

# ASTHMA & ALLERGY

## BULLETIN

ASTHMA AND ALLERGY FOUNDATION OF AMERICA • NEW ENGLAND CHAPTER

### Energetic Volunteers Raise Awareness and Help Us Help YOU!

“As a person with a severe peanut allergy, I understand the struggle that many Americans face every day,” said Emily Nicol, 18, of Wareham, MA. She decided to do something about it and enlisted the help of Kary



*Emily Nicol and  
Kary Atwood  
at Flagship  
Cinemas  
“Allergy  
Awareness  
Day”*

Atwood, manager of the movie theater where Emily works. They ran a fun-filled “Allergy Awareness Day” with activities for the kids, free popcorn for all donors, and door prizes of items donated by local businesses. The event raised over \$600 for AAFA New England, to improve the lives of people with allergies and asthma.

Congratulations and a HUGE “Thank You” to Kathleen Porter, who completed the Martha’s Vineyard Warrior Triathlon, and to Kathleen’s family and friends who donated so generously to AAFA New England to honor Kathleen’s effort. Her son Carter has multiple severe food allergies. “It was his idea to try and raise money to help others like him,” said Kathleen. She reached her goal of raising \$10,000 to support our education programs that help families with food allergies, and hopes to compete in another benefit triathlon.

*Let us know how we can help you organize a community fundraiser to raise awareness as well as raise funds for allergy and asthma education programs.*

### Oral Immunotherapy – A New Treatment Option: *Is It Right for You?*

**By Daniel Steinberg, MD**

In spring 2014, the FDA announced approval of oral immunotherapy tablets for treatment of nasal and ocular allergies to grass and ragweed



*Daniel Steinberg*

pollens. In a press release discussing this issue, Michael Foggs MD, President of the American College of Allergy Asthma & Immunology stated “The approval of oral immunotherapy tablets is advancement in the right direction. It’s an additional treatment option for those who are allergic to

some types of grasses (and ragweed), but not those allergic to other varieties of grass, trees and weeds.”

While standardized oral immunotherapy tablets (OIT) have only recently been approved for use in the United States, oral immunotherapy has been available in Europe and elsewhere for several years. Subcutaneous immunotherapy (SCIT or allergy injections) has been used in the US for over a century after two English scientists, Noon and Freeman, observed they could induce immune tolerance by injecting pollens into patients with “hay fever.”

*(continued on page 5)*

## RESEARCH UPDATE

### Smoke-free policies and controlling air pollution help reduce asthma symptoms

**By Frank J. Twarog, MD, PhD**

In 1982, then-Surgeon General C. Everett Koop first brought attention to the association of smoking with lung and oral cavity cancer in his “Report on Smoking and Health.”

This information significantly reduced the frequency of smoking over the following years. Our focus on smoking and lung disease has evolved significantly since then.

A number of recent reports have shown the positive effects of



smoke-free policies. An editorial this year in the British medical journal *The Lancet* reports that emergency department visits for childhood asthma decreased by 10% in countries with smoke-free legislation.<sup>1</sup> Children with second-hand smoke exposure have 2.2 times increased odds of hospital admission for asthma and 1.5 times greater chance of readmission for asthma over a year.

Over a 20-year period from 1989 to 2008, the reduction in passive or second-hand smoke exposure has resulted in a \$243 billion savings on healthcare-related expenses in California.

*(continued on page 2)*

## RESEARCH UPDATE (continued from page 1)

### Smoke-free policies and controlling air pollution help reduce asthma

Studies on maternal smoking during pregnancy have also shown an increase in the risk of asthma and wheezing through adolescence. Passive tobacco smoke exposure has been associated with decreased lung function and increased allergic symptoms.

