2015 American College of Allergy, Asthma & Immunology

Annual Scientific Meeting

San Antonio November 5-9

Program Guide

Practice Excellence

Education. Patient Care. Leadership.




American College of Allergy, Asthma & Immunology

BLOOD, SWEAT & TEARS

American College of Allergy, Asthma & Immunology

Featuring Bo Bice

Headlines

ACAAI FUNDRAISING EVENT

Eat, drink and dance the night away to

- "Spinning Wheel"
- "And When I Die"
- "You've Made Me So Very Happy"
- and more

Sunday, Nov. 8

Reception with cocktails and plated dinner

Tickets Available at the ACAAI Registration Desk

Tickets	Tables	Corporate Tables
$250	$2,300	$10,000

Show only tickets new this year!
$55 with cash bar

6:45 pm Reception
7:45 pm Dinner
9:00 pm Doors Open for "show only" tickets
9:20 pm Auction
9:30 pm Performance

Net proceeds donated to the ACAAI Foundation

2015 American College of Allergy, Asthma & Immunology Annual Scientific Meeting | San Antonio November 5-9

Welcome

American College of Allergy, Asthma & Immunology

Practice Excellence

Education. Patient Care. Leadership.

November 5-9
Henry B. Gonzalez Convention Center
San Antonio, Texas

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ACAAI Premier Partners

The American College of Allergy, Asthma and Immunology recognizes the indispensable role their health care companies play in furthering the mission of the College. ACAAI would like to thank the following companies for their generous support of this year's Annual Scientific Meeting.

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$500,000 and above

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SYMBICORT for your asthma patients ≥12 years of age uncontrolled on an ICS or whose disease severity clearly warrants an ICS/LABA

REV THE FEV$_1$

SYMBICORT offers something extra—sustained* control with better breathing starting within 15 minutes each time[1-3]

- **SYMBICORT is NOT a rescue medication and does NOT replace fast-acting inhalers to treat acute symptoms**
- Mean percent change from baseline FEV$_1$ was measured at day of randomization, weeks 2 and 12[3]

FAST CONTROL

Majority of FEV$_1$ improvement at 15 minutes each time† in patients taking SYMBICORT 160/4.5 (n=124)[3]

SUSTAINED EFFECT

Significant lung function improvement with continuous control, as demonstrated over 12-week study[1,3]

REASSURING SENSE OF CONTROL

*Sustained improvement in lung function was demonstrated in a 12-week efficacy and safety study.
†In patients taking SYMBICORT 160/4.5 (n=124) in Study 1, 79% of 2-hour postdose FEV$_1$ improvement occurred at 15 minutes on day of randomization, 89% at week 2, and 90% at end of treatment.
See study designs on next page.

IMPORTANT SAFETY INFORMATION, INCLUDING BOXED WARNING

- WARNING: Long-acting beta$_2$-adrenergic agonists (LABA), such as formoterol, one of the active ingredients in SYMBICORT, increase the risk of asthma-related death. A placebo-controlled study with another LABA (salmeterol) showed an increase in asthma-related deaths in patients receiving salmeterol. This finding with salmeterol is considered a class effect of LABA, including formoterol. Currently available data are inadequate to determine whether concurrent use of inhaled corticosteroids or other long-term asthma control drugs mitigates the increased risk of asthma-related death from LABA. Available data from controlled clinical trials suggest that LABA increase the risk of asthma-related hospitalization in pediatric and adolescent patients
- When treating patients with asthma, prescribe SYMBICORT only for patients not adequately controlled on a long-term asthma control medication, such as an inhaled corticosteroid or whose disease severity clearly warrants initiation of treatment with both an inhaled corticosteroid and LABA. Once asthma control is achieved and maintained, assess the patient at regular intervals and step down therapy (eg, discontinue SYMBICORT) if possible without loss of asthma control, and maintain the patient on a long-term asthma control medication, such as an inhaled corticosteroid. Do not use SYMBICORT for patients whose asthma is adequately controlled on low or medium dose inhaled corticosteroids
- SYMBICORT is NOT a rescue medication and does NOT replace fast-acting inhalers to treat acute symptoms
- SYMBICORT should not be initiated in patients during rapidly deteriorating episodes of asthma or COPD
- Patients who are receiving SYMBICORT should not use additional formoterol or other LABA for any reason
- Localized infections of the mouth and pharynx with *Candida albicans* has occurred in patients treated with SYMBICORT. Patients should rinse the mouth after inhalation of SYMBICORT
- Lower respiratory tract infections, including pneumonia, have been reported following the inhaled administration of corticosteroids

Please see additional Important Safety Information and Brief Summary of full Prescribing Information, including Boxed WARNING, on following pages.

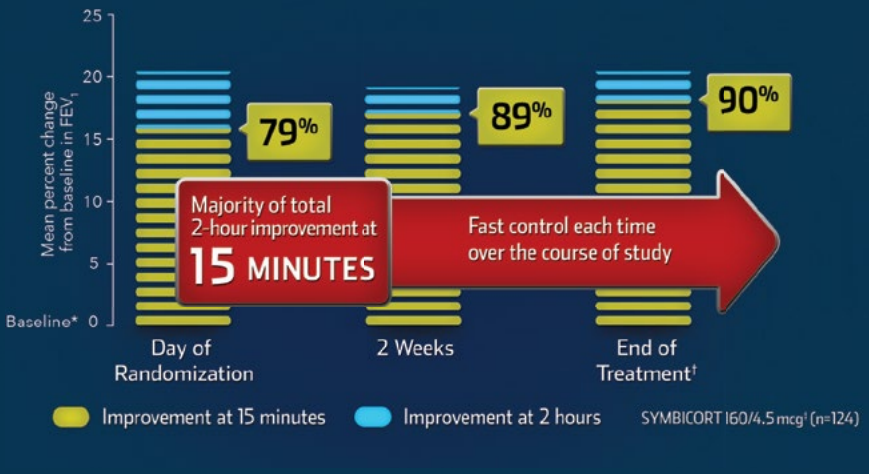
Symbicort®
(budesonide/formoterol fumarate dihydrate)
Inhalation Aerosol

SYMBICORT for your asthma patients ≥12 years of age uncontrolled on an ICS or whose disease severity clearly warrants an ICS/LABA

Fast control at 15 minutes each time[1,3]

SYMBICORT IS ON EXPRESS SCRIPTS® NATIONAL PREFERRED FORMULARY FOR BOTH COPD AND ASTHMA, IN APPROPRIATE PATIENTS

Percent of 2-hour improvement in FEV_1 occurring at 15 minutes over the 12-week study[3]



- **SYMBICORT is NOT a rescue medication and does NOT replace fast-acting inhalers to treat acute symptoms**

*Baseline is defined as the predose FEV_1 value on the day of randomization.
†Week 12, last observation carried forward.
‡Administered as 2 inhalations twice daily.

Study 1: A 12-week efficacy and safety study. A 12-week, double-blind, placebo-controlled study compared SYMBICORT 160/4.5 mcg, budesonide 160 mcg, formoterol 4.5 mcg, the free combination of budesonide 160 mcg plus formoterol 4.5 mcg in separate inhalers, and placebo, each administered as 2 inhalations twice daily. A total of 596 patients (124 randomized to receive SYMBICORT) ≥12 years of age were evaluated.

The study included a 2-week run-in period with budesonide 80 mcg, 2 inhalations twice daily. Most patients had moderate to severe asthma and were using moderate to high doses of inhaled corticosteroids (ICSs) prior to study entry. This study was designed to assess 2 primary endpoints. The first was predose FEV_1 averaged over 12 weeks, and the second was 12-hour average postdose FEV_1 at week 2.

COMPARATOR ARMS: Mean improvement in 2-hour postdose FEV_1 (mL/%) over 12 weeks

Day of randomization: SYMBICORT 160/4.5 mcg: 420 mL/20.0%, budesonide 160 mcg: 100 mL/4.4%, formoterol 4.5 mcg: 420 mL/19.9%, budesonide 160 mcg + formoterol 4.5 mcg: 410 mL/19.4%, placebo: 90 mL/4.4%.

2 Weeks: SYMBICORT 160/4.5 mcg: 380 mL/18.6%, budesonide 160 mcg: 120 mL/5.6%, formoterol 4.5 mcg: 270 mL/12.8%, budesonide 160 mcg + formoterol 4.5 mcg: 370 mL/18.0%, placebo: 10 mL/1.2%.

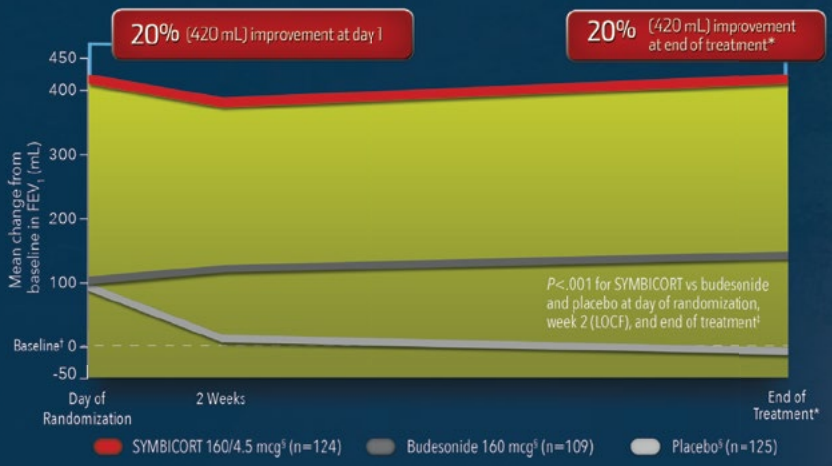
End of treatment: SYMBICORT 160/4.5 mcg: 420 mL/20.2%, budesonide 160 mcg: 140 mL/6.5%, formoterol 4.5 mcg: 260 mL/12.3%, budesonide 160 mcg + formoterol 4.5 mcg: 410 mL/19.5%, placebo: -10 mL/0.4%.

IMPORTANT SAFETY INFORMATION, INCLUDING BOXED WARNING (cont'd)

- Due to possible immunosuppression, potential worsening of infections could occur. A more serious or even fatal course of chickenpox or measles can occur in susceptible patients
- It is possible that systemic corticosteroid effects such as hypercorticism and adrenal suppression may occur, particularly at higher doses. Particular care is needed for patients who are transferred from systemically active corticosteroids to inhaled corticosteroids. Deaths due to adrenal insufficiency have occurred in asthmatic patients during and after transfer from systemic corticosteroids to less systemically available inhaled corticosteroids
- Caution should be exercised when considering administration of SYMBICORT in patients on long-term ketoconazole and other known potent CYP3A4 inhibitors
- As with other inhaled medications, paradoxical bronchospasm may occur with SYMBICORT
- Immediate hypersensitivity reactions may occur, as demonstrated by cases of urticaria, angioedema, rash, and bronchospasm
- Excessive beta-adrenergic stimulation has been associated with central nervous system and cardiovascular effects. SYMBICORT should be used with caution in patients with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension
- Long-term use of orally inhaled corticosteroids may result in a decrease in bone mineral density (BMD). Since patients with COPD often have multiple risk factors for reduced BMD, assessment of BMD is recommended prior to initiating SYMBICORT and periodically thereafter
- Orally inhaled corticosteroids may result in a reduction in growth velocity when administered to pediatric patients
- Glaucoma, increased intraocular pressure, and cataracts have been reported following the inhaled administration of corticosteroids, including budesonide, a component of SYMBICORT. Close monitoring is warranted in patients with a change in vision or history of increased intraocular pressure, glaucoma, or cataracts
- In rare cases, patients on inhaled corticosteroids may present with systemic eosinophilic conditions
- SYMBICORT should be used with caution in patients with convulsive disorders, thyrotoxicosis, diabetes mellitus, ketoacidosis, and in patients who are unusually responsive to sympathomimetic amines
- Beta-adrenergic agonist medications may produce hypokalemia and hyperglycemia in some patients

Sustained effect. Control over 12 weeks.[1,3]

Change in 2-hour postdose FEV_1 over the 12-week study[3]



- SYMBICORT 160/4.5 significantly improved predose FEV_1 ($P<.05$ vs budesonide, formoterol, and placebo) averaged over the course of the study, and also improved 12-hour average postdose FEV_1 ($P<.001$ vs budesonide, formoterol, and placebo at week 2), coprimary endpoints[1]; 2-hour postdose FEV_1 over 12 weeks was a secondary endpoint[3]

*Week 12, last observation carried forward.
†Baseline is defined as the predose FEV_1 value on day of randomization.
‡Unadjusted *P* values based on treatment comparison of absolute mean change from baseline for SYMBICORT vs budesonide and placebo.
§Administered as 2 inhalations twice daily.

- The most common adverse reactions ≥3% reported in asthma clinical trials included nasopharyngitis, headache, upper respiratory tract infection, pharyngolaryngeal pain, sinusitis, influenza, back pain, nasal congestion, stomach discomfort, vomiting, and oral candidiasis
- The most common adverse reactions ≥3% reported in COPD clinical trials included nasopharyngitis, oral candidiasis, bronchitis, sinusitis, and upper respiratory tract infection
- SYMBICORT should be administered with caution to patients being treated with MAO inhibitors or tricyclic antidepressants, or within 2 weeks of discontinuation of such agents
- Beta-blockers may not only block the pulmonary effect of beta-agonists, such as formoterol, but may produce severe bronchospasm in patients with asthma
- ECG changes and/or hypokalemia associated with nonpotassium-sparing diuretics may worsen with concomitant beta-agonists. Use caution with the coadministration of SYMBICORT

INDICATIONS

- SYMBICORT is indicated for the treatment of asthma in patients 12 years and older (also see Boxed WARNING)
- SYMBICORT 160/4.5 is indicated for the maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema
- SYMBICORT is NOT indicated for the relief of acute bronchospasm

References: 1. Noonan M, Rosenwasser LJ, Martin P, O'Brien CD, O'Dowd L. Efficacy and safety of budesonide and formoterol in one pressurised metered-dose inhaler in adults and adolescents with moderate to severe asthma: a randomised clinical trial. *Drugs*. 2006;66(17):2235-2254.
2. SYMBICORT [package insert]. Wilmington, DE: AstraZeneca; 2012.
3. Data on File, 1075700, AZPLP. **4.** 2015 Express Scripts Preferred Drug List.

Symbicort®
(budesonide/formoterol fumarate dihydrate)
Inhalation Aerosol

AstraZeneca

Please see Brief Summary of full Prescribing Information, including Boxed WARNING, on following pages.

SYMBICORT® 80/4.5

(budesonide 80 mcg and formoterol fumarate dihydrate 4.5 mcg)
Inhalation Aerosol

SYMBICORT® 160/4.5

(budesonide 160 mcg and formoterol fumarate dihydrate 4.5 mcg)
Inhalation Aerosol

For Oral Inhalation Only
Rx only

WARNING: ASTHMA RELATED DEATH

Long-acting beta$_2$-adrenergic agonists (LABA), such as formoterol one of the active ingredients in SYMBICORT, increase the risk of asthma-related death. Data from a large placebo-controlled U.S. study that compared the safety of another long-acting beta$_2$-adrenergic agonist (salmeterol) or placebo added to usual asthma therapy showed an increase in asthma-related deaths in patients receiving salmeterol. This finding with salmeterol is considered a class effect of the LABA, including formoterol. Currently available data are inadequate to determine whether concurrent use of inhaled corticosteroids or other long-term asthma control drugs mitigates the increased risk of asthma-related death from LABA. Available data from controlled clinical trials suggest that LABA increase the risk of asthma-related hospitalization in pediatric and adolescent patients. Therefore, when treating patients with asthma, SYMBICORT should only be used for patients not adequately controlled on a long-term asthma control medication, such as an inhaled corticosteroid or whose disease severity clearly warrants initiation of treatment with both an inhaled corticosteroid and LABA. Once asthma control is achieved and maintained, assess the patient at regular intervals and step down therapy (e.g., discontinue SYMBICORT) if possible without loss of asthma control and maintain the patient on a long-term asthma control medication, such as an inhaled corticosteroid. Do not use SYMBICORT for patients whose asthma is adequately controlled on low or medium dose inhaled corticosteroids [see WARNINGS AND PRECAUTIONS].

BRIEF SUMMARY

Before prescribing, please see full Prescribing Information for SYMBICORT® (budesonide/formoterol fumarate dihydrate).

INDICATIONS AND USAGE

Treatment of Asthma

SYMBICORT is indicated for the treatment of asthma in patients 12 years of age and older.

Long-acting beta$_2$-adrenergic agonists, such as formoterol one of the active ingredients in SYMBICORT, increase the risk of asthma-related death. Available data from controlled clinical trials suggest that LABA increase the risk of asthma-related hospitalization in pediatric and adolescent patients [see **WARNINGS AND PRECAUTIONS**]. Therefore, when treating patients with asthma, SYMBICORT should only be used for patients not adequately controlled on a long-term asthma-control medication such as an inhaled corticosteroid or whose disease severity clearly warrants initiation of treatment with both an inhaled corticosteroid and LABA. Once asthma control is achieved and maintained, assess the patient at regular intervals and step down therapy (e.g. discontinue SYMBICORT) if possible without loss of asthma control, and maintain the patient on a long-term asthma control medication, such as inhaled corticosteroid. Do not use SYMBICORT for patients whose asthma is adequately controlled on low or medium dose inhaled corticosteroids.

Important Limitations of Use:

- SYMBICORT is NOT indicated for the relief of acute bronchospasm.

Maintenance Treatment of Chronic Obstructive Pulmonary Disease (COPD)

SYMBICORT 160/4.5 is indicated for the twice daily maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema. SYMBICORT 160/4.5 is the only approved dosage for the treatment of airflow obstruction in COPD.

Important Limitations of Use: SYMBICORT is not indicated for the relief of acute bronchospasm.

DOSAGE AND ADMINISTRATION

SYMBICORT should be administered twice daily every day by the orally inhaled route only. After inhalation, the patient should rinse the mouth with water without swallowing [see **PATIENT COUNSELING INFORMATION** in full Prescribing Information (17.4)].

