

Asthma & Allergy Bulletin

ASTHMA AND ALLERGY FOUNDATION OF AMERICA • NEW ENGLAND CHAPTER

2025 Fall Gala
and Exhibit

for life
without limits™

October 24

When: Oct 24th, 6:00pm–10:00pm
Where: UMass Club
One Beacon Street, Boston
32nd Floor

Honoring Three Champions of the Asthma and Allergy Community!

Please join us for a special evening and connect with new and old friends!

To purchase tickets and to support AAFA New England, go to:
<https://e.givesmart.com/events/H2J/for-life-without-limits>

For more information, see page 3



September is Asthma Peak Month

AAFANE will have the Prudential Center lit in teal on Sep 15

See page 8 for Tips to Manage Asthma

Alpha-Gal Syndrome: an allergy on the up-tick!

By Michelle Conroy, MD and Seda Ekici, MD, PhD

Alpha-Gal Syndrome (AGS) is a tick-borne, IgE-mediated allergic reaction to galactose-alpha-1,3-galactose (alpha-gal), a carbohydrate molecule found in non-primate mammals. AGS is a cause of delayed anaphylaxis and allergic reactions (2–6 hours after ingestion) to mammalian meat, and sometimes organs, dairy, gelatin, and certain medications in humans.

The initial clue came from first exposure anaphylaxis to the cancer drug cetuximab with geographic specificity to the southeastern U.S. These reactions were linked to pre-existing IgE antibodies to alpha-gal, which is present on cetuximab. It was later found that these IgE antibodies were also responsible for delayed allergic reactions to red meat, a connection discovered through patient histories, skin testing, and blood assays. One critical insight was the association between tick bites and the development of IgE antibodies to alpha-gal. Evidence showed that tick bites precede the development of alpha-gal-specific IgE, likely due to components in tick saliva or potentially other factors like tick-borne microbes. The lone star tick (*Amblyomma americanum*) was identified as the primary vector in the U.S.



Sensitization to alpha-gal can lead to two forms of allergic reactions: immediate-onset anaphylaxis during the first infusion of cetuximab and delayed-onset anaphylaxis occurring 3–6 hours after consuming red meat. Clinical presentation of alpha-gal syndrome ranges in severity, including isolated gastrointestinal symptoms, urticaria, angioedema, shortness of breath, coughing, wheezing, and anaphylaxis.

Continued on page 2

Ready, Set, SCHOOL: Asthma Prep for a Healthy School Year!

By Giovannie Bejin, CPNP-PC, AE-C



Fall is here, and it's time to get ready for a new school year! For children with asthma, a little preparation can make a big difference. The **SCHOOL** checklist is here to guide you every step of the way.

S – Schedule an Appointment with Your Pediatrician and Allergist

Before school starts, confirm your child's asthma action plan, medications and physical form are up to date. If they have allergies, request an allergy action plan and 2 epinephrine delivery devices: one for home and one for school, two if possible. Do the same for rescue inhalers. Depending on your child's age and needs, a home nebulizer may also be helpful.

C – Catch Up with Vaccines

Being fully immunized is one of the most effective ways to protect a child with asthma. Illnesses like flu and COVID-19 are common triggers for asthma flare-ups and can increase the risk of serious complications, such as pneumonia, that may lead to missed school days or hospital visits. Vaccinating before the season starts helps keep lungs healthy, lowers the risk of severe illness, and reduces the spread of germs. This fall, protect your child, get their flu and COVID-19 vaccines.

H – Help Build a Healthy Learning Environment

Share your child's asthma and allergy action plans with their school nurse, teacher and key staff members. Review how to use inhalers, spacers, and/or epinephrine devices, and discuss ways to reduce triggers such as dust, mold, strong scents, or poor air circulation. Discuss with the school nurse where your child's asthma and allergy medications and treatment action plans will be stored (unlocked) at school.

O – Outsmart Flare-Ups

Recognize early symptoms such as coughing and act quickly. Follow the asthma action plan to prevent worsening symptoms. Parents should know their child's triggers, keep quick-relief medication accessible, and ensure maintenance medications are taken as prescribed.



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Alpha-Gal Syndrome *(continued from page 1)*

It is important to note that many individuals who are sensitized to alpha-gal are asymptomatic. Alpha-gal levels decrease with avoidance of tick bites. A serum alpha-gal IgE level of ≥ 0.60 kU/L is suggested as a diagnostic benchmark for alpha-gal syndrome, though clinical correlation remains essential.