A report in the same journal reviewed fourteen on-line databases from January, 1975 through May, 2013. Five articles from North America and six European studies were selected from this screening. This was the first comprehensive search on the effects of smoke-free legislation on child health. These authors state, "The public-health relevance of a reduction in asthma, which is now the most common chronic disease in childhood, is unambiguous and might project into adulthood, in view of evidence of long-term tracking of reduced lung function, a corresponding link with chronic obstructive pulmonary disease."<sup>2</sup>



Other air pollutants are also an issue. The federal Clean Air Act and EPA policies have had a major effect on improving asthma health. A recent study was published in the *Journal of Pediatrics*. This investigation included 758 children from 1 to 16 years of age living in Cincinnati, and studied the effect of traffic-related air pollution.<sup>3</sup> They found that children with high exposure to traffic-related air pollution had a three-fold higher hospital admission rate. Curiously, this effect was not seen in the African-American population. Overall, African-American children already had a greater rate of hospitalization. It was suggested that this may be related to poverty, psychological distress, and increased allergen (e.g., cockroach) exposure.

Another report discusses some of the side effects of air pollutants and asthma. Ozone, nitrogen, and sulfur

dioxide particulate matter, and traffic-related air pollutants were all found to be factors in poor asthma control. All of these were thought to increase the risk of exacerbation of asthma symptoms and perhaps contribute to new-onset asthma in both children and adults.<sup>4</sup>

#### References:

1. Kalkhoran, S. and Glantz S.A. Smoke-free policies: Cleaning the air with money to spare. *The Lancet*, 383:1526, 2014.
2. Been, J.V. et al. Effect of smoke-free legislation on perinatal and child health: A systematic review and meta-analysis. *The Lancet*, 383:1549, 2014.
3. Newman, N.C. et al. Traffic-related air pollution and asthma hospital readmission in children: A longitudinal cohort study. *Journal of Pediatrics*, 164:1396, 2014.
4. Guarnieri, M. and Balmes, J.R. Outdoor air pollution and asthma. *The Lancet* 383:1581, 2014.



*Frank J. Twarog, M.D., Ph.D., is an allergist in Brookline and Concord, MA, and serves as President of the Asthma and Allergy Foundation of America, New England Chapter. He is a Clinical Professor at Harvard Medical School.*

## What YOU Can Do To Help Clear the Air

- ▶ Tell your federal and state legislators why you **support "clean energy" initiatives** and programs to reduce ground level ozone and particle pollution, such as regulations to cut back on emissions from vehicles and power plants. See [www.EPA.gov](http://www.EPA.gov) for background information. Get involved in the many local and statewide non-profit organizations that are working on these issues and need your support and activism.
- ▶ Make sure **anti-idling rules** are posted and enforced outside your child's school, where buses and waiting cars cause pollution that has been shown to trigger students' asthma.
- ▶ Join state and local **anti-smoking initiatives** in your area. In addition to supporting smoking bans in public places and preventing kids from starting to smoke, current priorities include protecting the health of youth from e-cigarette sales and becoming hooked on nicotine, and protecting all of us from inhaling dangerous toxins and irritants in e-cigarette vapors. (For example, if you live in Massachusetts visit [www.TobaccoFreeMass.net](http://www.TobaccoFreeMass.net) and sign up to receive alerts when a letter or phone call from you will help improve laws and policies.)



*Photo: Pioneer Valley Asthma Coalition*

**SBS**

# AAFA New England

## EDUCATIONAL SUPPORT PROGRAMS

provide you with opportunities to

- Learn from experts • Get your questions answered
- Meet others who share your concerns • Find resources and gain confidence

**Our support groups take a break over the summer months.**

**For upcoming meeting dates and topics:**

**visit our website ([www.asthmaandallergies.org](http://www.asthmaandallergies.org)) or call 781-444-7778.**

**To receive support group program announcements, send your e-mail address and your location to [aafane@aafane.org](mailto:aafane@aafane.org).**

### **METRO-BOSTON ALLERGY & ASTHMA SUPPORT GROUP** **Newton, MA**

Meets at Newton-Wellesley Hospital,  
2014 Washington St. (Rt. 16)

### **NORTHWEST SUBURBAN BOSTON AREA SUPPORT GROUP - Lexington, MA**

Meets at Beth Israel and Children's Hospital Medical Care Center,  
482 Bedford St.