Prime SYMBICORT before using for the first time by releasing two test sprays into the air away from the face, shaking well for 5 seconds before each spray. In cases where the inhaler has not been used for more than 7 days or when it has been dropped, prime the inhaler again by shaking well before each spray and releasing two test sprays into the air away from the face.

More frequent administration or a higher number of inhalations (more than 2 inhalations twice daily) of the prescribed strength of SYMBICORT is not recommended as some patients are more likely to experience adverse effects with higher doses of formoterol. Patients using SYMBICORT should not use additional long-acting beta$_2$-agonists for any reason [see **WARNINGS AND PRECAUTIONS**].

Asthma

If asthma symptoms arise in the period between doses, an inhaled, short-acting beta$_2$-agonist should be taken for immediate relief.

Adult and Adolescent Patients 12 Years of Age and Older: For patients 12 years of age and older, the dosage is 2 inhalations twice daily (morning and evening, approximately 12 hours apart).

The recommended starting dosages for SYMBICORT for patients 12 years of age and older are based upon patients' asthma severity.

The maximum recommended dosage is SYMBICORT 160/4.5 mcg twice daily.

Improvement in asthma control following inhaled administration of SYMBICORT can occur within 15 minutes of beginning treatment, although maximum benefit may not be achieved for 2 weeks or longer after beginning treatment. Individual patients will experience a variable time to onset and degree of symptom relief.

For patients who do not respond adequately to the starting dose after 1-2 weeks of therapy with SYMBICORT 80/4.5, replacement with SYMBICORT 160/4.5 may provide additional asthma control.

If a previously effective dosage regimen of SYMBICORT fails to provide adequate control of asthma, the therapeutic regimen should be re-evaluated and additional therapeutic options, (e.g., replacing the lower strength of SYMBICORT with the higher strength, adding additional inhaled corticosteroid, or initiating oral corticosteroids) should be considered.

Chronic Obstructive Pulmonary Disease (COPD)

For patients with COPD the recommended dose is SYMBICORT 160/4.5, two inhalations twice daily.

If shortness of breath occurs in the period between doses, an inhaled, short-acting beta$_2$-agonist should be taken for immediate relief.

CONTRAINDICATIONS

The use of SYMBICORT is contraindicated in the following conditions:

- Primary treatment of status asthmaticus or other acute episodes of asthma or COPD where intensive measures are required.
- Hypersensitivity to any of the ingredients in SYMBICORT.

WARNINGS AND PRECAUTIONS

Asthma-Related Death

Long-acting beta$_2$-adrenergic agonists, such as formoterol, one of the active ingredients in SYMBICORT, increase the risk of asthma-related death. Currently available data are inadequate to determine whether concurrent use of inhaled corticosteroids or other long-term asthma control drugs mitigates the increased risk of asthma-related death from LABA. Available data from controlled clinical trials suggest that LABA increase the risk of asthma-related hospitalization in pediatric and adolescent patients. Therefore, when treating patients with asthma, SYMBICORT should only be used for patients not adequately controlled on a long-term asthma-control medication, such as an inhaled corticosteroid or whose disease severity clearly warrants initiation of treatment with both an inhaled corticosteroid and LABA. Once asthma control is achieved and maintained, assess the patient at regular intervals and step down therapy (e.g. discontinue SYMBICORT) if possible without loss of asthma control, and maintain the patient on a long-term asthma control medication, such as an inhaled corticosteroid. Do not use SYMBICORT for patients whose asthma is adequately controlled on low or medium dose inhaled corticosteroids.

A 28-week, placebo controlled US study comparing the safety of salmeterol with placebo, each added to usual asthma therapy, showed an increase in asthma-related deaths in patients receiving salmeterol (13/13,176 in patients treated with salmeterol vs 3/13,179 in patients treated with placebo; RR 4.37, 95% CI 1.25, 15.34). This finding with salmeterol is considered a class effect of the LABA, including formoterol, one of the active ingredients in SYMBICORT. No study adequate to determine whether the rate of asthma-related death is increased with SYMBICORT has been conducted.

Clinical studies with formoterol suggested a higher incidence of serious asthma exacerbations in patients who received formoterol than in those who received placebo. The sizes of these studies were not adequate to precisely quantify the differences in serious asthma exacerbation rates between treatment groups.

Deterioration of Disease and Acute Episodes

SYMBICORT should not be initiated in patients during rapidly deteriorating or potentially life-threatening episodes of asthma or COPD. SYMBICORT has not been studied in patients with acutely deteriorating asthma or COPD. The initiation of SYMBICORT in this setting is not appropriate.

Increasing use of inhaled, short-acting beta$_2$-agonists is a marker of deteriorating asthma. In this situation, the patient requires immediate re-evaluation with reassessment of the treatment regimen, giving special consideration to the possible need for replacing the current strength of SYMBICORT with a higher strength, adding additional inhaled corticosteroid, or initiating systemic corticosteroids. Patients should not use more than 2 inhalations twice daily (morning and evening) of SYMBICORT.

SYMBICORT should not be used for the relief of acute symptoms, i.e., as rescue therapy for the treatment of acute episodes of bronchospasm. An inhaled, short-acting beta$_2$-agonist, not SYMBICORT, should be used to relieve acute symptoms such as shortness of breath. When prescribing SYMBICORT, the physician must also provide the patient with an inhaled, short-acting beta$_2$-agonist (e.g., albuterol) for treatment of acute symptoms, despite regular twice-daily (morning and evening) use of SYMBICORT.

When beginning treatment with SYMBICORT, patients who have been taking oral or inhaled, short-acting beta$_2$-agonists on a regular basis (e.g., 4 times a day) should be instructed to discontinue the regular use of these drugs.

Excessive Use of SYMBICORT and Use with Other Long-Acting Beta$_2$-Agonists

As with other inhaled drugs containing beta$_2$-adrenergic agents, SYMBICORT should not be used more often than recommended, at higher doses than recommended, or in conjunction with other medications containing long-acting beta$_2$-agonists, as an overdose may result. Clinically significant cardiovascular effects and fatalities have been reported in association with excessive use of inhaled sympathomimetic drugs. Patients using SYMBICORT should not use an additional long-acting beta$_2$-agonist (e.g., salmeterol, formoterol fumarate, arformoterol tartrate) for any reason, including prevention of exercise-induced bronchospasm (EIB) or the treatment of asthma or COPD.

Local Effects

In clinical studies, the development of localized infections of the mouth and pharynx with *Candida albicans* has occurred in patients treated with SYMBICORT. When such an infection develops, it should be treated with appropriate local or systemic (i.e., oral antifungal) therapy while treatment with SYMBICORT continues, but at times therapy with SYMBICORT may need to be interrupted. Patients should rinse the mouth after inhalation of SYMBICORT.

Pneumonia and Other Lower Respiratory Tract Infections

Physicians should remain vigilant for the possible development of pneumonia in patients with COPD as the clinical features of pneumonia and exacerbations frequently overlap. Lower respiratory tract infections, including pneumonia, have been reported following the inhaled administration of corticosteroids.

In a 6 month study of 1,704 patients with COPD, there was a higher incidence of lung infections other than pneumonia (e.g., bronchitis, viral lower respiratory tract infections, etc.) in patients receiving SYMBICORT 160/4.5 (7.6%) than in those receiving SYMBICORT 80/4.5 (3.2%), formoterol 4.5 mcg (4.6%) or placebo (3.3%). Pneumonia did not occur with greater incidence in the SYMBICORT 160/4.5 group (1.1 %) compared with placebo (1.3%). In a 12-month study of 1,964 patients with COPD, there was also a higher incidence of lung infections other than pneumonia in patients receiving SYMBICORT 160/4.5 (8.1%) than in those receiving SYMBICORT 80/4.5 (6.9%), formoterol 4.5 mcg (7.1%) or placebo (6.2%). Similar to the 6 month study, pneumonia did not occur with greater incidence in the SYMBICORT 160/4.5 group (4.0%) compared with placebo (5.0%).

Immunosuppression

Patients who are on drugs that suppress the immune system are more susceptible to infection than healthy individuals. Chicken pox and measles, for example, can have a more serious or even fatal course in susceptible children or adults using corticosteroids. In such children or adults who have not had these diseases or been properly immunized, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed, therapy with varicella zoster immune globulin (VZIG) or pooled intravenous immunoglobulin (IVIG), as appropriate, may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chicken pox develops, treatment with antiviral agents may be considered. The immune responsiveness to varicella vaccine was evaluated in pediatric patients with asthma ages 12 months to 8 years with budesonide inhalation suspension.

An open-label, nonrandomized clinical study examined the immune responsiveness to varicella vaccine in 243 asthma patients 12 months to 8 years of age who were treated with budesonide inhalation suspension 0.25 mg to 1 mg daily (n=151) or noncorticosteroid asthma therapy (n=92) (i.e., beta$_2$-agonists, leukotriene receptor antagonists, cromones). The percentage of patients developing a seroprotective antibody titer of ≥5.0 (gpELISA value) in response to the vaccination was similar in patients treated with budesonide inhalation suspension (85%), compared to patients treated with noncorticosteroid asthma therapy (90%). No patient treated with budesonide inhalation suspension developed chicken pox as a result of vaccination.

Inhaled corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculosis infections of the respiratory tract; untreated systemic fungal, bacterial, viral, or parasitic infections; or ocular herpes simplex.

Transferring Patients From Systemic Corticosteroid Therapy

Particular care is needed for patients who have been transferred from systemically active corticosteroids to inhaled corticosteroids because deaths due to adrenal insufficiency have occurred in patients with asthma during and after transfer from systemic corticosteroids to less systemically available inhaled corticosteroids. After withdrawal from systemic corticosteroids, a number of months are required for recovery of hypothalamic-pituitary-adrenal (HPA) function.

Patients who have been previously maintained on 20 mg or more per day of prednisone (or its equivalent) may be most susceptible, particularly when their systemic corticosteroids have been almost completely withdrawn. During this period of HPA suppression, patients may exhibit signs and symptoms of adrenal insufficiency when exposed to trauma, surgery, or infection (particularly gastroenteritis) or other conditions associated with severe electrolyte loss. Although SYMBICORT may provide control of asthma symptoms during these episodes, in recommended doses it supplies less than normal physiological amounts of glucocorticoid systemically and does NOT provide the mineralocorticoid activity that is necessary for coping with these emergencies.

During periods of stress or a severe asthma attack, patients who have been withdrawn from systemic corticosteroids should be instructed to resume oral corticosteroids (in large doses) immediately and to contact their physicians for further instruction. These patients should also be instructed to carry a warning card indicating that they may need supplementary systemic corticosteroids during periods of stress or a severe asthma attack.

Patients requiring oral corticosteroids should be weaned slowly from systemic corticosteroid use after transferring to SYMBICORT. Prednisone reduction can be accomplished by reducing the daily prednisone dose by 2.5 mg on a weekly basis during therapy with SYMBICORT. Lung function (mean forced expiratory volume in 1 second [FEV_1] or morning peak expiratory flow [PEF], beta-agonist use, and asthma symptoms should be carefully monitored during withdrawal of oral corticosteroids. In addition to monitoring asthma signs and symptoms, patients should be observed for signs and symptoms of adrenal insufficiency, such as fatigue, lassitude, weakness, nausea and vomiting, and hypotension.

Transfer of patients from systemic corticosteroid therapy to inhaled corticosteroids or SYMBICORT may unmask conditions previously suppressed by the systemic corticosteroid therapy (e.g., rhinitis, conjunctivitis, eczema, arthritis, eosinophilic conditions). Some patients may experience symptoms of systemically active corticosteroid withdrawal (e.g., joint and/or muscular pain, lassitude, depression) despite maintenance or even improvement of respiratory function.

Hypercorticism and Adrenal Suppression

Budesonide, a component of SYMBICORT, will often help control asthma symptoms with less suppression of HPA function than therapeutically equivalent oral doses of prednisone. Since budesonide is absorbed into the circulation and can be systemically active at higher doses, the beneficial effects of SYMBICORT in minimizing HPA dysfunction may be expected only when recommended dosages are not exceeded and individual patients are titrated to the lowest effective dose.

Because of the possibility of systemic absorption of inhaled corticosteroids, patients treated with SYMBICORT should be

observed carefully for any evidence of systemic corticosteroid effects. Particular care should be taken in observing patients postoperatively or during periods of stress for evidence of inadequate adrenal response.

It is possible that systemic corticosteroid effects such as hypercorticism and adrenal suppression (including adrenal crisis) may appear in a small number of patients, particularly when budesonide is administered at higher than recommended doses over prolonged periods of time. If such effects occur, the dosage of SYMBICORT should be reduced slowly, consistent with accepted procedures for reducing systemic corticosteroids and for management of asthma symptoms.

Drug Interactions With Strong Cytochrome P450 3A4 Inhibitors

Caution should be exercised when considering the coadministration of SYMBICORT with ketoconazole, and other known strong CYP3A4 inhibitors (e.g., ritonavir, atazanavir, clarithromycin, indinavir, itraconazole, nefazodone, nelfinavir, saquinavir, telithromycin) because adverse effects related to increased systemic exposure to budesonide may occur [see **DRUG INTERACTIONS** and **CLINICAL PHARMACOLOGY** in full Prescribing Information (12.3)].

Paradoxical Bronchospasm and Upper Airway Symptoms

As with other inhaled medications, SYMBICORT can produce paradoxical bronchospasm, which may be life threatening. If paradoxical bronchospasm occurs following dosing with SYMBICORT, it should be treated immediately with an inhaled, short-acting bronchodilator, SYMBICORT should be discontinued immediately, and alternative therapy should be instituted.

Immediate Hypersensitivity Reactions

Immediate hypersensitivity reactions may occur after administration of SYMBICORT, as demonstrated by cases of urticaria, angioedema, rash, and bronchospasm.

Cardiovascular and Central Nervous System Effects

Excessive beta-adrenergic stimulation has been associated with seizures, angina, hypertension or hypotension, tachycardia with rates up to 200 beats/min, arrhythmias, nervousness, headache, tremor, palpitation, nausea, dizziness, fatigue, malaise, and insomnia [see **OVERDOSAGE**]. Therefore, SYMBICORT, like all products containing sympathomimetic amines, should be used with caution in patients with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension.

Formoterol, a component of SYMBICORT, can produce a clinically significant cardiovascular effect in some patients as measured by pulse rate, blood pressure, and/or symptoms. Although such effects are uncommon after administration of formoterol at recommended doses, if they occur, the drug may need to be discontinued. In addition, beta-agonists have been reported to produce ECG changes, such as flattening of the T wave, prolongation of the QTc interval, and ST segment depression. The clinical significance of these findings is unknown. Fatalities have been reported in association with excessive use of inhaled sympathomimetic drugs.

Reduction in Bone Mineral Density

Decreases in bone mineral density (BMD) have been observed with long-term administration of products containing inhaled corticosteroids. The clinical significance of small changes in BMD with regard to long-term consequences such as fracture is unknown. Patients with major risk factors for decreased bone mineral content, such as prolonged immobilization, family history of osteoporosis, post menopausal status, tobacco use, advanced age, poor nutrition, or chronic use of drugs that can reduce bone mass (e.g., anticonvulsants, oral corticosteroids) should be monitored and treated with established standards of care. Since patients with COPD often have multiple risk factors for reduced BMD, assessment of BMD is recommended prior to initiating SYMBICORT and periodically thereafter. If significant reductions in BMD are seen and SYMBICORT is still considered medically important for that patient's COPD therapy, use of medication to treat or prevent osteoporosis should be strongly considered.

Effects of treatment with SYMBICORT 160/4.5, SYMBICORT 80/4.5, formoterol 4.5, or placebo on BMD was evaluated in a subset of 326 patients (females and males 41 to 88 years of age) with COPD in the 12-month study. BMD evaluations of the hip and lumbar spine regions were conducted at baseline and 52 weeks using dual energy x-ray absorptiometry (DEXA) scans. Mean changes in BMD from baseline to end of treatment were small (mean changes ranged from -0.01 - 0.01 g/cm^2). ANCOVA results for total spine and total hip BMD based on the end of treatment time point showed that all geometric LS Mean ratios for the pairwise treatment group comparisons were close to 1, indicating that overall, bone mineral density for total hip and total spine regions for the 12 month time point were stable over the entire treatment period.

Effect on Growth

Orally inhaled corticosteroids may cause a reduction in growth velocity when administered to pediatric patients. Monitor the growth of pediatric patients receiving SYMBICORT routinely (e.g., via stadiometry). To minimize the systemic effects of orally inhaled corticosteroids, including SYMBICORT, titrate each patient's dose to the lowest dosage that effectively controls his/her symptoms [see **DOSAGE AND ADMINISTRATION** and **USE IN SPECIFIC POPULATIONS**].

Glaucoma and Cataracts

Glaucoma, increased intraocular pressure, and cataracts have been reported in patients with asthma and COPD following the long-term administration of inhaled corticosteroids, including budesonide, a component of SYMBICORT. Therefore, close monitoring is warranted in patients with a change in vision or with history of increased intraocular pressure, glaucoma, and/or cataracts.

Effects of treatment with SYMBICORT 160/4.5, SYMBICORT 80/4.5, formoterol 4.5, or placebo on development of cataracts or glaucoma were evaluated in a subset of 461 patients with COPD in the 12-month study. Ophthalmic examinations were conducted at baseline, 24 weeks, and 52 weeks. There were 26 subjects (6%) with an increase in posterior subcapsular score from baseline to maximum value (>0.7) during the randomized treatment period. Changes in posterior subcapsular scores of >0.7 from baseline to treatment maximum occurred in 11 patients (9.0%) in the SYMBICORT 160/4.5 group, 4 patients (3.8%) in the SYMBICORT 80/4.5 group, 5 patients (4.2%) in the formoterol group, and 6 patients (5.2%) in the placebo group.

Eosinophilic Conditions and Churg-Strauss Syndrome

In rare cases, patients on inhaled corticosteroids may present with systemic eosinophilic conditions. Some of these patients have clinical features of vasculitis consistent with Churg-Strauss syndrome, a condition that is often treated with systemic corticosteroid therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of inhaled corticosteroids. Physicians should be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal relationship between budesonide and these underlying conditions has not been established.