AGS may be underdiagnosed due to its atypical, delayed onset and lack of awareness. Risk factors include tick exposure, blood type (B-antigen confers partial protection), male sex, and rural lifestyle. Complete elimination of mammalian-derived products remains the cornerstone of treatment.

Unlike classic IgE-mediated allergies, these reactions are unusual because the symptoms are delayed. The delayed onset is hypothesized to result from the longer time it takes for alpha-gal-containing glycolipids to be absorbed and enter circulation.

Ultimately, this discovery challenges traditional views of allergy mechanisms, highlighting that carbohydrate antigens, particularly those induced by parasites like ticks, can cause serious IgE-mediated allergic reactions. There is increasing evidence that the tick habitats have been increasing due to the global warming and changes in land use which contributed to the increase in tick borne illnesses. More individuals will be at risk for AGS in the future given that the lone star tick populations have been expanding northward and westward in North America.



Dr. Michelle Conroy is an Assistant Professor of Medicine at Harvard University, attending physician in Allergy and Immunology and a Principle Investigator at the Center for Immunology and Inflammatory Diseases at Massachusetts General Hospital. She provides care to both adult and pediatric patients at MGH where she has a particular focus on food allergy. Her research focuses on glycosylation as it relates to regulation of antibody function. Dr. Conroy's work uncovered a novel and significant finding implicating IgE in chronic itch, autoimmunity and cancer, as well as atopic diseases.



Seda Ekici MD, PhD is a second-year allergy immunology fellow at the Massachusetts General Hospital. She has an interest in pediatric food allergy and asthma.

Team AAFANE Runs the ASICS Falmouth Road Race 2025!



A huge Thank You to the members of Team AAFANE who ran the ASICS Falmouth Road Race 2025 on August 17th to support AAFA New England's mission! The team of runners beat the heat of the day and covered seven seaside miles raising over \$20,610.12 to benefit AAFA New England's work for the asthma and allergy community!



A big shout out to Team AAFANE runner, Ilya Podolyako, for coming in 2nd in the 40-44 age group!!



Donations to Team AAFANE may still be made through 9/30/2025. To donate, scan the QR code:



2025 Fall Gala
and Exhibit

for life without limits™

October 24

An Invitation - Tickets are Now Available!



Honoring Champions of the Asthma and Allergy Community

Date: October 24, 2025
Time: 6:00 - 10:00 pm
Location: UMass Club
One Beacon St, 32nd Floor, Boston

Join us for
a spectacular
evening of
conversation,
exhibits, cocktails
and dinner - and an
inspiring skyline
view of Boston!

AAFA New England is Proud to Honor Our 2025 Champions of the Asthma & Allergy Community!



Qian Yuan, MD, PhD

Clinical Director and Principal Investigator, The Food Allergy Center, Massachusetts General Hospital, Associate Professor in Pediatrics, Harvard Medical School, Senior Pediatrician, Pediatric Gastroenterology & Nutrition, Massachusetts General Hospital.



Janet Weinstein, MSN, RN

School Nurse, Country School, Weston, MA



Homefree LLC, Jill Robbins, Founder and President

Dedicated baking facility, free of the top nine allergens, gluten-free, non-GMO verified and vegan.

For Tickets, to Exhibit, and Auction Items, visit
FALL25GALA.givesmart.com or scan QR code:



KEYNOTE SPEAKER:

We are thrilled to announce that **Karen Hsu Blatman, MD**, will present the Keynote Address at this year's Fall Gala. Dr. Blatman's inspirational and timely message will focus on *"Advocacy: A Catalyst for Change"*.



Karen Hsu Blatman, MD

Dr. Hsu Blatman is an allergist and Section Chief of Allergy and Clinical Immunology at Dartmouth Hitchcock Medical Center. She is an Assistant Professor of Medicine and an Assistant Professor of Pediatrics at Dartmouth's Geisel School of Medicine. Dr. Blatman has been interested in eosinophilic esophagitis (EoE) since her A/I fellowship at Northwestern University. She is involved in clinical trials at Dartmouth for eosinophilic GI disease and peanut allergy. She also serves on the editorial board of Annals of Allergy, Asthma & Immunology.

Exhibits presented by participating Fall Gala Sponsors will provide displays that showcase exciting management therapies for asthma and allergies.

Join us and others in the asthma and allergy community for an evening of celebration and support of AAFA New England's work at our eighth annual *for life without limits™* Fall Gala 2025!

Check out the amazing **Silent Auction** items, meet our **Champions**, relax with a cocktail and enjoy a delicious three-course dinner! We know you will enjoy the conversation, connecting with others and the inspiring views of Boston from the 32nd Floor!