### **FOOD ALLERGY GROUP OF THE NORTH SHORE** **Salem, MA**

Meets at Salem Hospital, 81 Highland Ave. (Davenport Conference Area)

### **METRO-WEST ALLERGY & ASTHMA SUPPORT GROUP**

### **Framingham, MA**

Meets at Allergy & Asthma Treatment Specialists, 475 Franklin St., Suite 206

### **MERRIMACK VALLEY ASTHMA & ALLERGY SUPPORT GROUP**

Meets at St. Michael's School, Main St.,  
Andover, MA

### **PIONEER VALLEY FOOD ALLERGY SUPPORT** **Ludlow, MA**

Meets at St. John the Baptist Pastoral Center, 201 Hubbard St.

### **SHORESIDE ASTHMA & ALLERGY EDUCATIONAL SUPPORT GROUP** **Kingston, MA**

Meets at Wingate - The Inn at Silver Lake, 21 Chipman Way

### **CAPE COD ASTHMA & ALLERGY GROUP**

### **Yarmouth Port, MA**

Meets at Allergy & Asthma Center for Cape Cod, 244 Willow St.

*The following groups are currently temporarily inactive.*

### **NASHOBA VALLEY ASTHMA & ALLERGY EDUCATIONAL SUPPORT GROUP**

### **RHODE ISLAND ALLERGY & ASTHMA EDUCATIONAL SUPPORT GROUP**

### **SOUTHEASTERN MASS. FOOD ALLERGY PARENT SUPPORT GROUP**

## Shopping?

**Start your AMAZON.COM shopping from our website!**

When you do, a portion of what you spend will be donated to our organization at no extra cost to you!

This is an easy way to help support asthma and food allergy education and advocacy.

Go to our home page ([www.asthmaandallergies.org](http://www.asthmaandallergies.org)) and look for the Amazon.com search box.

Simply type in the "keyword" for the specific item or category of item that you are shopping for and then start shopping as normal.

Please bookmark this on your computer and share it with family and friends.

Thanks, and happy shopping!

## Make a difference through Workplace Giving

**Help us to help YOU by earmarking donations through the charitable giving campaigns at your workplace.**

**If you donate to AAFANE directly, don't forget to ask about your employer's "matching gift" program.**

**AAFA New England is**

**A Proud Member of**

 **Community Health Charities®**  
New England  
WORKING FOR A HEALTHY AMERICA



Breath of Spring 2014

# Laughter is the Best Medicine

with Jimmy Tingle—April 25

The humor of nationally-known comedian Jimmy Tingle added to the fun of a wonderful evening at AAFA New England's annual spring fundraiser. There was great food, a fabulous silent auction, and the satisfaction of supporting programs and services that help people with asthma and allergies live full and healthy lives.

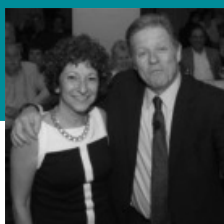
## Breath of Spring Committee

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Jennifer Battelle Logan  
Co-Chairs

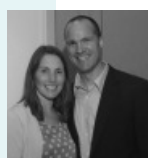
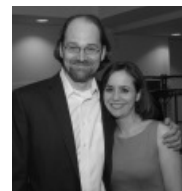
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AAFA New England  
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Jimmy Tingle



Photos courtesy of Robert Ruscansky Photography

## MANY THANKS TO OUR SPONSORS AND DONORS\*

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New England Society of Allergy

### \$1000 - \$1500

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Moody)

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& Ohman)

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South Shore Allergy & Asthma  
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& Young)

Sunbutter

Carla & Mark Uzzell

\*Donations of \$500 or more. (See our website for a complete list.)

