implementation of contemporary guidelines at a population level. Clinical trials which explore the real life application of these guidelines are needed as is an assessment of guidelines (Australia, for example) that do not adopt the approach of screening. In this presentation Prof George du Toit will discuss the genesis of the trial findings, changes to guidelines, and the challenges related to the implementation thereof.

ENCUESTA DE SATISFACCIÓN

Por favor, valore del 1 al 5, siendo 1 la peor valoración y 5 la mejor valoración

VALORACIÓN GENERAL DE LA REUNIÓN:

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Prof. André C. Knulst. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
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umbrales al programa VITAL
Prof. Paul J. Turner | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| • Traffic-related air pollution and allergic disease
Prof. Fan Chung | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| • Efectos de la contaminación sobre otros órganos
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Dr. Jordi Sunyer | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
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| • Asma de tipo 2 (T2): características fenotípicas
y respuesta a corticosteroides
Dr. Ratko Djukanovic | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| • Asma de tipo no 2 (no T2): aspectos clínicos
y opciones terapéuticas
Prof. Parameswaran Nair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| • Introducción precoz de los alimentos y prevención
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de los ensayos clínicos a las guías
Dr. George Du Toit | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

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6. Valore las habilidades de cada ponente para presentar el tema seleccionado:

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Prof. André C. Knulst 1 2 3 4 5
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de los niveles umbrales al programa VITAL
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y respuesta a corticosteroides
Dr. Ratko Djukanovic 1 2 3 4 5
- Asma de tipo no 2 (no T2): aspectos clínicos
y opciones terapéuticas
Prof. Parameswaran Nair 1 2 3 4 5
- Introducción precoz de los alimentos y prevención de
la alergia a alimentos: de los ensayos clínicos a las guías
Dr. George Du Toit 1 2 3 4 5

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