For more information and to purchase tickets, please go to our Fall Gala website: FALL25GALA.givesmart.com

Don't miss out! Seating is limited!

Legislative Advocacy



H.2500 An Act relative to increasing access to epinephrine: On June 11, a Public Hearing was held by the Massachusetts Joint Committee on Public Health. Jan Hanson, AAFA New England President and advocate Megan Shai testified in support of this bill that would increase access to stock epinephrine in public places such as restaurants, golf courses, etc.

Advocacy Day: On June 24, AAFA NE President Jan Hanson and Vice President Karen Roberto joined a panel of expert speakers to share information with MA legislators to advocate for their support for access to stock epinephrine as presented in H.611, H.1962 and H.2500.



H.611 An Act relative to emergency stock epinephrine in schools
H.1962 An Act relative to police use of epinephrine autoinjectors
H.2500 An Act relative to increasing access to epinephrine

All three of these bills would increase access to stock epinephrine to treat anaphylaxis.

To learn more about these important bills visit
<https://malegislature.gov/>

Every voice matters!



A personal story by Megan Shai:

On October 14th 2023, my life as I knew it shattered. My husband, Michael Brown, had been golfing at a charity tournament to raise money for first responders when he got stung by a wasp and shortly after went into anaphylactic shock. He had no history of allergies. His friends called 911 but our town ambulance was on another call, so they had to wait for the next town over. You would think my husband was in the best situation because he was surrounded by almost all the EMT's, paramedics, police, and firefighters on Martha's Vineyard, everyone you would want to be surrounded by when experiencing a medical emergency. But no one could do anything. A sea of first responders had to sit there and watch my husband as his condition deteriorated in front of their eyes, completely helpless because they did not have the one medication they needed, epinephrine.

He was med flighted to Boston, but on October 15th, 2023 I pulled him off life support. Since then I have been working to ensure that this preventable tragedy never happens again. We have the medication and it is so incredibly effective. Let's make it more accessible.



KeepSmilin4Abbie Foundation®

Amy & Stephen Benford started The KeepSmilin4Abbie Foundation® in 2014 shortly after their daughter, Abbie, died from an anaphylactic reaction to food. The Foundation's mission is to **#stopanaphylaxis**®. It funds research into early detection of anaphylaxis, awareness programs that highlight the importance of treating anaphylaxis early, & two scholarships at Hopkinton High School.

On June 24, 2025 Amy & Stephen participated in an education forum with AAFA New England and other advocates to discuss three bills before the Massachusetts legislature that will increase access to epinephrine in the community. Each of these bills, H.1962, H.611 and H.2500 is critical to closing significant treatment gaps in our community. H.1962 was inspired by the case of Michael Brown of Martha's Vineyard who died of an anaphylactic reaction to a wasp sting because epinephrine was not available at the golf course he was visiting.

Massachusetts is one of only thirteen states that does not require "stock epinephrine" in schools. With up to 5% of the US population at risk of anaphylaxis, community access to epinephrine, the only treatment for anaphylaxis, will save lives.

To learn more about The KeepSmilin4Abbie Foundation® visit:
<https://keepsmilin4abbie.org/>.

AAFA New England: News & Notes



Speaker Series Webinar Recap

If you missed AAFA New England's two spring Speaker Series webinars, "*Luma – Learn to Understand and Manage Severe Asthma*" sponsored by Amgen and "*A Team Approach to FPIES Management and Support*", they were recorded and may be viewed by visiting <http://www.asthmaandallergies.org>.



New England School Nurse Conference

On May 1, in Fort Devens, MA, AAFA New England was represented by Pres. Jan Hanson to support this conference by participating with an educational booth to share information about its support services and upcoming programs. In attendance were school nurses from all six NE states, including school nurse and AAFANE Vice President Karen Roberto, MED, BSN, RN, NCSN.

MGH Food Allergy Transition Program



MASSACHUSETTS
GENERAL HOSPITAL

AAFA New England is pleased to partner with the MGH Food Allergy Transition Program to share information about their support program.