Our sincere thanks to the many others who purchased tickets to attend, or contributed donations or auction items.

## Oral Immunotherapy - A New Treatment Option: Is It Right for You?

*(continued from page 1)*

Both OIT (standardized tablets) and SCIT (allergy injections) are FDA approved treatments and should be distinguished from sublingual drops offered by some providers, which are not FDA approved forms of immunotherapy at this time.

Over the years it has been observed that SCIT has been an effective long-term approach to desensitize patients with asthma, allergic rhinitis and anaphylactic reactions to stinging insect venoms. The addition of OIT in the US to other existing treatments provides another option for some people with respiratory allergies.



Recently approved formulations include:

**Grasses** - Oralair and Grastek are both 5-grass OIT products for the treatment of grass pollen-induced allergic rhinitis/conjunctivitis. Oralair is approved for use in patients aged 10-65 years. Grastek is approved for patients aged 5-65 years. It is recommended OIT be initiated 4 months before the expected onset of each grass pollen season and continued throughout the season.

**Ragweed** - Ragwitek, an allergen extract from short ragweed (*Ambrosia artemisiifolia*) pollen, has been approved as a OIT for adults aged 18-65 years with ragweed-induced allergic rhinoconjunctivitis. Ragwitek comes in the form of a tablet that is placed under the tongue, where it dissolves in about 10 seconds. It is recommended that treatment be started 12 weeks prior to the start of ragweed season and continue daily until after the season ends.

SCIT and OIT will be available concurrently in the US, as is now

the case in Europe, where patients are treated with both forms of immunotherapy depending on their clinical situation.

During the FDA approval process, several studies investigated the relative safety and efficacy of oral and subcutaneous immunotherapy in specific populations. In addition to efficacy and safety, other considerations such as costs relative to other treatments and a patient's individual allergy profile need to be considered.

**Safety** - Due to the potential for

anaphylaxis and laryngopharyngeal edema (swelling in the throat), OIT products are not recommended for patients with severe, unstable, or uncontrolled asthma, or with a history of severe systemic or local reactions to sublingual allergen immunotherapy. In clinical trials the most common adverse events with OIT included adverse reactions in the mouth, upper airway and GI tract, such as cough and itching, swelling, irritation or pain of the mouth and throat. For these reasons it is recommended the first dose of OIT be administered under observation in a doctor's office. It is recommended the patient be prescribed an epinephrine injector at home if taking OIT, in case of a systemic anaphylactic reaction.

**Costs** - In addition to the cost of an epinephrine injector, it is estimated that the cost of OIT tablets will initially run between \$7-10 per tablet/antigen per day.

**Who Can Benefit?** - In New England, the majority of people with respiratory allergies are "polysensitized" (i.e., allergic to multiple inhaled antigens including trees, grasses, weeds, molds,

dust mites and animal danders). OIT, which provides desensitization only to grasses and ragweed at this time, may not be suitable for patients who have sensitivities to multiple antigens beyond grasses and ragweed. SCIT, which can be calibrated to match the dose and spectrum of a patient's specific allergic profile, may be more appropriate for people with multiple respiratory allergies. "It would be ideal if tablets could be customized like allergy shots, but that's not on the horizon yet," said Dr. Foggs.

However, other forms of OIT are in development for a variety

*Patients with milder symptoms should continue to modify allergen exposure and try medications such as anti-histamines and steroid nasal sprays, which may be more cost-effective.*

of other antigens including dust mites and Japanese cedar pollen. Some companies are also exploring other ways to desensitize allergic patients orally and through application of allergens to the skin.

Not everyone with allergic respiratory symptoms needs immunotherapy. Patients with milder symptoms should continue to modify allergen exposure and start with medications

such as anti-histamines and steroid nasal sprays, which may be more cost-effective. With an estimated 10-20% of Americans seeking relief from respiratory allergies, patients now have one more reason to meet with their allergy/immunology specialist to pursue a risk/benefit analysis of the available options to determine which are right for them.