Coexisting Conditions

SYMBICORT, like all medications containing sympathomimetic amines, should be used with caution in patients with convulsive disorders or thyrotoxicosis and in those who are unusually responsive to sympathomimetic amines. Doses of the related beta$_2$-adrenoceptor agonist albuterol, when administered intravenously, have been reported to aggravate preexisting diabetes mellitus and ketoacidosis.

Hypokalemia and Hyperglycemia

Beta-adrenergic agonist medications may produce significant hypokalemia in some patients, possibly through intracellular shunting, which has the potential to produce adverse cardiovascular effects [see **CLINICAL PHARMACOLOGY** in full Prescribing Information (12.2)]. The decrease in serum potassium is usually transient, not requiring supplementation. Clinically significant changes in blood glucose and/or serum potassium were seen infrequently during clinical studies with SYMBICORT at recommended doses.

ADVERSE REACTIONS

Long-acting beta$_2$-adrenergic agonists, such as formoterol one of the active ingredients in SYMBICORT, increase the risk of asthma-related death. Currently available data are inadequate to determine whether concurrent use of inhaled corticosteroids or other long-term asthma control drugs mitigates the increased risk of asthma-related death from LABA. Available data from controlled clinical trials suggest that LABA increase the risk of asthma-related hospitalization in pediatric and adolescent patients. Data from a large placebo-controlled US study that compared the safety of another long-acting beta$_2$-adrenergic agonist (salmeterol) or placebo added to usual asthma therapy showed an increase in asthma-related deaths in patients receiving salmeterol [see **WARNINGS AND PRECAUTIONS**].

Systemic and inhaled corticosteroid use may result in the following:

- *Candida albicans* infection [see **WARNINGS AND PRECAUTIONS**]
- Pneumonia or lower respiratory tract infections in patients with COPD [see **WARNINGS AND PRECAUTIONS**]
- Immunosuppression [see **WARNINGS AND PRECAUTIONS**]
- Hypercorticism and adrenal suppression [see **WARNINGS AND PRECAUTIONS**]
- Growth effects in pediatric patients [see **WARNINGS AND PRECAUTIONS**]
- Glaucoma and cataracts [see **WARNINGS AND PRECAUTIONS**]

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Clinical Trials Experience in Asthma

Patients 12 years and older

The overall safety data in adults and adolescents are based upon 10 active- and placebo-controlled clinical trials in which 3393 patients ages 12 years and older (2052 females and 1341 males) with asthma of varying severity were treated with SYMBICORT 80/4.5 or 160/4.5 mcg taken two inhalations once or twice daily for 12 to 52 weeks. In these trials, the patients on SYMBICORT had a mean age of 38 years and were predominantly Caucasian (82%).

The incidence of common adverse events in Table 1 below is based upon pooled data from three 12-week, double-blind, placebo-controlled clinical studies in which 401 adult and adolescent patients (148 males and 253 females) age 12 years and older were treated with two inhalations of SYMBICORT 80/4.5 or SYMBICORT 160/4.5 twice daily. The SYMBICORT group was composed of mostly Caucasian (84%) patients with a mean age of 38 years, and a mean percent predicted FEV_1 at baseline of 76 and 68 for the 80/4.5 mcg and 160/4.5 mcg treatment groups, respectively. Control arms for comparison included two inhalations of budesonide HFA metered dose inhaler (MDI) 80 or 160 mcg, formoterol dry powder inhaler (DPI) 4.5 mcg, or placebo (MDI and DPI) twice daily. Table 1 includes all adverse events that occurred at an incidence of ≥3% in any one SYMBICORT group and more commonly than in the placebo group with twice-daily dosing. In considering these data, the increased average duration of patient exposure for SYMBICORT patients should be taken into account, as incidences are not adjusted for an imbalance of treatment duration.

Table 1 Adverse reactions occurring at an incidence of ≥3% and more commonly than placebo in the SYMBICORT groups: pooled data from three 12-week, double-blind, placebo-controlled clinical asthma trials in patients 12 years and older

Treatment*	SYMBICORT		Budesonide		Formoterol	Placebo
Adverse Event	80/4.5 mcg N = 277 %	160/4.5 mcg N =124 %	80 mcg N =121 %	160 mcg N = 109 %	4.5 mcg N = 237 %	N = 400 %
Nasopharyngitis	10.5	9.7	14.0	11.0	10.1	9.0
Headache	6.5	11.3	11.6	12.8	8.9	6.5
Upper respiratory tract infection	7.6	10.5	8.3	9.2	7.6	7.8
Pharyngolaryngeal pain	6.1	8.9	5.0	7.3	3.0	4.8
Sinusitis	5.8	4.8	5.8	2.8	6.3	4.8
Influenza	3.2	2.4	6.6	0.9	3.0	1.3
Back pain	3.2	1.6	2.5	5.5	2.1	0.8
Nasal congestion	2.5	3.2	2.5	3.7	1.3	1.0
Stomach discomfort	1.1	6.5	2.5	4.6	1.3	1.8
Vomiting	1.4	3.2	0.8	2.8	1.7	1.0
Oral Candidiasis	1.4	3.2	0	0	0	0.8
Average Duration of Exposure (days)	**77.7**	**73.8**	**77.0**	**71.4**	**62.4**	**55.9**

* All treatments were administered as two inhalations twice daily.

Long-term safety - asthma clinical trials in patients 12 years and older

Long-term safety studies in adolescent and adult patients 12 years of age and older, treated for up to 1 year at doses up to 1280/36 mcg/day (640/18 mcg twice daily), revealed neither clinically important changes in the incidence nor new types of adverse events emerging after longer periods of treatment. Similarly, no significant or unexpected patterns of abnormalities were observed for up to 1 year in safety measures including chemistry, hematology, ECG, Holter monitor, and HPA-axis assessments.

Clinical Trials Experience in Chronic Obstructive Pulmonary Disease

The incidence of common adverse events in Table 2 below is based upon pooled data from two double-blind, placebo-controlled clinical studies (6 and 12 months in duration) in which 771 adult COPD patients (496 males and 275 females) 40 years of age and older were treated with SYMBICORT 160/4.5, two inhalations twice daily. Of these patients 651 were treated for 6 months and 366 were treated for 12 months. The SYMBICORT group was composed of mostly Caucasian (93%) patients with a mean age of 63 years, and a mean percent predicted FEV_1 at baseline of 33%. Control arms for comparison included two inhalations of budesonide HFA (MDI) 160 mcg, formoterol (DPI) 4.5 mcg or placebo (MDI and DPI) twice daily. Table 2 includes all adverse events that occurred at an incidence of ≥3% in the SYMBICORT group and more commonly than in the placebo group. In considering these data, the increased average duration of patient exposure to SYMBICORT should be taken into account, as incidences are not adjusted for an imbalance of treatment duration.

Table 2 Adverse reactions occurring at an incidence of ≥3% and more commonly than placebo in the SYMBICORT group: pooled data from two double-blind, placebo-controlled clinical COPD trials

Treatment*	SYMBICORT	Budesonide	Formoterol	Placebo
Adverse Event	160/4.5 mcg N = 771 %	160 mcg N = 275 %	4.5 mcg N = 779 %	N = 781 %
Nasopharyngitis	7.3	3.3	5.8	4.9
Oral candidiasis	6.0	4.4	1.2	1.8
Bronchitis	5.4	4.7	4.5	3.5
Sinusitis	3.5	1.5	3.1	1.8
Upper respiratory tract infection viral	3.5	1.8	3.6	2.7
Average Duration of Exposure (days)	**255.2**	**157.1**	**240.3**	**223.7**

* All treatments were administered as two inhalations twice daily.

Lung infections other than pneumonia (mostly bronchitis) occurred in a greater percentage of subjects treated with SYMBICORT 160/4.5 compared with placebo (7.9% vs. 5.1%, respectively). There were no clinically important or unexpected patterns of abnormalities observed for up to 1 year in chemistry, haematology, ECG, ECG (Holter) monitoring, HPA-axis, bone mineral density and ophthalmology assessments.

Postmarketing Experience

The following adverse reactions have been reported during post-approval use of SYMBICORT. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. Some of these adverse reactions may also have been observed in clinical studies with SYMBICORT.

Cardiac disorders: angina pectoris, tachycardia, atrial and ventricular tachyarrhythmias, atrial fibrillation, extrasystoles, palpitations

Endocrine disorders: hypercorticism, growth velocity reduction in pediatric patients

Eye disorders: cataract, glaucoma, increased intraocular pressure

Gastrointestinal disorders: oropharyngeal candidiasis, nausea

Immune system disorders: immediate and delayed hypersensitivity reactions, such as anaphylactic reaction, angioedema, bronchospasm, urticaria, exanthema, dermatitis, pruritus

Metabolic and nutrition disorders: hyperglycemia, hypokalemia

Musculoskeletal, connective tissue, and bone disorders: muscle cramps

Nervous system disorders: tremor, dizziness

Psychiatric disorders: behavior disturbances, sleep disturbances, nervousness, agitation, depression, restlessness

Respiratory, thoracic, and mediastinal disorders: dysphonia, cough, throat irritation

Skin and subcutaneous tissue disorders: skin bruising

Vascular disorders: hypotension, hypertension

DRUG INTERACTIONS

In clinical studies, concurrent administration of SYMBICORT and other drugs, such as short-acting beta$_2$-agonists, intranasal corticosteroids, and antihistamines/decongestants has not resulted in an increased frequency of adverse reactions. No formal drug interaction studies have been performed with SYMBICORT.

Inhibitors of Cytochrome P450 3A4

The main route of metabolism of corticosteroids, including budesonide, a component of SYMBICORT, is via cytochrome P450 (CYP) isoenzyme 3A4 (CYP3A4). After oral administration of ketoconazole, a strong inhibitor of CYP3A4, the mean plasma concentration of orally administered budesonide increased. Concomitant administration of CYP3A4 may inhibit the metabolism of, and increase the systemic exposure to, budesonide. Caution should be exercised when considering the coadministration of SYMBICORT with long-term ketoconazole and other known strong CYP3A4 inhibitors (e.g., ritonavir, atazanavir, clarithromycin, indinavir, itraconazole, nefazodone, nelfinavir, saquinavir, telithromycin) [see **WARNINGS AND PRECAUTIONS**].

Monoamine Oxidase Inhibitors and Tricyclic Antidepressants

SYMBICORT should be administered with caution to patients being treated with monoamine oxidase inhibitors or tricyclic antidepressants, or within 2 weeks of discontinuation of such agents, because the action of formoterol, a component of SYMBICORT, on the vascular system may be potentiated by these agents. In clinical trials with SYMBICORT, a limited number of COPD and asthma patients received tricyclic antidepressants, and, therefore, no clinically meaningful conclusions on adverse events can be made.

Beta-Adrenergic Receptor Blocking Agents

Beta-blockers (including eye drops) may not only block the pulmonary effect of beta-agonists, such as formoterol, a component of SYMBICORT, but may produce severe bronchospasm in patients with asthma. Therefore, patients with asthma should not normally be treated with beta-blockers. However, under certain circumstances, there may be no acceptable alternatives to the use of beta-adrenergic blocking agents in patients with asthma. In this setting, cardioselective beta-blockers could be considered, although they should be administered with caution.

Diuretics

The ECG changes and/or hypokalemia that may result from the administration of non–potassium-sparing diuretics (such as loop or thiazide diuretics) can be acutely worsened by beta-agonists, especially when the recommended dose of the beta-agonist is exceeded. Although the clinical significance of these effects is not known, caution is advised in the coadministration of SYMBICORT with non–potassium-sparing diuretics.

USE IN SPECIFIC POPULATIONS

Pregnancy

Teratogenic Effects: Pregnancy Category C.

There are no adequate and well-controlled studies of SYMBICORT in pregnant women. SYMBICORT was teratogenic and embryocidal in rats. Budesonide alone was teratogenic and embryocidal in rats and rabbits, but not in humans at therapeutic doses. Formoterol fumarate alone was teratogenic in rats and rabbits. Formoterol fumarate was also embryocidal, increased pup loss at birth and during lactation, and decreased pup weight in rats. SYMBICORT should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

SYMBICORT

In a reproduction study in rats, budesonide combined with formoterol fumarate by the inhalation route at doses approximately 1/7 and 1/3, respectively, the maximum recommended human daily inhalation dose on a mg/m^2 basis produced umbilical hernia. No teratogenic or embryocidal effects were detected with budesonide combined with formoterol fumarate by the inhalation route at doses approximately 1/32 and 1/16, respectively, the maximum recommended human daily inhalation dose on a mg/m^2 basis.

Budesonide

Studies of pregnant women have not shown that inhaled budesonide increases the risk of abnormalities when administered during pregnancy. The results from a large population-based prospective cohort epidemiological study reviewing data from three Swedish registries covering approximately 99% of the pregnancies from 1995-1997 (ie, Swedish Medical Birth Registry; Registry of Congenital Malformations; Child Cardiology Registry) indicate no increased risk for congenital malformations from the use of inhaled budesonide during early pregnancy. Congenital malformations were studied in 2014 infants born to mothers reporting the use of inhaled budesonide for asthma in early pregnancy (usually 10-12 weeks after the last menstrual period), the period when most major organ malformations occur. The rate of recorded congenital malformations was similar compared to the general population rate (3.8% vs 3.5%, respectively). In addition, after exposure to inhaled budesonide, the number of infants born with orofacial clefts was similar to the expected number in the normal population (4 children vs 3.3, respectively).

These same data were utilized in a second study bringing the total to 2534 infants whose mothers were exposed to inhaled budesonide. In this study, the rate of congenital malformations among infants whose mothers were exposed to inhaled budesonide during early pregnancy was not different from the rate for all newborn babies during the same period (3.6%).

Budesonide produced fetal loss, decreased pup weight, and skeletal abnormalities at subcutaneous doses in rabbits less than the maximum recommended human daily inhalation dose on a mcg/m^2 basis and in rats at doses approximately 6 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis. In another study in rats, no teratogenic or embryocidal effects were seen at inhalation doses up to 3 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis.

Experience with oral corticosteroids since their introduction in pharmacologic as opposed to physiologic doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans.

Formoterol

Formoterol fumarate has been shown to be teratogenic, embryocidal, to increase pup loss at birth and during lactation, and to decrease pup weights in rats when given at oral doses 1400 times and greater the maximum recommended human daily inhalation dose on a mcg/m^2 basis. Umbilical hernia was observed in rat fetuses at oral doses 1400 times and greater the maximum recommended human daily inhalation dose on a mcg/m^2 basis. Brachygnathia was observed in rat fetuses at an oral dose 7000 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis. Pregnancy was prolonged at an oral dose 7000 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis. In another study in rats, no teratogenic effects were seen at inhalation doses up to 500 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis.

Subcapsular cysts on the liver were observed in rabbit fetuses at an oral dose 54,000 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis. No teratogenic effects were observed at oral doses up to 3200 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis.

Nonteratogenic Effects

Hypoadrenalism may occur in infants born of mothers receiving corticosteroids during pregnancy. Such infants should be carefully observed.

Labor and Delivery

There are no well-controlled human studies that have investigated the effects of SYMBICORT on preterm labor or labor at term. Because of the potential for beta-agonist interference with uterine contractility, use of SYMBICORT for management of asthma during labor should be restricted to those patients in whom the benefits clearly outweigh the risks.

Nursing Mothers

Since there are no data from controlled trials on the use of SYMBICORT by nursing mothers, a decision should be made whether to discontinue nursing or to discontinue SYMBICORT, taking into account the importance of SYMBICORT to the mother.

Budesonide, like other corticosteroids, is secreted in human milk. Data with budesonide delivered via dry powder inhaler indicates that the total daily oral dose of budesonide available in breast milk to the infant is approximately 0.3% to 1% of the dose inhaled by the mother [see **CLINICAL PHARMACOLOGY, Pharmacokinetics** in full Prescribing Information (12.3)]. For SYMBICORT, the dose of budesonide available to the infant in breast milk, as a percentage of the maternal dose, would be expected to be similar.

In reproductive studies in rats, formoterol was excreted in the milk. It is not known whether formoterol is excreted in human milk.

Pediatric Use

Safety and effectiveness of SYMBICORT in asthma patients 12 years of age and older have been established in studies up to 12 months. In the two 12-week, double-blind, placebo-controlled US pivotal studies 25 patients 12 to 17 years of age were treated with SYMBICORT twice daily [see **CLINICAL STUDIES** in full Prescribing Information (14.1)]. Efficacy results in this age group were similar to those observed in patients 18 years and older. There were no obvious differences in the type or frequency of adverse events reported in this age group compared with patients 18 years of age and older.

The safety and effectiveness of SYMBICORT in asthma patients 6 to <12 years of age has not been established.

Overall 1447 asthma patients 6 to <12 years of age participated in placebo- and active-controlled SYMBICORT studies. Of these 1447 patients, 539 received SYMBICORT twice daily. The overall safety profile of these patients was similar to that observed in patients ≥12 years of age who also received SYMBICORT twice daily in studies of similar design.

Controlled clinical studies have shown that orally inhaled corticosteroids including budesonide, a component of SYMBICORT, may cause a reduction in growth velocity in pediatric patients. This effect has been observed in the absence of laboratory evidence of HPA-axis suppression, suggesting that growth velocity is a more sensitive indicator of systemic corticosteroid exposure in pediatric patients than some commonly used tests of HPA-axis function. The long-term effect of this reduction in growth velocity associated with orally inhaled corticosteroids, including the impact on final height are unknown. The potential for "catch-up" growth following discontinuation of treatment with orally inhaled corticosteroids has not been adequately studied.

In a study of asthmatic children 5-12 years of age, those treated with budesonide DPI 200 mcg twice daily (n=311) had a 1.1 centimeter reduction in growth compared with those receiving placebo (n=418) at the end of one year; the difference between these two treatment groups did not increase further over three years of additional treatment. By the end of 4 years, children treated with budesonide DPI and children treated with placebo had similar growth velocities. Conclusions drawn from this study may be confounded by the unequal use of corticosteroids in the treatment groups and inclusion of data from patients attaining puberty during the course of the study.