**ARE YOU A YOUNG ADULT MANAGING A FOOD ALLERGY?
JOIN THE MGH FOOD ALLERGY TRANSITIONS PROGRAM!
NEXT MEETING WED OCTOBER 1st**

The Massachusetts General Hospital Food Allergy Transitions Program is here to support you and your family. Our goal is to help give young adults (ages 18-25) the knowledge and skills needed to manage your food allergies safely and independently. Virtual group meetings are offered several times per year. Meetings include a combination of educational presentations, discussions about relevant topics, and time to set goals for yourself. The next meeting will take place on Wednesday 10/1/2025 at 7pm via Zoom. If you would like additional information or are interested in enrolling in the program, please email: foodallergytransitions@mgh.harvard.edu



On May 31, AAFA New England was excited to host its first food allergy conference, timed to 'cap off' May as National Asthma and Allergy Awareness Month! Attendees from all over New England joined us and heard nine powerhouse speakers discuss four topics: "*Updated Recommendations for Food Allergy Management at School, K-12*",

presented by Michael Pistiner, MD, MMSc and Christine Creter; "*Anxiety and Food Allergies: Strategies for Patient and Caregiver Wellbeing through the Ages*", presented by Lisa Bartnikas, MD, Sara Voorhees, PhD and Emile Baker, LICSW; "*What's New in Food Allergy Treatments*" presented by Sarita Patil, MD; "*Traveling with Food Allergies*" presented by Kyle Dine and Allie Bahn.

Attendees engaged with Exhibitors who shared products of interest, chatted with Book Corner authors about their books, and connected with others during our **Chat & Connect** breakout session. *Feedback from evaluations confirmed this was a meaningful and impactful experience – mission achieved!*



Research Clinical Studies: Opportunities to Get Involved



Boston Children's Hospital

Until every child is well™

- **IDEA** (Investigating Duplimumab's Effect on Asthma by genotype) We are studying if people have a certain genetic make-up (genotype) will respond better to duplimumab. Adolescents and Adults age 12 and above with asthma are eligible. <https://answers.childrenshospital.org/duplimumab-asthma/> <https://ideaasthma.org>
- **CHEETAH** (Mechanisms Underlying Asthma Symptoms and Exacerbations Across T2 status in children. We are studying if there are different mechanisms in asthma symptoms during asthma exacerbations. Children age 6-17 with asthma are eligible.
- **ADRN** (Atopic Dermatitis Research Network) We are investigating mechanisms of atopic dermatitis in any age 2 and above. This study wants to understand how the severity of atopic dermatitis or eczema is influenced by genetic factors.
- **LEADS** Longitudinal Endotyping of Atopic Dermatitis through Transcriptomic Skin Analysis (Atopic Dermatitis Research Network) We are aiming to learn certain characteristics of the skin and how those characteristics are related to the severity of Atopic Dermatitis and the skin's response to different treatments. Anyone age 6 and above are eligible, including adults. We are also recruiting healthy controls.
- **EAGLE** (A Randomized, Placebo-Controlled, Double-Blind, Multicenter, Phase 2 Study to Assess the Efficacy and Safety of Daily OM-85 Treatment vs. Placebo given in Children Aged 6 Months to 5 Years with Recurrent Wheezing) We are studying whether babies with wheezing will benefit from an oral treatment that modifies the gut microbiome.
- **SICAS-3** (School Inner-City Asthma Study) We are evaluating whether children and adults with or without asthma have novel signatures in asthma control. Children and adults 5 and above including healthy controls are eligible.

Boston Children's Hospital studies provide free treatments, \$\$ compensation for time and travel. For more information about any of the above BCH studies and/or to refer potential interested families, please email: asthma@childrens.harvard.edu OR call 857- 218-5336 OR see website <https://bchasthmaaresearch.com>

Scan to participate



Scan QR code to learn more

FOOD ALLERGY CENTER



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Contact: Jannat Gill, Clinical Research Manager at Jgill0@mgh.harvard.edu to learn more.

PROTECT (A Phase I clinical trial to evaluate the safety and tolerability of VLP Peanut in healthy subjects and subjects with peanut allergy to explore preliminary signals of its efficacy) We are studying the safety and tolerability of VLP Peanut, a therapeutic vaccine, which has been designed to help treat peanut allergy. Healthy adults ages 18-50 weighing over 70kg are eligible for Part A1. Peanut allergic adults ages 18- 50 years old are eligible for Part B. The study site is MGH, Boston.

OWED (Omalizumab Weight-based Dosing Efficacy) We are researching the efficacy of weight-based omalizumab dosing for food allergy especially for those that have high total IgE that fall outside the current dosing recommendations. Food allergic individuals ages 1-55 years are eligible. The study site is MGH, Boston.