*Daniel Steinberg, MD, is Director of the Allergy & Asthma Center of Massachusetts in Chestnut Hill, MA. He is a Past Chairman of the Federation of Regional, State & Local Allergy, Asthma and Immunology Societies of the AAAAI and Assistant Clinical Professor at Tufts University School of Medicine.*

# SHARE YOUR STORY

## A Phone Call Can Make a Big Difference!

**By Jennifer Rossi**

When my son was diagnosed with peanut allergy in 2006 I was very overwhelmed, and only felt confident when my husband and I fed our two-year-old son safe food in our home. Giving control for Nicholas' well-being to a restaurant's kitchen terrified me. A friend told me "Bertucci's is safe – there are no peanuts on the menu," and for the last eight years we have been loyal customers.

The restaurant chain plays a major role in our social life with Nicholas. We can take a bike ride on the Minuteman Path and eat at the Lexington, MA branch, visit great-grandma in Woburn and take her out to the Woburn branch, or eat at Faneuil Hall on a day trip to Boston. The list goes on and on. I've even routed our family vacation road trip to North Carolina to have lunch stops at Bertucci's in Delaware and New Jersey.

All that said, last fall I learned through a friend who visited one of the branches that peanut butter cookies were suddenly on the take-out menu and being baked in the convection ovens. I was floored.

When I called my local Bertucci's the general manager assured me we could still visit and be safe. "It is only a take-out item and not on the dining room menu," he said, apparently unaware of the potential risk of cross-contamination in the kitchen. What about the hourly worker who scooped out peanut butter cookie dough and then went on to prep salads or roll pizza dough – did he run

to the sink and wash his hands like a surgeon? Probably not, and when your child's life could be threatened it's not a risk you can take.

I didn't want to let this menu decision, which would be so impactful to so many peanut-allergic families like mine, go unnoticed. So I contacted the Bertucci's corporate office and explained my heartfelt concerns. I was told that I was one of only five other parents who had called the corporation headquarters about this. I learned within twelve hours that our complaints were brought to the attention of the top leadership and a quick decision was made to immediately pull the peanut butter cookies off the menu in all 90 restaurants.

I give kudos to the HR representative who persistently tracked me down to inform me of the news, and profusely thanked her and the company for helping make Nicholas' life as normal as possible. Nicholas said, "Mom, I don't know how you do the things you do." I hope he learned, allergy or not, how important it is to stand up for yourself, because sometimes the squeaky wheel does get the oil, peanut-free that is!

***... a quick decision was made to immediately pull the peanut butter cookies off the menu in all 90 restaurants.***

**Please share YOUR story. How have you handled "real-life" challenges of living with allergies or asthma? Let us know what happened and how everything worked out.**

**(Send to: [sharons@aafane.org](mailto:sharons@aafane.org) or call 781-444-7778.)**



*Jennifer and Nicholas Rossi*

### On our wish list...

**It's getting very hard to find parts for our vintage photocopier. Does your company have an extra, or one that you will be replacing soon?**

**We also need a laptop computer and an LCD projector to use for our many educational programs.**

**We'd greatly appreciate the donations!**





## We help schools, child care providers and health professionals help YOU manage asthma!

Nationally renowned lecturer Dr. Maureen George of the University of Pennsylvania School of Nursing will return to New England to teach AAFA's "*Asthma Management and Education*" seminar for nurses and respiratory therapists at 5:30 p.m. on September 18, 2014 in Framingham, MA. The program is free, and includes dinner and continuing education credits. The updated presentation uses a case study format. Pre-registration is required, at <http://aafaprograms.hbp.com>. If you can't make it to Framingham, MA, a free self-paced on-line version is also available for CEU's at [www.AAFA.org](http://www.AAFA.org). (See the health professionals section of the Education page).