The growth of pediatric patients receiving orally inhaled corticosteroids, including SYMBICORT, should be monitored. If a child or adolescent on any corticosteroid appears to have growth suppression, the possibility that he/she is particularly sensitive to this effect should be considered. The potential growth effects of prolonged treatment should be weighed against the clinical benefits obtained. To minimize the systemic effects of orally inhaled corticosteroids, including SYMBICORT, each patient should be titrated to the lowest strength that effectively controls his/her asthma [see **DOSAGE AND ADMINISTRATION**].

Geriatric Use

Of the total number of patients in asthma clinical studies treated with SYMBICORT twice daily, 149 were 65 years of age or older, of whom 25 were 75 years of age or older.

In the COPD studies of 6 to 12 months duration, 349 patients treated with SYMBICORT 160/4.5 twice daily were 65 years old and above and of those, 73 patients were 75 years of age and older. No overall differences in safety or effectiveness were observed between these patients and younger patients, and other reported clinical experience has not identified differences in responses between the elderly and younger patients.

As with other products containing beta$_2$-agonists, special caution should be observed when using SYMBICORT in geriatric patients who have concomitant cardiovascular disease that could be adversely affected by beta$_2$-agonists.

Based on available data for SYMBICORT or its active components, no adjustment of dosage of SYMBICORT in geriatric patients is warranted.

Hepatic Impairment

Formal pharmacokinetic studies using SYMBICORT have not been conducted in patients with hepatic impairment. However, since both budesonide and formoterol fumarate are predominantly cleared by hepatic metabolism, impairment of liver function may lead to accumulation of budesonide and formoterol fumarate in plasma. Therefore, patients with hepatic disease should be closely monitored.

Renal Impairment

Formal pharmacokinetic studies using SYMBICORT have not been conducted in patients with renal impairment.

OVERDOSAGE

SYMBICORT

SYMBICORT contains both budesonide and formoterol; therefore, the risks associated with overdosage for the individual components described below apply to SYMBICORT. In pharmacokinetic studies, single doses of 960/54 mcg (12 actuations of SYMBICORT 80/4.5) and 1280/36 mcg (8 actuations of 160/4.5), were administered to patients with COPD. A total of 1920/54 mcg (12 actuations of SYMBICORT 160/4.5) was administered as a single dose to both healthy subjects and patients with asthma. In a long-term active-controlled safety study in asthma patients, SYMBICORT 160/4.5 was administered for up to 12 months at doses up to twice the highest recommended daily dose. There were no clinically significant adverse reactions observed in any of these studies.

Clinical signs in dogs that received a single inhalation dose of SYMBICORT (a combination of budesonide and formoterol) in a dry powder included tremor, mucosal redness, nasal catarrh, redness of intact skin, abdominal respiration, vomiting, and salivation; in the rat, the only clinical sign observed was increased respiratory rate in the first hour after dosing. No deaths occurred in rats given a combination of budesonide and formoterol at acute inhalation doses of 97 and 3 mg/kg, respectively (approximately 1200 and 1350 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis). No deaths occurred in dogs given a combination of budesonide and formoterol at the acute inhalation doses of 732 and 22 mcg/kg, respectively (approximately 30 times the maximum recommended human daily inhalation dose of budesonide and formoterol on a mcg/m^2 basis).

Budesonide

The potential for acute toxic effects following overdose of budesonide is low. If used at excessive doses for prolonged periods, systemic corticosteroid effects such as hypercorticism may occur [see **WARNINGS AND PRECAUTIONS**]. Budesonide at five times the highest recommended dose (3200 mcg daily) administered to humans for 6 weeks caused a significant reduction (27%) in the plasma cortisol response to a 6-hour infusion of ACTH compared with placebo (+1%). The corresponding effect of 10 mg prednisone daily was a 35% reduction in the plasma cortisol response to ACTH.

In mice, the minimal inhalation lethal dose was 100 mg/kg (approximately 600 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis). In rats, there were no deaths following the administration of an inhalation dose of 68 mg/kg (approximately 900 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis). The minimal oral lethal dose in mice was 200 mg/kg (approximately 1300 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis) and less than 100 mg/kg in rats (approximately 1300 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis).

Formoterol

An overdose of formoterol would likely lead to an exaggeration of effects that are typical for beta$_2$-agonists: seizures, angina, hypertension, hypotension, tachycardia, atrial and ventricular tachyarrhythmias, nervousness, headache, tremor, palpitations, muscle cramps, nausea, dizziness, sleep disturbances, metabolic acidosis, hyperglycemia, hypokalemia. As with all sympathomimetic medications, cardiac arrest and even death may be associated with abuse of formoterol. No clinically significant adverse reactions were seen when formoterol was delivered to adult patients with acute bronchoconstriction at a dose of 90 mcg/day over 3 hours or to stable asthmatics 3 times a day at a total dose of 54 mcg/day for 3 days.

Treatment of formoterol overdosage consists of discontinuation of the medication together with institution of appropriate symptomatic and/or supportive therapy. The judicious use of a cardioselective beta-receptor blocker may be considered, bearing in mind that such medication can produce bronchospasm. There is insufficient evidence to determine if dialysis is beneficial for overdosage of formoterol. Cardiac monitoring is recommended in cases of overdosage.

No deaths were seen in mice given formoterol at an inhalation dose of 276 mg/kg (more than 62,200 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis). In rats, the minimum lethal inhalation dose was 40 mg/kg (approximately 18,000 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis). No deaths were seen in mice that received an oral dose of 2000 mg/kg (more than 450,000 times the maximum recommended human daily inhalation dose on a mcg/m^2 basis). Maximum nonlethal oral doses were 252 mg/kg in young rats and 1500 mg/kg in adult rats (approximately 114,000 times and 675,000 times the maximum recommended human inhalation dose on a mcg/m^2 basis).

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James L. Sublett, MD • Janna M. Tuck, MD • Dana V. Wallace, MD • Andrew Nickels, MD, FIT Representative

Greetings From the Officers

James L. Sublett, MD, FACAAI
President


Dr. Sublett

Welcome to San Antonio and the 2015 Annual Scientific Meeting of the American College of Allergy, Asthma, & Immunology. Shortly after last year's meeting, I wrote about the launch of the Vision 2020 initiative as "changing the engines in flight" as we traveled from Atlanta to this year's meeting in San Antonio. I am happy to report that we MADE IT, and the new engines are humming along at full throttle. We have just completed our first of five years of game-changing initiatives and are well-poised to continue molding the College into a member-driven organization focused on benefiting the practicing allergist and the patients we serve. Let's look at the four guiding principles we set for Vision 2020 to see what progress we have made over the past year:

- **Leadership and membership**
  The College bylaws have been revised (and ratified by electronic voting – a first). The new Governance Manual is in place with a better defined structure of Councils made up of the committees that "fit" into each Council's mission. Ten new committees have been established and some have been merged or sunsetted to better reflect the needs of today's membership. One of the most important aspects of these changes has been to provide a clear leadership path for all members to become more involved in the committees, leading to more involvement toward the College's leadership tracks. Establishing term limits on committees for members, chairs, and vice-chairs allows for increased diversity of membership participation and input in the committees.
- **Advocacy**
  For over thirty-five years, the Joint Council served the advocacy needs of the practicing allergists. The JCAAI now exists under a new name, the Advocacy Council of ACAAI; still providing the same essential work with its experienced executive and leadership team. The Advocacy Council continues to focus on monitoring and affecting changes in coding along with managed care and governmental policy that affect the practicing allergist/immunologist.
- **Education**
  The first three principles provide the structure for the College to accomplish the very important mission of education for our members. Earlier this year the Learning Connection was launched offering a wide range of educational opportunities featuring courses for CME, Board Review, MOC, ICD-10 training, practice management webinars and selected virtual sessions of the 2015 Annual Scientific Meeting for CME credit. The Educational Summit, held in early September, brought together a wide range of our College members to develop strategic educational initiatives to be delivered to our membership over the next several years.

It has been an exciting and transformational year for the College. I wish to thank everyone who has so tirelessly contributed: my fellow officers, executive committee, the Board of Regents, the Foundation, the Alliance, Council and Committee chairs, our fantastic staff and strategic consultants, my family and practice, and especially the practicing allergists and their staffs who serve our patients on a daily basis. Please enjoy the meeting.

Greetings From the Officers

Bryan L. Martin, DO, FACAAI
President-Elect and Program Chair


Dr. Martin

Time is a valuable resource for practicing allergists/immunologists. Our days are always busy and it's not uncommon to feel like there just aren't enough hours in the week. Luckily, the College understands the needs of all practicing allergists and immunologists. This year's Annual Scientific Meeting is packed with practical tips, pearls and advice you can immediately put to use. Sessions are tailored for experienced allergists, those new to practice, Fellows-in-Training and allied health professionals. The meeting is designed to help you, the practicing allergist, practice excellence every day. You will receive top notch education to provide the best patient care and be the best leader possible.

Thursday begins with the return of the International Food Allergy Symposium, which includes timely and exciting topics about all aspects of food allergy by world-renowned expert speakers.

For those of us who didn't have as much time to hit the journals last year as we would have liked, the Annual Literature Review Course on Friday is a must. Highlighting "everything you should have read last year but didn't," the course features the best reads in almost every topic, plus the year's best articles. Symposia on Friday will cover allergic skin diseases, hereditary angioedema and asthma-COPD overlap syndrome.

Biologic treatments for severe asthma offer a lot of promise, but these personalized treatments can be complicated. Attend biologic-focused sessions to find out what role these new treatments and techniques play, each new drug's advantages and disadvantages, and how to deal with complications. "Biologics in Practice: Unique Opportunity for Allergist Expertise" and "Altering the Natural History of Allergic Diseases With Immunotherapy," take place on Saturday, while "Severe Asthma: Persistent Challenges; New Therapies" takes place on Sunday.

The workshops are designed to keep you on the cutting-edge of the specialty. On Friday, learn the latest techniques and novel therapeutics for tough rhinosinusitis at "Difficult to Control Rhinosinusitis: What the Experts Do." Saturday, see how to handle tricky drug allergies during "Delayed Hypersensitivity Drug Reactions: Dilemmas In Diagnosis and Treatment." On Sunday, choose from "Are You Ready for SCID Newborn Screening?" "Skin and Lungs After 65," "Diagnostic Testing for Food Allergy: Is Component Testing Ready for Prime Time?" or "All About Vaccines: Diagnosis, Management and Adverse Events." Some of our most interesting workshops kick off on Monday, with new topics like "Alcohol and Additive Allergies," "Enhancing the Survival of Allergists: Facing Current Challenges Including Changing Markets and ACO," and "Navigating the Vapors."

Maintenance of Certification (MOC) continues to grow in importance, and we're offering more ways for attendees to get the information and tools needed to meet requirements. Sunday, attend the complete symposium "ABAI/MOC: More than Meeting the Test." What does it mean to be an ABAI Diplomate? What's the best way to walk the MOC path? How does the "big picture" of MOC affect you? You can get all of your questions answered straight from Mark Corbett, MD, FACAAI; Lois Nora, MD, JD, MBA, ABMS President and CEO; Charles Siegel, MD, FACAAI; Brett Stanaland, MD, FACAAI; and Stephen Wasserman, MD, ABAI President.

Do you know how to navigate the changing fields of quality and compliance measures? The health care landscape is shifting dramatically – with EHR, ICD-10, PQRS, the repeal of SGR – and so much more. What does this mean for practicing allergists? Join us at the Town Hall meeting on Friday, and you'll walk away with what you need to know.

Your favorite classics are still part of the meeting. The Great Raft Debate will feature the "Hottest Topic in EoE" on Saturday, moderated by William Dolen, MD, FACAAI and Maeve O'Connor, MD, FACAAI. We have a great line-up of debaters, Elizabeth Erwin, MD, Amal Assa'ad, MD, FACAAI, Jonathan Spergel, MD, PhD, FACAAI, and Gailen Marshall, MD, PhD, FACAAI. And on Saturday evening the FIT Bowl will feature two-person teams of Fellows-in-Training going head to head in a fast-paced, college bowl environment where they must answer questions regarding topics in allergy, immunology, botany and the history of our profession. Don't miss these outstanding events.

And remember to leave time in your schedule for all the fun events where you can reconnect with friends – and make new ones. Celebrate the achievements of your colleagues during the Awards Ceremony on Saturday, and then join me for the President's Welcome Reception right after. Sunday, rock out with Grammy Award-winners Blood, Sweat & Tears, featuring American Idol finalist Bo Bice. Join us for the full evening with a cocktail reception and plated dinner, or new this year, with "show only" tickets.

This meeting has new twists on your favorite classic sessions – and more new topics than ever before. When you return from the meeting, you'll be equipped with new tools and ideas you can immediately start implementing in your practice. Refreshed from the sunny San Antonio weather, with new skills in practice management, food allergy and more, you will be the perfect example of someone who practices excellence, every day.

Greetings From the Alliance

Welcome to San Antonio!


Mrs. Fineman

Hi ya'll and welcome to San Antonio, where you will experience a rich cultural heritage while attending the ACAAI Annual Scientific Meeting. We appreciate your participation in the Alliance, which continues to support the College and its Foundation.

We have expanded our Alliance activities for you to enjoy this year. Registered spouses and guests can look forward to our fabulous hospitality breakfasts with delicious food and wonderful programs. Later, do some shopping at local boutiques with your new Alliance friends. International attendees will love the International Reception on Saturday evening, where they can meet and mingle with College and Alliance leadership.

This year at the Fundraiser Dinner on Sunday night we will be holding an auction with all proceeds supporting the ACAAI Foundation. This new event will feature fabulous items like:

- A Kentucky Derby package with box seats, a bed and breakfast stay and gourmet dinner.
- A vacation at a gorgeous seaside resort in the Mexican Riviera.
- A Jimmy Choo clutch for wonderful evenings out.
- A Stella McCartney card case with an American Express gift certificate.
- An autographed guitar signed by members of Blood, Sweat & Tears.
- And more!

Our annual members-only business luncheon will be at the Menger Hotel, a historic site with lots of stories to be shared with you. Please register and get your ticket.

Many thanks to our Alliance members, the College staff, and especially our Board. It has been an honor working with all of you this year. Leila Sublett will be our next president. She is a firecracker and a superb, enthusiastic leader. We will be in good hands.

For any of you who haven't done so already, please become a member of the Alliance. In addition to meeting new friends, your support will help with our goal of fundraising for the ACAAI Foundation.

Have a great time in San Antonio!

Judy Fineman
Alliance President, 2014-2015

This Conference is Paper-Lite

In an effort to be environmentally responsible, ACAAI is reducing the amount of paper we use at our Annual Meeting. Electronic program materials and online materials will replace paper and will be accessible online before, during and after the program.

Visit acaai2015.conferencespot.org or snap the QR code for a menu of online materials.

ONLINE MATERIALS

Please join us for a Product Theater Lunch Presentation

RUCONEST®

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SUNDAY, NOVEMBER 8, 2015 | 12:35 PM – 1:30 PM

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San Antonio, Texas

Marc Riedl, MD
Associate Professor of Medicine
Clinical Director – US HAEA Angioedema Center
Division of Rheumatology, Allergy and Immunology
University of California
San Diego, California

This is a promotional event. CE/CME credit will not be available for this session.

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If you are licensed in any state or other jurisdiction (eg, VT, Wash. DC, ME, MN) or are an employee or contractor of any organization or governmental entity that limits or prohibits meals from pharmaceutical companies, please identify yourself so that you (and we) are able to comply with such requirements. Your name, the value, and the purpose of any educational item, meal, or other items of value you receive may be reported as required by state or federal law. Once reported, this information may be publicly accessible.

Thank you for your cooperation.

The Product Theater content and views expressed therein do not necessarily reflect the views, policies or position of the American College of Allergy, Asthma & Immunology.

Please visit us at the Salix booth #523.

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Salix® Pharmaceuticals
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November 2015
RUC-US-0104

A once-a-month subcutaneous IG?!

With HYQVIA, patients have more infusion-free days each month, giving them more time to focus on living their lives.

As the first and only once-a-month subcutaneous immunoglobulin (IG) for the treatment of primary immunodeficiency in adults, HYQVIA [Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase] offers added freedom with only[1]:

- **Adjust the frequency and number of infusion sites taking into consideration volume, total infusion time, and tolerability[1]**

Indication and Usage

HYQVIA is an immune globulin with a recombinant human hyaluronidase indicated for the treatment of Primary Immunodeficiency (PI) in adults. This includes, but is not limited to, common variable immunodeficiency (CVID), X-linked agammaglobulinemia, congenital agammaglobulinemia, Wiskott-Aldrich syndrome, and severe combined immunodeficiencies.

Limitation of Use:
Safety and efficacy of chronic use of recombinant human hyaluronidase in HYQVIA have not been established in conditions other than PI.

Detailed Important Risk Information

BOXED WARNING: THROMBOSIS

Thrombosis may occur with immune globulin products, including HYQVIA. Risk factors may include advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors. For patients at risk of thrombosis, administer HYQVIA at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.

CONTRAINDICATIONS

HYQVIA is contraindicated: in patients who have a history of anaphylactic or severe systemic hypersensitivity reactions to the administration of Human Immune Globulin (IgG); in IgA-deficient patients with antibodies to IgA and a history of hypersensitivity; and in patients with known systemic hypersensitivity to hyaluronidase or Recombinant Human Hyaluronidase of HYQVIA.

WARNINGS and PRECAUTIONS

Hypersensitivity: Severe hypersensitivity reactions may occur, even in patients who have tolerated previous treatment with IgG. IgA-deficient patients with antibodies to IgA are at greater risk of developing potentially severe hypersensitivity and anaphylactic reactions.

Thrombosis: Thrombosis may occur following treatment with immune globulin products, including HYQVIA. Risk factors may include advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling central vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors.

Immunogenicity of Recombinant Human Hyaluronidase (PH20): Non-neutralizing antibodies to the recombinant human hyaluronidase component can develop. The potential exists for such antibodies to cross-react with endogenous PH20, which is known to be expressed in adult male testes, epididymis, and sperm. The clinical significance of these antibodies or whether they interfere with fertilization in humans is unknown.