Brigham and Women's Hospital
Founding Member, Mass General Brigham

BWH Asthma Research Center (ARC) studies provide study medication, including biologics, at no cost to you and compensation for your time and travel up to \$2200. Our asthma studies are listed below, if you are interested in joining any of these studies or learning more, please call (617) 732-8201 or visit our website at <https://www.asthmabwh.org/> or scan QR code.



ARRIVAL We are looking to see if participants who take the FDA approved biologic TEZSPIRE (Tezepelumab), can reduce their regular asthma medications while still keeping their asthma under control. There is no placebo and everybody in the study will get TEZSPIRE at no cost. Adults ages 18-80 are eligible.

LEVANTE We are testing a new add on daily inhaler that has the effect of two biologics (instead of a shot) to see if it reduces asthma symptoms. Participants will continue their current asthma medication during the study and will either be given the study drug or placebo. Adults ages 18-80 are eligible.

FLAIR We are exploring whether a combination inhaler, containing the FDA approved study medications fluticasone propionate and albuterol sulfate, improves asthma control compared to rescue medicine (albuterol sulfate) alone. Adults 18 years and older are eligible.

PULSEAIR We are testing a new way to use asthma rescue medications. It compares using a combination inhaler, containing the FDA approved study medications (Fluticasone Propionate and Albuterol), to using each medicine alone (a Fluticasone Propionate-only inhaler and Albuterol-only inhaler) and a placebo inhaler. Adults 18 years and older are eligible.

All the studies are for adults with asthma and take place on the main campus of Brigham and Women's Hospital in the Asthma Research Center (ARC).

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Asthma & Allergy Bulletin

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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.

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AAFA New England is pleased to share FASI's Fall Seminar Series



Ready, Set, SCHOOL: Asthma Prep for a Healthy School Year! (continued from page 1)

O – Organize Medications and Supplies

Label inhalers clearly, especially if your child uses both a rescue and a maintenance inhaler. Teach them which is which and what each is used for, and where they will be kept at school. Check expiration dates, discard outdated medication safely, and clean spacers and nebulizer parts as recommended.

L – Look After Lung Health

Healthy lungs are essential for asthma control. Encourage good hand hygiene, avoid known triggers, stay current with vaccinations, and monitor symptoms to catch changes early. Supporting lung health at home and school helps children with asthma stay well, participate fully in activities, and miss fewer school days.

Make the SCHOOL checklist part of your back-to-school routine to help your child stay healthy, safe, and ready to thrive all year long.

"Asthma is one of the most common chronic illnesses in children and with consistent care, it can be effectively managed. Simple steps like daily use of controller medications, avoiding known triggers, and following an asthma action plan can make a life-changing difference. Every child deserves to breathe freely, play safely, and thrive without fear."

~Giovannie C. Bejin, CPNP-PC, AE-C



Giovannie C. Bejin, CPNP-PC, AE-C is a Pediatric Nurse Practitioner at Manet Community Health Center in Quincy, Massachusetts. She specializes in primary care, asthma management, and developmental-behavioral health. A Certified Asthma Educator, she developed and led the Asthma Intensive Care Management program at Boston Medical Center, where she worked for nearly a decade serving diverse, underserved communities. She is committed to advancing health equity and providing culturally responsive care to children and families.



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September is Asthma Peak Month

Asthma is a chronic disease that affects the airways of the lungs making it hard to breathe. **September** can be a challenging month as several asthma triggers happen all at the same time. Asthma episodes are typically more prevalent during the **third week of September**, giving it the name, "**Asthma Peak Week**". Ragweed pollens are highest in September, tree leaves begin to fall and mold counts rise. Respiratory illnesses are common as children have increased exposure to these viruses back at school.

ASTHMA MANAGEMENT STRATEGIES

The goal of asthma management is to keep asthma symptoms under control all year long. Uncontrolled asthma can negatively impact your physical and emotional health, exercise, productiveness at home/school/work, travel plans, and your social life. Be familiar with these strategies and work with your doctor to develop a strategy that is right for you:

- Reduce exposure to known asthma triggers
- Use medicines as directed by your doctor to keep your airways open – make sure you have your prescribed medicines on hand!
- Follow your **Asthma Action Plan** prepared by your doctor with instructions to help manage asthma symptoms and prevent and control asthma episodes.

Know your Asthma Zones:

Go: You are breathing well - **Caution: You are experiencing some asthma symptoms** -
Danger: Your symptoms are worsening

Don't have an allergist? For help finding an allergist in your area, visit: <https://allergist.aaaai.org/find/>

Asthma can't be cured, but it **CAN** be controlled! Be Prepared so that you can manage your asthma symptoms and have a healthy and active quality of life!

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