Maureen George

"*Asthma and Allergy Essentials for Child Care Providers*" is the title of the workshop we offer to help keep children safe and healthy when they are cared for outside of their homes. A recent grant from the South Shore Community Partners in Prevention, based in Plymouth, MA, enabled us to bring the program to over 90 child care providers from 11 towns in that region. Judi McAuliffe, RN, a school nurse and health consultant to child care programs, led the workshops. She is a member of the Board of Directors of AAFA New England.



Judi McAuliffe

**School nurses:** AAFA New England can provide you with spacers and peak flow meters for teaching purposes and for use by students with asthma. We also have teaching materials and activity books. We recently made a large donation of these items to the Paul Cuffee Charter School in Providence, RI when school nurse Dawn McIntyre called seeking asthma management tools for students who don't have access to them at home or for the student's to use at school.

## ASTHMA & ALLERGY BULLETIN

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*President*

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*The Asthma and Allergy Foundation of America, New England Chapter, is dedicated to helping people with asthma and allergic diseases, and those who care for them, through education, support for research and an array of services.*

*Information contained in this newsletter should not be used as a substitute for responsible professional care to diagnose and treat specific symptoms and illness. Any reference to available products and procedures should not be construed as an endorsement. AAFA New England, including all parties to or associated with this newsletter, will not be held responsible for any action taken by readers as a result of the newsletter. ©2014. All rights reserved. Material may not be reproduced without permission of the publisher.*

## BECOME A MEMBER OR RENEW YOUR MEMBERSHIP NOW!

*Membership in AAFA New England helps you and others with asthma and allergies to enjoy fuller lives.*

- |  |   |
|--|---|
| <input type="checkbox"/> Patron \$500                  | <input type="checkbox"/> Sustaining \$50    |
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### MEMBERSHIP INCLUDES

- ◆ Newsletters mailed to you (Multiple copies to Professional members)
- ◆ Personalized resources and information
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AAFA New England, 109 Highland Ave., Needham, MA 02494.  
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*Please remember to ask your company for a matching contribution to AAFA NE.*

## Honor your friends and relatives by making a donation to AAFA New England

**Donations have recently been received in memory of:**

**Donna Argilo  
Kevin Collins  
Lauren Siegel**

**Donations have recently been received in honor of:**

**Birthday of Jackson Gilman**

**Donations can also be made in honor of family, friends, or healthcare providers, or to mark special occasions.**

*To contribute a memorial gift or tribute in honor of a special person or a birthday or other event, please send a check payable to AAFA New England. Credit cards accepted by phone, mail or on-line: [www.asthmaandallergies.org](http://www.asthmaandallergies.org). Please include the name of the person being honored or memorialized, and let us know who to notify of your donation.*



Asthma and Allergy  
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NEW ENGLAND CHAPTER

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*Did you pick up this newsletter in your doctor's office?  
To receive future issues at home, become a member of AAFA New England. (See page 7)*

**Food allergy families:  
Let's meet at the zoo !**



## **Food Allergy Awareness Day**

**Sept. 13, 2014 - 10 a.m. – 6 p.m.**  
(rain date Sept. 14)

**Franklin Park Zoo, Boston**

**FREE to families living with food allergies!**

Includes zoo admission fee and train rides, free parking,  
performance by songwriter/educator Kyle Dine, samples  
from vendors, and talks by food allergy experts!

Hosted by Boston Children's Hospital - FACETS Program  
(Food Allergy Comprehensive Evaluation, Treatment & Support)

Co-sponsored by AAFA New England

*Space is limited. Pre-registration is required.*

**For details and to register:**  
<https://allergy.webconnex.com/zooday>

*Sign up today!  
GOLF for a good cause:*

## **AAFA New England Dr. Paul J. Hannaway Memorial Golf Classic**

**Sept. 15, 2014**

**Tedesco Country Club - Marblehead, MA**

For registration details, call us or visit  
[www.asthmaandallergies.org](http://www.asthmaandallergies.org).



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