Aseptic Meningitis Syndrome (AMS): AMS has been reported to occur with IgG treatment administered intravenously and subcutaneously. Discontinuation of IgG treatment has resulted in remission of AMS within several days without sequelae.

Hemolysis: Acute intravascular hemolysis has been reported following intravenously administered IgG products, including Immune Globulin Infusion 10% (Human) administered intravenously, and delayed hemolytic anemia can develop due to enhanced RBC sequestration. IgG products, including HYQVIA, contain blood group antibodies which may cause a positive direct antiglobulin reaction and hemolysis.

Please see additional Detailed Important Risk Information on facing page and Brief Summary of Prescribing Information, including Boxed Warning, on the following pages.

Find out more at Booth #217

HyQvia

[Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase]

Reference: 1. HYQVIA Prescribing information. Westlake Village, CA: Baxter Healthcare Corporation; September 2014.

Detailed Important Risk Information (cont'd)

Renal Dysfunction/Failure: Acute renal dysfunction/failure, acute tubular necrosis, proximal tubular nephropathy, osmotic nephrosis, and death may occur upon use of IgG products administered intravenously, especially those containing sucrose. HYQVIA does not contain sucrose. Ensure that patients are not volume depleted prior to the initiation of infusion of HYQVIA. Monitor renal function and urine output and consider lower, more frequent dosing in patients who are at risk of developing renal dysfunction because of pre-existing renal insufficiency or predisposition to acute renal failure.

Spread of Localized Infection: Do not infuse HYQVIA into or around an infected or acutely inflamed area due to potential risk of spreading a localized infection.

Transfusion-Related Acute Lung Injury (TRALI): Non-cardiogenic pulmonary edema has been reported in patients following treatment with intravenously administered IgG products, including Immune Globulin Infusion 10% (Human). TRALI is characterized by severe respiratory distress, pulmonary edema, hypoxemia, normal left ventricular function, and fever.

Transmittable Infectious Agents: Because the Immune Globulin Infusion 10% (Human) of HYQVIA is made from human plasma, it may carry a risk of transmitting infectious agents, e.g., viruses and other pathogens, and theoretically, the Creutzfeldt-Jakob disease (CJD) agent. No cases of viral transmission or CJD have been associated with HYQVIA.

Interference with Laboratory Tests: False positive serological test results, with the potential for misleading interpretation, may result from the transitory rise of the various passively transferred antibodies in the patient's blood after infusion of IgG. Passive transmission of antibodies to erythrocyte antigens (e.g., A, B, and D) may cause a positive direct or indirect antiglobulin (Coombs') test.

ADVERSE REACTIONS

The most common adverse reactions observed in > 5% of patients in the clinical trials were: local adverse reactions (52%), headache (21%), antibody formation against recombinant human hyaluronidase (18%), fatigue (11%), nausea (7%), pyrexia (7%), and vomiting (7%). No serious adverse reactions occurred during the HYQVIA clinical trials.

August 2015 USBS/MG89/15-0098

Baxalta

HyQvia

[Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase]

BRIEF SUMMARY OF PRESCRIBING INFORMATION

INDICATIONS AND USAGE

HYQVIA is an immune globulin with a recombinant human hyaluronidase indicated for the treatment of Primary Immunodeficiency (PI) in adults. This includes, but is not limited to, common variable immunodeficiency (CVID), X-linked agammaglobulinemia, congenital agammaglobulinemia, Wiskott-Aldrich syndrome, and severe combined immunodeficiencies.

Limitation of Use:

Safety and efficacy of chronic use of recombinant human hyaluronidase in HYQVIA have not been established in conditions other than PI.

BOXED WARNING: THROMBOSIS

- Thrombosis may occur with immune globulin products, including HYQVIA. Risk factors may include advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors.
- For patients at risk of thrombosis, administer HYQVIA at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration.
- Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.

CONTRAINDICATIONS

HYQVIA is contraindicated in:

- patients who have had a history of anaphylactic or severe systemic reactions to the administration of IgG.
- IgA deficient patients with antibodies to IgA and a history of hypersensitivity.
- patients with known systemic hypersensitivity to hyaluronidase or Recombinant Human Hyaluronidase of HYQVIA.

WARNINGS AND PRECAUTIONS

Hypersensitivity—Severe hypersensitivity reactions may occur, even in patients who have tolerated previous treatment with IgG. In case of hypersensitivity, discontinue the HYQVIA infusion immediately and institute appropriate treatment. Immune Globulin Infusion 10% (Human) of HYQVIA contains trace amount of IgA (average concentration of 37µg/mL). Patients with antibodies to IgA potentially are at greater risk of developing potentially severe hypersensitivity and anaphylactic reactions.

Thrombosis—Thrombosis may occur following treatment with immune globulin products, including HYQVIA. Risk factors may include advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling central vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors.

Consider baseline assessment of blood viscosity in patients at risk for hyperviscosity, such as those with cryoglobulins, fasting chylomicronemia/markedly high triacylglycerols (triglycerides), or monoclonal gammopathies. For patients at risk of thrombosis, administer HYQVIA at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity. [see Boxed Warning, Dosage and Administration (2), *Patient Counseling Information* (17) in full prescribing information].

Immunogenicity of Recombinant Human Hyaluronidase (PH20)—Eighteen percent (15 of 83) of subjects receiving HYQVIA in clinical studies developed non-neutralizing antibodies to the recombinant human hyaluronidase component. The potential exists for such antibodies to cross-react with endogenous PH20, which is known to be expressed in the adult male testes, epididymis, and sperm. It is unknown whether these antibodies may interfere with fertilization in humans. The clinical significance of these antibodies is not known.

Aseptic Meningitis Syndrome (AMS)—AMS has been reported to occur with IgG products, including Immune Globulin Infusion 10% (Human) administered intravenously and subcutaneously. Discontinuation of IgG treatment has resulted in remission of AMS within several days without sequelae. The syndrome usually begins within several hours to two days following intravenously administered IgG, perhaps more frequently in association with high dose (2 g/kg) intravenously administered IgG.

AMS is characterized by the following signs and symptoms: severe headache, nuchal rigidity, drowsiness, fever, photophobia, painful eye movements, nausea and vomiting [see *Patient Counseling Information* (17) in full prescribing information]. Cerebrospinal fluid (CSF) studies frequently reveal pleocytosis up to several thousand cells per mm^3, predominantly from the granulocytic series, and elevated protein levels up to several hundred mg/dL, but negative culture results. Conduct a thorough neurological examination on patients exhibiting such symptoms and signs, including CSF studies, to rule out other causes of meningitis.

Hemolysis—IgG products, including HYQVIA, contain blood group antibodies which may act as hemolysins and induce in vivo coating of red blood cells (RBC) with IgG. These antibodies may cause a positive direct antiglobulin reaction and hemolysis. Acute intravascular hemolysis has been reported following intravenously administered IgG, including Immune Globulin Infusion 10% (Human) administered intravenously, and delayed hemolytic anemia can develop due to enhanced RBC sequestration [see Adverse Reactions (6) in full prescribing information].

Monitor patients for clinical signs and symptoms of hemolysis. If signs and/or symptoms of hemolysis are present after HYQVIA infusion, perform appropriate confirmatory laboratory testing [see *Patient Counseling Information* (17) in full prescribing information].

Renal Dysfunction/Failure—Acute renal dysfunction/failure, acute tubular necrosis, proximal tubular nephropathy, osmotic nephrosis and death may occur upon use of IgG products administered intravenously, especially those containing sucrose. HYQVIA does not contain sucrose. Acute renal dysfunction/failure has been reported in association with Immune Globulin Infusion 10% (Human) administered intravenously. Ensure that patients are not volume depleted prior to the initiation of infusion of HYQVIA. In patients who are at risk of developing renal dysfunction because of pre-existing renal insufficiency or predisposition to acute renal failure (such as diabetes mellitus, age greater than 65, volume depletion, sepsis, paraproteinemia, or patients receiving known nephrotoxic drugs), monitor renal function and consider lower, more frequent dosing.

Periodic monitoring of renal function and urine output is particularly important in patients judged to be at increased risk for developing acute renal failure. Assess renal function, including measurement of blood urea nitrogen (BUN) and serum creatinine, before the initial infusion of HYQVIA and again at appropriate intervals thereafter. If renal function deteriorates, consider discontinuation of HYQVIA.

Spread of Localized Infection—Infusion into or around an infected area can spread a localized infection. Do not infuse HYQVIA into these areas due to potential risk of spreading a localized infection.

Transfusion-Related Acute Lung Injury (TRALI)—Non-cardiogenic pulmonary edema (TRALI) may occur with intravenously administered IgG and has been reported to occur with Immune Globulin Infusion 10% (Human) administered intravenously. TRALI is characterized by severe respiratory distress, pulmonary edema, hypoxemia, normal left ventricular function, and fever. Symptoms typically occur within 1 to 6 hours after treatment.

Monitor patients for pulmonary adverse reactions [see *Patient Counseling Information* (17) in full prescribing information]. If TRALI is suspected, conduct an evaluation, including appropriate tests for the presence of anti-neutrophil and anti-HLA antibodies in both the product and patient serum. TRALI may be managed using oxygen therapy with adequate ventilatory support.

Transmittable Infectious Agents—Because Immune Globulin Infusion 10% (Human) of HYQVIA is made from human plasma, it may carry a risk of transmitting infectious agents, e.g., viruses, the variant CJD (vCJD) agent, and theoretically, the classic Creutzfeldt-Jakob disease agent. This also applies to unknown or emerging viruses and other pathogens. No cases of transmission of viral diseases or vCJD have been associated with HYQVIA.

Report all infections thought to be possibly transmitted by HYQVIA to Baxalta US Inc., at 1-800-423-2090 (in the U.S.).

Interference with Laboratory Tests—After infusion of IgG, the transitory rise of the various passively transferred antibodies in the patient's blood may yield false positive serological testing results, with the potential for misleading interpretation. Passive transmission of antibodies to erythrocyte antigens (e.g., A, B, and D) may cause a positive direct or indirect antiglobulin (Coombs') test.

ADVERSE REACTIONS

Common adverse reactions observed in clinical trials in >5% of subjects were: local reactions, headache, antibody formation against recombinant human hyaluronidase (rHuPH20), fatigue, nausea, pyrexia, and vomiting.

Clinical Trials Experience

Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in clinical studies of a product cannot be directly compared to rates in the clinical studies of another product and may not reflect the rates observed in clinical practice.

Immune Globulin Infusion 10% (Human) administered intravenously: Prior to initiation of treatment with HYQVIA, 87 patients received 365 infusions of Immune Globulin Infusion 10% (Human) encompassing 22.2 patient-years.

Among the 87 patients treated, 56 (64.4%) experienced 1 or more adverse reactions. Among the 365 intravenous infusions, 158 adverse reactions occurred for a rate per infusion of 0.43.

A total of 1359 infusions of HYQVIA were administered during the trial; 230 of these infusions occurred during the ramp-up period and the other 1129 occurred during the observation period. During the observation period, 81 patients received 1129 infusions of HYQVIA, of those, 67 (82.7%) experienced one or more adverse reactions. Among the 1129 HYQVIA infusions, 456 adverse reactions occurred for a rate per infusion of 0.40. Seven of these adverse reactions were severe defined as marked impairment of function or can lead to temporary inability to resume normal life pattern; requires prolonged intervention or results in sequelae.

Adverse reactions occurring in greater than 5% of subjects associated with infusions of HYQVIA vs. Immune Globulin Infusion 10% (Human) given intravenously are shown in Table 1. The majority of these adverse reactions were mild to moderate in severity and did not necessitate discontinuing the infusions. Mild is defined as transient discomfort that resolves spontaneously or with minimal intervention; moderate is defined as limited impairment of function and resolves spontaneously or with minimal intervention with no sequelae. No serious adverse reactions occurred during the HYQVIA clinical trials.

Table 1

Adverse Reactions[a] in greater than 5% of Subjects Associated with Infusions of HYQVIA vs. Immune Globulin Infusion 10% (Human) (IGIV) Given Intravenously

	HYQVIA		IGIV Given Intravenously	
Adverse Reactions[b]	**Number of Subjects (%) N = 81**	**Number of Adverse Reactions per Infusion (Rate[c]) N = 1129**	**Number of Subjects (%) N = 87**	**Number of Adverse Reactions per Infusion (Rate) N = 365**
Local ARs	42 (51.9%)	234 (0.21)	4 (4.6%)	4 (0.01)
Systemic ARs	55 (67.9%)	222 (0.20)	54 (62.1%)	154 (0.42)
Headache	17 (21%)	40 (0.04)	22 (25.3%)	42 (0.12)
Fatigue	9 (11.1%)	16 (0.01)	8 (9.2%)	10 (0.03)
Nausea	6 (7.4%)	12 (0.01)	10 (11.5%)	10 (0.03)
Pyrexia	6 (7.4%)	11 (0.01)	6 (6.9%)	7 (0.02)
Vomiting	6 (7.4%)	11 (0.01)	5 (5.7%)	7 (0.02)

[a] Causally related adverse events and/or temporally associated adverse events occurring within 72 hours.
[b] Excluding infections.
[c] Rate = total number of events divided by total number of infusions.

Six subjects, 2 children and 4 adults, withdrew from the trial during the efficacy treatment period with HYQVIA due to mild to moderate adverse reactions. One child withdrew due to local pain and one due to fever, vomiting, and headaches. Of the four adults, two withdrew due to local pain and swelling, one had moderate swelling that transiently extended from the abdominal infusion site to the genitalia, and one had back injury.

Antibodies binding to rHuPH20: A total of 15 out of 83 subjects who were treated with HYQVIA developed an antibody capable of binding to recombinant human hyaluronidase in the clinical trials. These antibodies were not capable of neutralizing recombinant human hyaluronidase.

In the clinical trial, no temporal association between adverse reactions and the presence of antibodies capable of binding to the Recombinant Human Hyaluronidase of HYQVIA could be demonstrated. There was no increase in incidence or severity of adverse reactions in subjects who developed antibodies to Recombinant Human Hyaluronidase of HYQVIA. In all subjects, antibody titers decreased despite continued treatment.

The effect of exposure to antibodies capable of binding to Recombinant Human Hyaluronidase of HYQVIA for periods longer than this clinical trial has not been evaluated.

The local adverse reactions are listed by frequency in Table 2. Mild swelling around the infusion site was present in most infusions due to the large volumes infused, but in general was not considered to be an adverse reaction unless it caused discomfort. Among the 234 local adverse reactions, three were severe (infusion site pain, infusion site swelling and infusion site edema that extended from the abdominal infusion site to the genitalia); all were transient and resolved without sequelae. More than 98% of local reactions were either mild (70.5%) or moderate (28.2%) in severity.

Table 2

Most Frequent Local Adverse Reactions Reported in greater than 1% of Infusion During Treatment With HYQVIA

Infusion Site Reaction	Number and Rate of Reactions per Infusion N = 1129
Discomfort/pain	122 (0.11)
Erythema	32 (0.03)
Swelling/Edema	35 (0.03)
Pruritus	22 (0.02)

Rate per infusion = total number of events divided by total number of infusions

During the combined efficacy and extension trials encompassing more than 3 years, the local adverse reaction rate was 2.6 per patient-year. During the first 12 month period (months 1-12), the rate was 3.68 local adverse reactions per patient-year. During the subsequent 12 month period (months 13-24), the rate declined to 2.12 local adverse reactions per patient-year. Finally, during the third 12 month period (months 25-36), the rate further declined to 0.37 local adverse reactions per patient-year.

Sixty-six of the 68 subjects who completed the efficacy clinical trial enrolled in a prospective, open-label, multicenter extension trial to assess the long-term safety and tolerability of HYQVIA. Sixty-three of 66 subjects enrolled received HYQVIA and 3 received IGIV. Of the 63 subjects who received HYQVIA, 48 completed the extension trial. The cumulative exposure of HYQVIA across the two trials was 188 subject-years and 2959 infusions, and a maximum exposure of 188 weeks or up to approximately 3.5 years. There were no clinically observable changes in the skin or subcutaneous tissue in either the efficacy or extension clinical trials.

Postmarketing Experience

Because postmarketing reporting of adverse reactions is voluntary and from a population of uncertain size, it is not always possible to reliably estimate the frequency of these reactions or establish a causal relationship to product exposure.

Postmarketing Experience of Immune Globulin Products

The following adverse reactions have been identified and reported during the postmarketing use of Immune Globulin products administered intravenously:

Hematologic	Leukopenia, Pancytopenia
Neurological	Transient ischemic attack, Tremor, Burning sensation, Cerebral vascular accident, Coma, Seizures, Loss of consciousness
Cardiovascular	Hypotension, Hypertension, Myocardial infarction, Chest pain, Cardiac arrest, Vascular collapse
Respiratory	Pulmonary edema, Dyspnea, Oxygen saturation decreased, Cyanosis, Hypoxemia, Bronchospasm, Apnea, Acute Respiratory Distress Syndrome (ARDS)
Gastrointestinal	Abdominal pain, Hepatic dysfunction
Integumentary	Hyperhidrosis, Allergic dermatitis, Bullous dermatitis, Epidermolysis, Erythema multiforme, Stevens-Johnson Syndrome
Psychiatric	Anxiety, Insomnia
Musculoskeletal	Back Pain
General/ Body as a Whole	Edema, Rigors

August 2015 USBS/MG89/15-0098

Baxalta

Corporate Supporters

ACAAI appreciates the following promotional contributions from its corporate supporters.

Aerocrine, Inc.

Supporter of a Product Theater.

Alcon

Supporter of the hotel window clings…and signage in the convention center.

AstraZeneca

Supporter of the ACAAI Corporate Council…and advertisements in the Final Program Guide.

Baxalta US, Inc.

Supporter of a Non-CME Corporate Forum… convention center window clings…badge lanyards…and advertisements in the Final Program Guide.

Boehringer Ingelheim Pharmaceuticals, Inc.

Supporter of the ACAAI Corporate Council...and a Product Theater.

Boston Scientific

Supporter of the ACAAI Corporate Council.

Genentech

Supporter of two tables at the fundraising dinner...three Product Theaters…and the ACAAI Corporate Council.

GlaxoSmithKline

Supporter of the ACAAI Corporate Council.

GREER®

Supporter of Friday's Fellows-in-Training Welcome Reception…and a Product Theater.

Lincoln Diagnostics, Inc.

Supporter of two tables at the fundraising dinner.

McNeil Consumer Healthcare

Supporter of the Internet Café.

Meda Pharmaceuticals Inc.

Supporter of a Non-CME Corporate Forum…hotel room key…hotel restaurant and lounge promotion…refreshment breaks...table at the fundraising dinner…Allied Health Networking Reception…Medikidz Explain Asthma Series… Daily Schedule Board…Foundation Honor Board…floor clings and signage in the convention center…Welcome Reception…Awards Ceremony…Annual Business Meeting…and the ACAAI Corporate Council.

Merck

Supporter of *Allergy Watch* and its placement on the ACAAI website.

Mylan Specialty L.P.

Supporter of the hotel room door hangers…and the Emergency Epinephrine Act Allergist's Toolkit.

Novartis Pharmaceuticals Corporation

Supporter of a Product Theater.

Salix Pharmaceuticals, wholly-owned subsidiary of Valeant International, Inc.

Supporter of a Product Theater…and an advertisement in the Final Program Guide.

Sanofi US

Supporter of the FIT Bowl…and the ACAAI Corporate Council.

Sunovion Pharmaceuticals Inc.

Supporter of the Board of Regents dinner.

Teva Respiratory

Supporter of the Nationwide Asthma Screening Program… ACAAI Corporate Council…Mobile App…one table at the fundraising dinner…electronic signage…escalator clings and banisters…hand sanitizer stations…convention center planter boxes…banners in the convention center… smartphone charging stations…WiFi in the convention center…FIT and Training Directors Breakfast and Luncheon…and the ACAAI *College Insider*.

Commercial Supporters

This activity is supported by independent educational grants from the following commercial supporters:

Allergy Partners

Supporter of FIT Travel Scholarships.

AstraZeneca

Partial support of the Friday Symposium on *Asthma, COPD and Asthma-COPD Overlap Syndrome (ACOS)*…and the Monday Plenary Session on *Updates in Severe Asthma*.

Baxalta US, Inc.

Partial support of the Friday Symposium on *Managing Non-Infectious Complications of Common Variable Immunodeficiency*.

Boehringer Ingelheim Pharmaceuticals, Inc.

Partial support of the Friday Symposium on *Asthma, COPD and Asthma-COPD Overlap Syndrome (ACOS)*.

Boston Scientific

Supporter of FIT Travel Scholarships.

BR Surgical, LLC

In-kind support consisting of loaned durable equipment for Workshop W-15 – *Hands-On Session in Rhinolaryngoscopy*.

Genentech

Supporter of FIT Travel Scholarships…and the ACAAI Foundation Young Faculty Award.

McNeil Consumer Healthcare

Supporter of an educational grant.

Meda Pharmaceuticals Inc.

Supporter of the Sunday Breakfast Symposium on *Treatment Strategies for Children Having Both Persistent Allergic Rhinitis and Asthma*.

Merck

Supporter of the Meet the Professor Breakfasts… Advanced Practitioners Course…the Saturday Symposium on *Altering the Natural History of Allergic Diseases With Immunotherapy*…and a video session of the symposium.

Mylan Specialty L.P.

Partial support of the Annual Literature Review…and the Monday Plenary Session on *Updates on Anaphylaxis*.

Nestlé Nutrition Institute

Partial Support of Thursday's *International Food Allergy Symposium*…and Workshop W-9 on *Food Allergies: What's New in Prevention and Treatment*.

Salix Pharmaceuticals, wholly-owned subsidiary of Valeant International, Inc.

Supporter of Workshop W-30 on *Fat Lips and Swollen Throats: What are the Facts?*

Shire

Supporter of the Friday Luncheon Symposium on *Hereditary Angioedema: Management Challenges*.

SmartPractice

In-kind support consisting of loaned durable equipment for Workshop W-6 – *Patch Testing – Hands-On: Who, What and How to Advise*.

Teva Respiratory

Supporter of FIT Travel Scholarships…Sunday's Symposium on *Severe Asthma: Persistent Challenges; New Therapies*… and the Severe Asthma Online Learning Module.

Non-CME Corporate Forums

Following the close of Friday's scientific session, all registrants are invited to attend the special Corporate Forums at the Grand Hyatt Hotel. Corporate Forums are non-CME promotional symposia organized by industry and designed to enhance your educational experience.

NOT FOR CREDIT

6:00 – 8:00 pm
Texas Ballroom Salon A (4th Floor) • Grand Hyatt Hotel

Supported by Baxalta US, Inc.

Immunoglobulin (IG) Treatment in Patients With Primary Immunodeficiency (PIDD): A Patient-centered, Collaborative Approach

Presented by:
Amy L. Darter, MD
Nancy Baxter, RN
Karen Fosse, RPh

This complimentary dinner program will provide expert insights from multi–disciplinary perspectives on best practices for individualizing IG treatment in patients with PIDD. Individualization of IG treatment will be discussed through interactive case studies with a specific focus on an IG treatment option for adult patients with PIDD.

Also, visit Baxalta US, Inc. at **Booth #217**.

8:00 – 10:00 pm
Texas Ballroom Salon D (4th Floor) • Grand Hyatt Hotel

Supported by Meda Pharmaceuticals Inc.

MEDA Red Letter Production: Joint Presentation on Seasonal Allergic Rhinitis and the Maintenance Treatment of Asthma

Presented by:
William E. Berger, MD, MBA
Stanley Goldstein, MD
Neil Jain, MD
Phil Lieberman, MD
Travis A. Miller, MD
Ali Shakouri, MD
David P. Skoner, MD
Raffi Tachdjian, MD

Meda Pharmaceuticals will host a joint presentation on Seasonal Allergic Rhinitis and maintenance treatment of Asthma. A donation of $100 will be made ($75 to The ACAAI Foundation and $25 to The Allergy & Asthma Network-AAN) for each registered ACAAI attendee attending this Non-CME Symposium.

Also, visit Meda Pharmaceuticals Inc. at **Booth #315**.

Photo courtesy of San Antonio Convention and Visitors Bureau

Special Announcements

ACAAI Booth

Stop by the ACAAI Booth, located in the Ballroom A Foyer of the Henry B. Gonzalez Convention Center, on Saturday and Sunday, from 9:00 am – 4:00 pm, to learn more about ongoing College programs and Vision 2020.

Get Connected. Test drive the College Learning Connection (CLC) – your new home for professional development and resources. Do a demo and earn a badge ribbon.

Admission by Badge Only

Admission to all meeting rooms and the exhibit area will be by badge only. This rule will be strictly enforced by security guards at all entrances. Note: Children under 12 are not admitted to the Scientific Sessions or the exhibit area.

Alliance Hospitality Suite

The Alliance Hospitality Suite – located in Texas Ballroom A (4th Floor) of the Grand Hyatt Hotel – will be open to ***registered spouses and guests only*** from 8:00 – 10:30 am, Friday through Monday.

Awards Ceremony

The College invites all registrants to the ACAAI Awards Ceremony on Saturday at the Grand Hyatt Hotel. The Awards Ceremony will begin at 7:00 pm and will be held in the Lone Star Ballroom AB (2nd floor) of the Grand Hyatt Hotel. ACAAI will formally welcome our newly-approved Fellows and recognize the recipients of the 2015 Distinguished Fellow, International Distinguished Fellow, Distinguished Service, Clemens von Pirquet and Woman in Allergy awards. Finally, we'll introduce this year's recipient of the College's prestigious Gold Headed Cane Award.

Supported by Meda Pharmaceuticals Inc.

Badge Designations

Blue	Member/Fellow Physicians
Purple	Non-member Physicians
Green	Nurses/Allied Health
Lime	Fellows-in-Training/Residents
Orange	Non-Physicians
Red	Technical Exhibitors
Teal	Spouses/Guests
Lt Orange	Press
Fuchsia	Staff
Gray	Meeting Technicians

Replacement badges – $10.00 each

Capturing of NPI Numbers

As part of the health care reform legislation signed into law in March 2010, the Physician Payment Sunshine Act requires medical device, biologic, and drug companies to publicly disclose gifts and payments made to physicians, beginning on August 1, 2013.

To help our 2015 ACAAI Annual Scientific Meeting exhibitors and industry partners in fulfilling the mandatory reporting provisions of the Sunshine Act, ACAAI is requesting U.S. health care provider attendees to supply their 10-digit NPI (National Provider Identifier) number when registering for the 2015 Annual Scientific Meeting. The NPI will be embedded in the bar code data on the attendee's badge – it will NOT be printed on the badge. Exhibitors can download the NPI information by scanning the badge through a lead retrieval system so that they can record and track any reportable transactions.

For more information on the capturing of the NPI number; please visit college.acaai.org/annual_meeting/pages/registration1.aspx.

Child Care Services

Please contact the concierge at the hotel at which you are staying for a list of bonded independent babysitters and babysitting agencies. **Note: Children under 12 are not admitted to the Scientific Sessions or the exhibit area.**

Disclaimer

The primary purpose of the ACAAI Annual Scientific Meeting is educational. Information, as well as technologies, products and/or services discussed, is intended to inform participants about the knowledge, techniques and experiences of specialists who are willing to share such information with colleagues. A diversity of professional opinions exists in the specialty and the views of the ACAAI disclaim any and all liability for damages to any individual attending this conference and for all claims which may result from the use of information, technologies, products and/or services discussed at the conference.

Doctors' Job Fair

Looking for new opportunities, an associate for your group, or a buyer for your practice? The Doctors' Job Fair brings together all interested parties seeking or offering professional opportunities.

This unique program is scheduled from 12:30 – 3:30 pm, Saturday, in Exhibit Halls AB of the Henry B. Gonzalez Convention Center. Representatives of clinics, groups and physicians' offices looking for associates will be among those conducting interviews, which will be held in private, draped booths.

Special Announcements

Exhibit Hall

More than 80 technical and scientific exhibitors in 178 booths are displaying their latest products in Exhibit Halls AB at the Henry B. Gonzalez Convention Center during the convention. ACAAI appreciates the support of its exhibitors and urges all registrants to visit the displays.

Hours: 3:00 – 6:00 pm, Friday
9:45 am – 4:30 pm, Saturday
9:45 am – 2:00 pm, Sunday

First Aid

A First Aid station is located in Room 1019 (near Ballroom A) during the following hours:

Hours: 7:00 am – 6:00 pm, Thursday
6:30 am – 6:00 pm, Friday
6:30 am – 4:30 pm, Saturday
6:30 am – 4:00 pm, Sunday
6:30 am – 4:00 pm, Monday

Foundation Display

The Foundation of the ACAAI is proud to recognize those individuals who have generously contributed to the Foundation. A list of donors can be found on the Foundation Honor Display located in Ballroom A Foyer at the Henry B. Gonzalez Convention Center.

Supported by Meda Pharmaceuticals Inc.

Internet Café

Visit the "Internet Café" to access the internet and send and retrieve email. The Internet Café is located in West Registration (adjacent to Registration) at the Henry B. Gonzalez Convention Center and is complimentary to all meeting registrants.

Supported by McNeil Consumer Healthcare

Meeting on Demand

The recorded educational sessions from the 2015 Annual Meeting will be hosted on the College Learning Connection (CLC). We will no longer offer DVDs. Instead, we are providing a variety of online packages designed to meet your particular needs, from the entire set of recordings to topical collections. Go to education.acaai.org/ondemand.

Mobile App

Maximize your time at the meeting with the free ACAAI Annual Scientific Meeting mobile app. To download, visit acaai.org/apps or search for ACAAI in your app store.

Supported by Teva Respiratory

MOC Designated Sessions

We have simplified the process and added more sessions this year! For details please see the Education Information on page 25.

Networking Goes Viral with #ACAAI

Be a part of the Annual Meeting conversation! Use hashtag #ACAAI in your meeting-related tweets and follow the College@ACAAI. Also, share Facebook posts from facebook.com/TheACAAI.

Non-CME Corporate Forums

NOT FOR CREDIT

Following the close of Friday's scientific session, all registrants are invited to attend the special Corporate Forums at the Grand Hyatt Hotel. Corporate Forums are non-CME promotional symposia organized by industry and designed to enhance your educational experience Please see page 19 for additional info.

Photography/Video Recordings

By registering for this meeting, attendees acknowledge and agree that ACAAI or its agents may take photographs during events and may freely use those photographs in any media for ACAAI purposes, including, but not limited to, news and promotional purposes.

The presentations, slides, and materials provided in this program are the property of ACAAI or used by permission. You may not photograph, videotape, audiotape or otherwise record or reproduce any of the presentations without express written permission from ACAAI. Any attendee believed to be violating this restriction will be removed from the session and may be prohibited from participating in further ACAAI meetings.

Poster Presentations

All scientific posters will be on display in Exhibit Halls AB at the Henry B. Gonzalez Convention Center beginning Saturday morning. Authors are requested to be at their poster to discuss their work from 3:30 – 4:30 pm, Saturday and 7:30 – 8:30 am, Sunday.

President's Welcome Reception

All attendees can join us at the President's Welcome Reception on Saturday, held in the Texas Ballroom (4th Floor) of the Grand Hyatt Hotel, from 7:45 – 9:00 pm. It's the perfect place to catch up with old friends, make new acquaintances and meet the ACAAI President, President-Elect and the Alliance President.

Special Announcements

Registration Desk Hours

The Registration Desk is located in West Registration at the Henry B. Gonzalez Convention Center and will be open:

Hours: 7:00 am – 6:00 pm, Thursday
6:30 am – 6:00 pm, Friday
6:30 am – 4:00 pm, Saturday
6:30 am – 4:00 pm, Sunday
6:30 am – 4:00 pm, Monday

Restaurant Reservations

For information regarding dining in San Antonio and making restaurant reservations, please visit the Restaurant Reservations desk located in West Registration at the Henry B. Gonzalez Convention Center.

Hours: 10:00 am – 6:00 pm, Thursday
10:00 am – 6:00 pm, Friday
10:00 am – 5:30 pm, Saturday
10:00 am – 6:00 pm, Sunday
10:00 am – 4:00 pm, Monday

Speaker Ready Room

The Speaker Ready Room is located in Room 102B at the Henry B. Gonzalez Convention Center and will be open:

Hours: 3:00 pm – 7:00 pm, Wednesday
7:00 am – 7:00 pm, Thursday
6:30 am – 7:00 pm, Friday
6:00 am – 6:00 pm, Saturday
6:00 am – 6:00 pm, Sunday
6:00 am – 5:00 pm, Monday

All presenters must check into the Speaker Ready Room at least 6 hours before the start of their presentation.

Virtual Meeting

Select sessions from Saturday and Sunday's program will be webcast live. Meeting registrants will have free access to this content after the meeting. Details will be available in the College Learning Connection at education.acaai.org.

Wireless Internet

Free Wi-Fi is provided to all ACAAI attendees at the Henry B. Gonzalez Convention Center. To access the free Wi-Fi simply:

- Open your wireless network connections
- Connect to the "ACAAI" wireless network
- Enter Password: college

Photo courtesy of San Antonio Convention and Visitors Bureau

Evaluation, Credit Claim and Certificate System

ACAAI will utilize a convenient online evaluation, credit claim and certificate system for the 2015 Annual Scientific Meeting. This system will allow you to complete evaluations of the certified CME sessions that you attend which are directly provided by ACAAI. Upon completion of the Overall Evaluation, Session Evaluations and credit claiming information, you will be able to immediately access, save and/or print your certificate. Physicians will receive a certificate of credit and other health care professionals will receive a certificate of attendance.

Locations to access the evaluations, claim credit, and obtain certificates:

- Kiosks (ACAAI Registration Area)
- Other available internet sources onsite
- Office or home computers (recommended)

Online access:
http://www.pswebsurvey.com/ACAAI

You will be asked to enter your **Last Name** and **ID Number** in order to complete the evaluations. Your **ID Number** is located on your Registration Card and Badge.

We encourage you to complete the appropriate evaluations, claim your credit, and obtain your certificates as soon as possible, either onsite or following the meeting. A checklist will be provided to help you track the sessions you attend. The Evaluation site will close on **December 31, 2015**. Up until then, you will be able to complete the evaluations, claim credit and obtain your certificates from your home or office computers.

For sessions attended, nurses and other health care professionals may receive a certificate of attendance via the online system. Nurses may also use the online system to obtain a CBRN certificate for the Allied Health and Advanced Practice sessions.

Visit college.acaai.org/annual_meeting for additional information.

Snap the QR Code with your mobile device to access the evaluation site.

The 2015 ACAAI Annual Scientific Meeting is mobile. Get it now.

Plug **acaai.org/apps** into your phone's browser. This link will automatically detect your phone type and take you to the right place to download the app.

Or, just snap this QR Code to download the app now!

Maximize your time at the show by using the mobile app. Easily view the Schedule, Speakers, City Content, Instant Alerts and more! You can even create personalized lists to target what you want to see, hear and do.

Supported by Teva Respiratory

Education Information

This activity is supported by independent educational grants from:

- Allergy Partners
- AstraZeneca
- Baxalta US, Inc.
- Boehringer Ingelheim Pharmaceuticals, Inc.
- Boston Scientific
- Genentech
- McNeil Consumer Healthcare
- Meda Pharmaceuticals Inc.
- Merck
- Mylan Specialty L.P.
- Nestlé Nutrition Institute
- Salix Pharmaceuticals, wholly-owned subsidiary of Valeant International, Inc.
- Shire
- Teva Respiratory

This activity is also supported by BR Surgical, LLC and SmartPractice through independent educational grants consisting of loaned durable equipment and disposable supplies.

Target Audience

- All practicing allergists/immunologists
- Fellows in allergy/immunology training programs
- Primary care physicians who care for allergy patients
- Allied health professionals in the field of allergy and immunology

Overall Educational Objectives

At the conclusion of this activity, participants should be able to:

- Identify major advances in key areas of cutting edge research in immunologic mechanisms and allergic responses, including anaphylaxis and pathophysiology of the upper airways, lungs, eyes, skin and gastrointestinal tract
- Demonstrate knowledge of basic processes linking molecular and cellular biology and genetics with allergic pathophysiology and immunodeficiency
- Translate emerging clinical science principles to clinical practice in patients with allergic and immunologic diseases
- Evaluate and implement state-of-the-art diagnostic and therapeutic strategies for treating patients with allergic and immunologic diseases
- Explain the impact of environmental exposures and external influences on patients with allergic disorders
- Recognize emerging trends in the prevalence of allergic and immunologic disorders and discuss their impact on public health
- Evaluate the impact of new diagnostic and therapeutic strategies on health care costs and outcomes
- Discuss processes, tools and technologies for the efficient allergy and immunology practice

Accreditation and Designation

The American College of Allergy, Asthma & Immunology (ACAAI) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American College of Allergy, Asthma & Immunology (ACAAI) designates this live activity for a maximum of **39.0** *AMA PRA Category I Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This continuing medical education activity has been reviewed by the American Academy of Pediatrics and is acceptable for a maximum of **39.0** AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.

MOC Sessions MOC/CME

NEW: We have expanded the number and type of MOC offerings to include select plenaries, symposia and workshops.

SIMPLIFIED: This year, in collaboration with the Program Committee, faculty and the ABAI, the College has streamlined the process for earning MOC credit at select sessions. The new procedure simply requires your attendance for the entirety of the session and participation in BOTH the pretest and the posttest using a keypad. See Maintenance of Certification page for details.

Special Needs

In compliance with the Americans with Disabilities Act, ACAAI has requested that participants in need of special accommodation submit a written request to ACAAI well in advance.

Maintenance of Certification

Through its responsibility to provide quality CME to its membership, the ACAAI continues its support of the ABAI, which credentials and evaluates allergy and immunology specialists. Linking the education content of the ACAAI Annual Scientific Meetings to the MOC© program is one way ACAAI helps its members provide ABAI with evidence of their commitment to lifelong learning. Ultimately, CME activities for which MOC© credit is awarded may be cross-referenced to the ABAI examination content outline, available on the ABAI website: **abai.org**. Members are encouraged to select areas of interest from the program, which will enhance their knowledge of state-of-the-art allergy/immunology and improve the quality of patient care. The six core competencies include:

1. **Patient Care** – the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. **Medical Knowledge** – the knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.
3. **Practice-based Learning and Improvement** – the ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
4. **Interpersonal and Communication Skills** – the ability to demonstrate interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. **Professionalism** – reflects a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. **System-based Practice** – an awareness of and responsiveness to the larger context and system of health care, and the ability to call effectively on other resources in the system to provide optimal health care.

Photo courtesy of San Antonio Convention and Visitors Bureau

Maintenance of Certification

MOC/CME Sessions MOC/CME

The American Board of Allergy & Immunology (ABAI) will award MOC Part II credits to diplomates who appropriately complete any of the thirteen selected sessions and are currently enrolled in ABAI's Maintenance of Certification (MOC) program.

Special note regarding MOC/CME eligibility for selected sessions: To be eligible for MOC Part II credit, participants must participate in the entire session and complete all necessary components, including brief Pre/Posttests via ARS during the session as well as the usual CME Evaluation online. ACAAI will submit to ABAI the required MOC-eligibility reports. ABAI will then enter MOC Part II credits onto the ABAI web portal page equal to the amount of *AMA PRA Category 1 Credits™* earned for the session. ABAI suggests that 6 of the 25 CME credits in allergy/immunology earned annually by diplomates be in self-assessment sessions such as these.

It is imperative that attendees must participate in the entire workshop and complete all necessary components, as partial credits will not be permitted for MOC eligibility related to MOC/CME sessions. (Faculty are not eligible for credit related to a session at which they teach.)

You must:

- Arrive prior to the start of the session and pick up a keypad. Follow the instructions for entering your identification.
- Answer all four pretest AND all four posttest questions on your keypad.
- Attend the entire session.
- Turn in your keypad at the end of the session.

Please ARRIVE PRIOR to the start of an MOC/CME session! On-time attendance is required in order to participate in the Pre/Posttests at the start and end of each of these MOC/CME sessions, as indicated in the Program Guide:

Saturday

8:30 – 10:30 am
Ballroom A
Plenary
Biologics in Practice: Unique Opportunity for Allergist Expertise

3:30 – 5:30 pm
Ballroom A
Symposium
Altering the Natural History of Allergic Diseases With Immunotherapy

3:30 – 5:30 pm
Room 006CD
Workshop W-8
Severe Asthma

3:30 – 5:30 pm
Room 007C
Workshop W-9
Food Allergies: What's New in Prevention and Treatment

Sunday

8:30 – 10:00 am
Ballroom A
Plenary
Controversial Manifestations of Contact Dermatitis

11:00 am – 12:30 pm
Ballroom A
Plenary
Human Microbiome: The Interface of Immunology and Microbiology

1:30 – 3:30 pm
Ballroom A
Symposium
ABAI/MOC: More Than Meeting the Test

4:00 – 6:00 pm
Room 007A
Workshop W-19
Living With an Itch: A Practical Approach to Diagnosis and Treatment

4:00 – 6:00 pm
Room 007D
Workshop W-21
Approach to Eosinophilic Esophagitis and Other Swallowing Disorders

Monday

8:00 – 9:30 am
Ballroom A
Plenary
Food Allergy: Component Testing, CoFAR Studies, Practical Considerations

10:30 am – noon
Ballroom A
Plenary
Updates in Severe Asthma

1:00 – 3:00 pm
Room 008A
Workshop W-33
Unanswerable Questions: Conundrums in Anaphylaxis

3:30 – 5:00 pm
Ballroom A
Plenary
Update on Anaphylaxis

Daily Events

All programs held at the Henry B. Gonzalez Convention Center unless otherwise noted.

HOURS **ROOM**

Thursday, November 5th

7:00 am – 6:00 pm	Registration . . . . . West Registration
7:00 am – 7:00 pm	Speaker Ready Room. 102B
7:45 am – 4:30 pm	Board of Regents Meeting. . . . . Republic A-C (4th Floor/Grand Hyatt)
8:00 am – noon	International Food Allergy Symposium 103AB
10:00 – 10:15 am	International Food Allergy Refreshment Break . . . . . 103AB Foyer
Noon – 1:00 pm	Board of Regents Luncheon . . . . . Presidio B (3rd Floor/Grand Hyatt)
Noon – 1:15 pm	Lunch Break and Poster Viewing . . . . . On Own
1:15 – 5:00 pm	International Food Allergy Symposium 103AB
3:00 – 3:15 pm	International Food Allergy Refreshment Break . . . . . 103AB Foyer
7:15 – 8:30 pm	Hispanic American Allergy Asthma & Immunology Association – International Update of Allergic Diseases . . . . . Texas Ballroom D (4th Floor/Grand Hyatt)
8:30 – 11:00 pm	HAAMA Reception . . . . . Texas Ballroom D (4th Floor/Grand Hyatt)

Friday, November 6th

6:30 am – 6:00 pm	Registration . . . . . West Registration
6:30 am – 7:00 pm	Speaker Ready Room. 102B
7:30 – 11:30 am	Annual Literature Review . . . . . Ballroom A
8:00 – 10:30 am	Alliance Hospitality Suite . . . . . Texas Ballroom A (4th Floor/Grand Hyatt)
8:00 – 11:30 am	Office Administrators Practice Management Course . . . . . Lone Star Ballroom F (2nd Floor/Grand Hyatt)
8:00 am – 12:30 pm	Advanced Practice Health Care Providers Course: General Session . . . . . Lone Star Ballroom A (2nd Floor/Grand Hyatt)
8:30 – 9:30 am	Alliance: The History of San Antonio . . . . . Texas Ballroom A (4th Floor/Grand Hyatt)
8:30 – 10:30 am	*Breakfast Symposium:* Triumvirate of Parameters for Allergic Skin Diseases. . . . . Ballroom B
9:30 – 9:45 am	Literature Review Refreshment Break . . . . . Ballroom A Foyer
9:45 – 10:00 am	Advanced Practice Health Care Providers Course Refreshment Break. . . . . Lone Star Ballroom A Foyer (2nd Floor/Grand Hyatt)
9:45 – 10:00 am	Office Administrators Practice Management Course Refreshment Break. . . . . Lone Star Ballroom F Foyer (2nd Floor/Grand Hyatt)
11:30 am – 12:30 pm	Literature Review Lunch Break. . . . . On Own
11:30 am – 12:30 pm	AACA Board of Governor's Meeting 203A
11:30 am – 1:00 pm	Office Administrators Practice Management Course Lunch Break . . . . . On Own
11:30 am – 1:30 pm	*Luncheon Symposium:* Hereditary Angioedema: Management Challenges. . . . . Ballroom B
Noon – 2:00 pm	Corporate Council Meeting. 201
12:30 – 1:30 pm	Advanced Practice Health Care Providers Course Lunch Break . . . . . On Own
12:30 – 3:30 pm	Annual Literature Review . . . . . Ballroom A
1:00 – 3:30 pm	Office Administrators Practice Management Course . . . . . Lone Star Ballroom F (2nd Floor/Grand Hyatt)
1:30 – 3:00 pm	Advanced Practice Health Care Providers Interactive Concurrent Workshops AP1 Surviving and Thriving in an Advanced Practice Role . . . . Lone Star Ballroom A (2nd Floor/Grand Hyatt) AP2 PBL: Mimickers of Allergic Disease . . . . . Lone Star Ballroom B (2nd Floor/Grand Hyatt) AP3 Sleep Medicine: More Than a Good Night's Sleep . . . . . Lone Star Ballroom C (2nd Floor/Grand Hyatt)
1:30 – 3:30 pm	*Symposium:* Asthma, COPD and Asthma-COPD Overlap Syndrome (ACOS) 103AB
2:00 – 2:15 pm	Literature Review Refreshment Break . . . . . Ballroom A Foyer

Daily Events

All programs held at the Henry B. Gonzalez Convention Center unless otherwise noted.

HOURS **ROOM**

Friday, November 6th *(continued)*

2:00 – 4:00 pm — FIT Bowl Subcommittee 202B

2:30 – 2:45 pm — Office Administrators Practice Management Course
Refreshment Break . . . . . Lone Star Ballroom F Foyer (2nd Floor/Grand Hyatt)

3:00 – 3:15 pm — Advanced Practice Health Care Providers Course
Refreshment Break . . . . . Lone Star Ballroom A-C Foyer (2nd Floor/Grand Hyatt)

3:00 – 6:00 pm — Exhibit Hours . . . . . Exhibit Halls AB

3:15 – 4:45 pm — Advanced Practice Health Care Providers Interactive Concurrent Workshops
AP4 Surviving and Thriving in an Advanced Practice Role . . . . Lone Star Ballroom A (2nd Floor/Grand Hyatt)
AP5 PBL: Mimickers of Allergic Disease . . . . . Lone Star Ballroom B (2nd Floor/Grand Hyatt)
AP6 Sleep Medicine: More Than a Good Night's Sleep . . . . . Lone Star Ballroom C (2nd Floor/Grand Hyatt)

3:30 – 4:00 pm — Refreshment Break/Visit Exhibits . . . . . Exhibit Halls AB

3:30 – 5:30 pm — FIT Educational Program 006ABC

4:00 – 6:00 pm — *Symposium:* Managing Non-Infectious Complications of Common Variable Immunodeficiency 103AB

4:00 – 6:00 pm — House of Delegates Meeting and Town Hall Forum 001AB

4:00 – 6:00 pm — Workshops . . . . .
W1 Insect Allergy Update 007A
W2 Difficult to Control Rhinosinusitis: What the Experts Do 007B
W3 Drug Allergy: Options Beyond Avoidance – Where the Allergist Matters 007C
W4 Technology (Tablets/Gadgets and Apps): An Integral Part of Patient Care 007D
W5 Food Challenges in Practice 008A
W6 Patch Testing – Hands-On: Who, What and How to Advise 008B

4:00 – 6:00 pm — Alliance Pre-Board Meeting . . . . . Republic B (4th Floor/Grand Hyatt)

4:45 – 6:00 pm — Advanced Practice, Allied Health and Office Administrators
Networking Reception . . . . . Bowie A-C (2nd Floor/Grand Hyatt)

5:30 – 6:30 pm — FIT General Meeting 006ABC

6:00 – 8:00 pm — Non-CME Corporate Forum: Baxalta US, Inc. . . . . Texas Ballroom A (4th Floor/Grand Hyatt)

6:00 – 9:30 pm — American Association of Allergists and Immunologists
of Indian Origin (AAAII) . . . . . Lone Star Ballroom DE (2nd Floor/Grand Hyatt)

6:30 – 7:30 pm — FIT Welcome Reception . . . . . Texas Ballroom E (4th Floor/Grand Hyatt)

8:00 – 10:00 pm — Non-CME Corporate Forum: Meda Pharmaceuticals Inc. . . . . Texas Ballroom D (4th Floor/Grand Hyatt)

Saturday, November 7th

6:00 am – 6:00 pm — Speaker Ready Room 102B

6:30 – 7:45 am — Committee Meetings
Alternative Payments 201
Asthma 101B
Billing and Coding 201
Biologics and Pharmacology 201
Clinical Programs/Patient Safety & Quality 203B
Credentials 201
Education Services, Data & Technology 201
New Allergists 201
Payer/Managed Care 201
Public Relations 202AB
Rhinitis/Sinusitis/Ocular 203A
Therapeutic Regulations 201

Daily Events

All programs held at the Henry B. Gonzalez Convention Center unless otherwise noted.

Saturday, November 7th *(continued)*

HOURS		ROOM
6:30 – 7:45 am	Fellows-in-Training/Allergy-Immunology Program Directors' Breakfast	Texas Ballroom D (4th Floor/Grand Hyatt)
6:30 am – 4:00 pm	Registration	West Registration
8:00 – 8:30 am	Opening Ceremony and Welcome Announcements	Ballroom A
8:00 – 10:30 am	Alliance Hospitality Suite	Texas Ballroom A (4th Floor/Grand Hyatt)
8:00 am – noon	Allied Health Professionals Course: General Session	103AB
8:30 – 9:30 am	Alliance: Garcia Art Glass Presentation	Texas Ballroom A (4th Floor/Grand Hyatt)
8:30 – 10:30 am	*Plenary Session:* Biologics in Practice: Unique Opportunity for Allergist Expertise	Ballroom A
9:30 – 10:30 am	Practice Management Committee	203A
9:00 am – 4:00 pm	ACAAI Booth	Ballroom A Foyer
9:30 – 10:30 am	ACAAI KIDS: Let's Learn about Bats	Texas Ballroom A (4th Floor/Grand Hyatt)
9:45 am – 4:30 pm	Exhibit Hours	Exhibit Halls AB
9:45 am – 4:30 pm	Poster Hours	Exhibit Halls AB
9:55 – 10:10 am	Allied Health Professionals Course Refreshment Break	103AB Foyer
10:30 – 11:00 am	Refreshment Break/Visit Exhibits	Exhibit Halls AB
10:35 – 11:00 am	Product Theater 1: Genentech	Exhibit Halls AB
10:35 – 11:00 am	Product Theater 2: Novartis Pharmaceuticals Corporation	Exhibit Halls AB
11:00 am – 12:30 pm	*Plenary Session:* The Sky Is Not Falling: Flourishing Despite Tectonic Shifts to U.S. Health Care	Ballroom A
Noon – 1:30 pm	Allied Health Professionals Course Lunch Break	On Own
Noon – 1:30 pm	Allergy/Immunology Program Directors and Associate Program Directors' Luncheon	201
12:30 – 1:30 pm	Member Relations Committee	203A
12:30 – 1:30 pm	Lunch Concessions/Visit Exhibits	Exhibit Halls AB
12:30 – 3:30 pm	Doctors' Job Fair	Exhibit Halls AB
12:35 – 1:30 pm	Product Theater 1: Boehringer Ingelheim	Exhibit Halls AB
12:35 – 1:30 pm	Product Theater 2: GREER®	Exhibit Halls AB
1:30 – 2:30 pm	ACAAI Foundation Board of Trustees Meeting	203B
1:30 – 3:00 pm	*Plenary Session:* The Great Raft Debate: Hottest Topic in EoE	Ballroom A
1:30 – 3:00 pm	Allied Health Professionals Interactive Concurrent Workshops	
	SA1 Can Adherence to Treatment be Improved?	Lone Star Ballroom C (2nd Floor/Grand Hyatt)
	SA2 Improving Clinical Staff Competency: Training Options	Lone Star Ballroom D (2nd Floor/Grand Hyatt)
	SA3 A Practical Guide to Interpreting Pulmonary Function Testing and eNO	Lone Star Ballroom E (2nd Floor/Grand Hyatt)
	SA4 Office Emergencies: Managing Acute Asthma and Anaphylaxis	Lone Star Ballroom F (2nd Floor/Grand Hyatt)
3:00 – 3:15 pm	Allied Health Professionals Course Refreshment Break	Lone Star Ballroom Foyer (2nd Floor/Grand Hyatt)
3:00 – 3:30 pm	Ice Cream & Refreshment Break/Visit Exhibits	Exhibit Halls AB
3:00 – 5:00 pm	*Annals* Editorial Board Meeting	202AB
3:05 – 3:30 pm	Product Theater 1: Genentech	Exhibit Halls AB
3:15 – 4:45 pm	Allied Health Professionals Interactive Concurrent Workshops	
	SA5 Can Adherence to Treatment be Improved?	Lone Star Ballroom C (2nd Floor/Grand Hyatt)
	SA6 Improving Clinical Staff Competency: Training Options	Lone Star Ballroom D (2nd Floor/Grand Hyatt)
	SA7 A Practical Guide to Interpreting Pulmonary Function Testing and eNO	Lone Star Ballroom E (2nd Floor/Grand Hyatt)
	SA8 Office Emergencies: Managing Acute Asthma and Anaphylaxis	Lone Star Ballroom F (2nd Floor/Grand Hyatt)

Daily Events

All programs held at the Henry B. Gonzalez Convention Center unless otherwise noted.

HOURS **ROOM**

Saturday, November 7th *(continued)*

3:30 – 4:30 pm — Poster Session . . . . . Exhibit Halls AB

3:30 – 5:30 pm — *Symposium:* Altering the Natural History of Allergic Diseases With Immunotherapy . . . . . Ballroom A

3:30 – 5:30 pm — Workshops

- W7 2015 Coding, Billing and Regulations: Part 1 of 2 . . . . . 006AB
- W8 Severe Asthma 006CD
- W9 Food Allergies: What's New in Prevention and Treatment 007C
- W10 Laboratory Evaluation of the Immune System 007B
- W11 Atopic Dermatitis In-Depth 007A
- W12 Introductory Course in Rhinolaryngoscopy 007D
- W13 Allergies in Infants and Very Young Children (Asthma, Cough, Urticaria and Eczema in Children <5 Years) 008B
- W14 Delayed Hypersensitivity Drug Reactions: Dilemmas in Diagnosis and Treatment 008A

5:00 – 7:00 pm — 24th Annual FIT Bowl Competition . . . . . Ballroom B

6:00 – 7:00 pm — Alliance International Reception . . . . . .Bowie A-C (2nd Floor/Grand Hyatt)

7:00 – 7:45 pm — Awards Ceremony . . . . . Lone Star Ballroom AB (2nd Floor/Grand Hyatt)

7:45 – 9:00 pm — ACAAI President's Welcome Reception. . . . . .Texas Ballroom (4th Floor/Grand Hyatt)

Sunday, November 8th

6:00 am – 6:00 pm — Speaker Ready Room. 102B

6:15 – 8:15 am — *Breakfast Symposium:* Treatment Strategies for Children Having Both Persistent Allergic Rhinitis and Asthma . . . . . Ballroom B

6:30 – 8:15 am — International Committee 202AB

6:30 – 8:15 am — Committee Meetings. 201

- Anaphylaxis
- Clinical Immunology & Autoimmune Diseases
- Dermatology
- Environmental Allergy
- Infectious Diseases & International Travel
- Integrative Medicine
- Population Health
- Web Editorial Board

6:30 – 8:30 am — W15 Hands-On Session in Rhinolaryngoscopy. 204

6:30 am – 4:00 pm — Registration . . . . . .West Registration

7:00 – 8:15 am — Meet the Professor Breakfasts

- S1 Eosinophilic Gastrointestinal Disease. . . . . Lone Star Ballroom A (2nd Floor/Grand Hyatt)
- S2 Evaluation and Management of Difficult Rhinitis and CRS. Lone Star Ballroom B (2nd Floor/Grand Hyatt)
- S3 Novel Therapies for Chronic Urticaria and Angioedema . . Lone Star Ballroom C (2nd Floor/Grand Hyatt)
- S4 Mast Cell Activation Syndrome . . . . . Lone Star Ballroom D (2nd Floor/Grand Hyatt)
- S5 Treatment of Immunodeficiency. . . . . Lone Star Ballroom E (2nd Floor/Grand Hyatt)
- S6 Severe Asthma . . . . . Lone Star Ballroom F (2nd Floor/Grand Hyatt)
- S7 The Role of Fungi in Asthma and CRS . . . . . .Bowie B (2nd Floor/Grand Hyatt)
- S8 Aspirin Sensitivity Syndromes. . . . . Bonham B (3rd Floor/Grand Hyatt)
- S9 Making Sense of Food Desensitization: Opposing Views . . . . . .Presidio B (3rd Floor/Grand Hyatt)
- S10 Allergic Component Testing. . . . . Republic B (4th Floor/Grand Hyatt)

7:30 – 8:30 am — Poster Session . . . . . Exhibit Halls AB

7:30 am – noon — Advocacy Council Meeting . . . . . Bonham C (3rd Floor/Grand Hyatt)

8:00 – 9:30 am — Exhibitors Advisory Meeting 101B

Daily Events

All programs held at the Henry B. Gonzalez Convention Center unless otherwise noted.

Sunday, November 8th *(continued)*

HOURS		ROOM
8:00 – 10:30 am	Alliance Hospitality Suite	Texas Ballroom A (4th Floor/Grand Hyatt)
8:00 am – noon	Allied Health Professionals Course: General Session	103AB
8:30 – 9:30 am	Alliance: Cooking Demonstration with Chef Wirebaugh	Texas Ballroom A (4th Floor/Grand Hyatt)
8:30 – 10:00 am	*Plenary Session:* Controversial Manifestations of Contact Dermatitis	Ballroom A
9:00 am – 4:00 pm	ACAAI Booth	Ballroom A Foyer
9:45 am – 2:00 pm	Exhibit Hours	Exhibit Halls AB
9:45 am – 2:00 pm	Poster Hours	Exhibit Halls AB
9:50 – 10:05 am	Allied Health Professionals Course Refreshment Break	103AB Foyer
10:00 – 10:30 am	Refreshment Break/Visit Exhibits	Exhibit Halls AB
10:05 – 10:30 am	Product Theater 2: Aerocrine, Inc.	Exhibit Halls AB
10:30 – 11:00 am	*Plenary Session:* Bela Schick Lecture	Ballroom A
11:00 am – 12:30 pm	*Plenary Session:* Human Microbiome: The Interface of Immunology and Microbiology	Ballroom A
12:30 – 1:30 pm	Lunch Concessions/Visit Exhibits	Exhibit Halls AB
12:30 – 1:30 pm	2016 Program Committee	202AB
12:30 – 1:30 pm	Fellows-in-Training/Allergy-Immunology Program Directors' Luncheon	Lone Star Ballroom AB (2nd Floor/Grand Hyatt)
12:30 – 2:00 pm	Past Presidents' Committee	101B
12:30 – 3:00 pm	Alliance Annual Business Meeting and Luncheon	Off-Site (The Menger Hotel)
12:35 – 1:30 pm	Product Theater 1: Genentech | Novartis	Exhibit Halls AB
12:35 – 1:30 pm	Product Theater 2: Salix Pharmaceuticals, wholly-owned subsidiary of Valeant International, Inc.	Exhibit Halls AB
1:30 – 3:30 pm	*Symposium:* ABAI/MOC: More Than Meeting the Test	Ballroom A
1:30 – 3:30 pm	*Concurrent Session A:* Adverse Food and Drug Reactions, Insect Reactions, and Anaphylaxis	103AB
1:30 – 3:30 pm	*Concurrent Session B:* Aerobiology, Allergens, Allergen Extracts and Allergy Testing	001AB
1:30 – 3:30 pm	*Concurrent Session C:* Asthma and Other Lower Airway Disorders	006AB
1:30 – 3:30 pm	*Concurrent Session D:* Basic Science Allergy and Immunology and Clincal Case Reports	006CD
3:30 – 4:00 pm	Refreshment Break	Ballroom A Foyer
4:00 – 6:00 pm	*Symposium:* Severe Asthma: Persistent Challenges; New Therapies	Ballroom A
4:00 – 6:00 pm	Workshops	
	W16 Proper Use of Immunoglobulin Replacement Therapy	006AB
	W17 Many Faces of Dyspnea in the Athlete: VCD or Asthma?	006CD
	W18 2015 Coding, Billing and Regulations: Part 2 of 2	007B
	W19 Living With an Itch: A Practical Approach to Diagnosis and Treatment	007A
	W20 Are You Ready for SCID Newborn Screening?	008A
	W21 Approach to Eosinophilic Esophagitis and Other Swallowing Disorders	007D
	W22 Skin and Lungs After 65	007C
	W23 Diagnostic Testing for Food Allergy: Is Component Testing Ready for Prime Time?	008B
	W24 Nuts and Bolts on Rush and Cluster Immunotherapy	001AB
	W25 AACA All About Vaccines: Diagnosis, Management and Adverse Events	204
	W26 Problem-Based Learning: An Interactive Case Discussion of a Child With Recurrent Infections	203
6:45 – 7:45 pm	Fundraiser Reception	Texas Ballroom Foyer (4th Floor/Grand Hyatt)
7:45 – 10:45 pm	Fundraiser Dinner & Entertainment	Texas Ballroom (4th Floor/Grand Hyatt)

Daily Events

All programs held at the Henry B. Gonzalez Convention Center unless otherwise noted.

Monday, November 9th

HOURS		ROOM
6:00 am – 5:00 pm	Speaker Ready Room	102B
6:30 am – 4:00 pm	Registration	West Registration
6:30 – 7:45 am	Meet the Professor Breakfasts	
	M1 Biofilms	Lone Star Ballroom A (2nd Floor/Grand Hyatt)
	M2 Controversies in the Wheezing Pre-Schooler: New Studies	Lone Star Ballroom B (2nd Floor/Grand Hyatt)
	M3 Evaluation of Immunodeficiency	Lone Star Ballroom C (2nd Floor/Grand Hyatt)
	M4 Food Allergy: Controversies in Diagnosis	Lone Star Ballroom D (2nd Floor/Grand Hyatt)
	M5 High EOs and/or High IgEs: How Do You Evaluate?	Lone Star Ballroom E (2nd Floor/Grand Hyatt)
	M6 Infectious Agents and Asthma Inception: Target for Prevention	Lone Star Ballroom F (2nd Floor/Grand Hyatt)
	M7 The Science of the Asthma Action Plan and How to Fulfill Meaningful Use	Bowie B (2nd Floor/Grand Hyatt)
	M8 Office Evaluation of Drug Allergy	Bonham B (3rd Floor/Grand Hyatt)
	M9 Practical Aspects of Sublingual Immunotherapy: Dose/Duration/Specific Allergens/Geographic Niches/ Efficacy and Safety	Presidio B (3rd Floor/Grand Hyatt)
	M10 Suspected Reactions to Implanted Medical Devices (Utility of Lab Test)	Republic B (4th Floor/Grand Hyatt)
8:00 – 9:30 am	*Plenary Session:* Food Allergy: Component Testing, CoFAR Studies, Practical Considerations	Ballroom A
8:00 – 10:30 am	Alliance Hospitality Suite	Texas Ballroom A (4th Floor/Grand Hyatt)
9:30 – 10:30 am	Annual Business Meeting	Ballroom A
10:30 am – noon	*Plenary Session:* Updates in Severe Asthma	Ballroom A
10:30 am – noon	Alliance Post-Board Meeting	Republic B (4th Floor/Grand Hyatt)
10:30 am – 12:30 pm	Accreditation/Certification Committee	202AB
Noon – 1:00 pm	Lunch Break	On Own
1:00 – 3:00 pm	*Concurrent Session A:* Food Allergy	Ballroom A
1:00 – 3:00 pm	*Concurrent Session B:* Immunotherapy/Immunizations; Rhinitis, Other Upper Airway Disorders, Ocular Disorders	103AB
1:00 – 3:00 pm	*Concurrent Session C:* Other; Pharmacology and Pharmacotherapeutics	001AB
1:00 – 3:00 pm	*Concurrent Session D:* Skin Disorders and Clinical Immunology/Immunodeficiency	006AB
1:00 – 3:00 pm	Workshops	
	W27 Alcohol and Additive Allergies	204
	W28 Enhancing the Survival of Allergists: Facing Current Challenges Including Changing Markets and ACO	006CD
	W29 Immunotherapy in 2015: The Nuts and Bolts of SCIT and SLIT	007A
	W30 Fat Lips and Swollen Throats: What Are the Facts?	007B
	W31 Penicillin (Beta-Lactam) Toolkit	007C
	W32 Systemic Effects of Inhaled, Intranasal and Topical Corticosteroids	007D
	W33 Unanswerable Questions: Conundrums in Anaphylaxis	008A
	W34 Navigating the Vapors	008B
3:00 – 3:30 pm	Refreshment Break	Ballroom A Foyer
3:30 – 5:00 pm	*Plenary Session:* Update on Anaphylaxis	Ballroom A

Committee Meetings

All meetings will be held at the Henry B. Gonzalez Convention Center.

Friday, November 6

FIT Bowl Subcommittee
2:00 – 4:00 pm . . . . . Room 202B

Saturday, November 7

Alternative Payments Subcommittee*
6:30 – 7:45 am. . . . . Room 201

Asthma Committee*
6:30 – 7:45 am. . . . . Room 101B

Billing and Coding Committee*
6:30 – 7:45 am. . . . . Room 201

Biologics and Pharmacology Committee*
6:30 – 7:45 am. . . . . Room 201

Clinical Programs/Patient Safety & Quality Committee*
6:30 – 7:45 am. . . . . Room 203B

Credentials Committee*
6:30 – 7:45 am. . . . . Room 201

Education Services, Data & Technology Committee*
6:30 – 7:45 am. . . . . Room 201

New Allergists Committee*
6:30 – 7:45 am. . . . . Room 201

Payer/Managed Care Committee*
6:30 – 7:45 am. . . . . Room 201

Public Relations Committee*
6:30 – 7:45 am. . . . . Room 202AB

Rhinitis/Sinusitis/Ocular Committee*
6:30 – 7:45 am. . . . . Room 203A

Therapeutic Regulations Committee*
6:30 – 7:45 am. . . . . Room 201

Practice Management Committee
9:30 – 10:30 am. . . . . Room 203A

GME Program Directors Luncheon
Noon – 1:30 pm . . . . . Room 201

Member Relations Committee
12:30 – 1:30 pm . . . . . Room 203A

ACAAI Foundation Board of Trustees
1:30 – 2:30 pm . . . . . Room 203B

***Annals* Editorial Board**
3:00 – 5:00 pm . . . . . Room 202AB

***A complimentary continental breakfast will be served at these committee meetings.**

Sunday, November 8

Anaphylaxis Committee*
6:30 – 8:15 am. . . . . Room 201

Clinical Immunology & Autoimmune Diseases Committee*
6:30 – 8:15 am. . . . . Room 201

Dermatology Committee*
6:30 – 8:15 am. . . . . Room 201

Environmental Allergy Committee*
6:30 – 8:15 am. . . . . Room 201

Infectious Diseases & International Travel Committee*
6:30 – 8:15 am. . . . . Room 201

Integrative Medicine Committee*
6:30 – 8:15 am. . . . . Room 201

International Committee*
6:30 – 8:15 am. . . . . Room 202AB

Population Health Committee*
6:30 – 8:15 am. . . . . Room 201

Web Editorial Board*
6:30 – 8:15 am. . . . . Room 201

2016 Program Committee
12:30 – 1:30 pm . . . . . Room 202AB

Past Presidents' Committee
12:30 – 2:00 pm . . . . . Room 101B

Monday, November 9

Accreditation/Certification Committee
10:30 am – 12:30 pm. . . . . Room 202AB

2015 Named Lectures

Each year, the American College of Allergy, Asthma & Immunology presents several named lectures during its Annual Scientific Meeting. The "Bela Schick," "John P. McGovern" and "Bernard Berman" lectures are presented annually. The "Daniel J. Goodman" and "Lester Mittelstaedt" lectures are presented in alternate years and the "Luisa Businco Memorial Lecture" is presented during the International Food Allergy Symposium.

The allergists selected to present named lectures embody the high standards and achievements of the physicians for whom the lectures are named. The College is proud to present the following named lectures at its 2015 Annual Scientific Meeting. All lectures will be held at the Henry B. Gonzalez Convention Center.

Luisa Businco Memorial Lecture

The Latest on Food Allergy Immunotherapy

Thursday, November 5, 4:15 pm Room 103AB
A. Wesley Burks, MD, FACAAI, Chapel Hill, NC

The Businco Lecture is named in honor of Professor Luisa Businco of Rome, Italy. Her hard work in providing excellent patient care, effective teaching and quality research led to significant advances in understanding several aspects of pediatric food allergy. Her clinical and laboratory research was focused on the development, prediction and prevention of allergy in children. Dr. Businco worked with dedication in promoting the specialty of pediatric allergy, and her work continues in the careers of the many physicians taught and trained by her. This lecture is presented during the International Food Allergy Symposium.

Bernard Berman Memorial Lecture

Adverse Reactions to Biologic Agents

Saturday, November 7, 9:35 am Ballroom A
David A. Khan, MD, FACAAI, Grapevine, TX

The annual Bernard Berman Memorial Lecture recognizes a kind, caring clinician allergist with interests in the various aspects of clinical allergy and a passion for teaching. The Memorial Lecture is a testament to Dr. Berman's caring nature, unique skills as a gifted teacher and unselfish compassion for his patients. He was a past president of the College and one of the founders of the American Board of Allergy and Immunology.

Lester Mittelstaedt Lecture

Why Creation of Successful "Systems of Care" Is Crucial for Our Future

Saturday, November 7, 11:05 am Ballroom A
Mark T. O'Hollaren, MD, FACAAI, Portland, OR

The bi-annual Mittelstaedt Lecture recognizes outstanding contributions in the specialty of allergy, asthma and immunology. A leader in the field of allergy and immunology, Dr. Mittelstaedt played a key role in gaining the certification of qualified allergists. Known for his educational programs, Dr. Mittelstaedt is a past president of the American Association for Clinical Immunology & Allergy (AACIA).

Bela Schick Lecture

"Oh, the Places You'll Go!" Dr. Seuss Reminds Us About Paths to Take

Sunday, November 8, 10:30 am Ballroom A
Todd A. Mahr, MD, FACAAI, La Crosse, WI

The annual Bela Schick Lecture is named in honor of one of medicine's most respected scientists. Bela Schick was born in Hungary and attended medical school in Austria. After serving as Extraordinary Professor of Children's Diseases at the University of Vienna, he immigrated to the United States in 1923. He was a pediatrician at Mt. Sinai in New York for many years, loved by his patients and respected by his fellows. Dr. Schick is best known for his work with Clemens von Pirquet on anaphylaxis and for the test he developed to assess immunity in diphtheria.

John P. McGovern Lecture

Developing Precision Treatment for Severe Asthma

Monday, November 9, 11:25 am Ballroom A
Bradley E. Chipps, MD, FACAAI, Sacramento, CA

This annual lectureship is supported by a grant from the John P. McGovern Foundation. The Foundation sought to establish a lectureship that would recognize eminent physicians and scientists, both clinicians and researchers, who have contributed meritoriously to the advancement of knowledge in the specialty of allergy-immunology. Lecturers receive the prized John P. McGovern medallion, created especially for the lectureship. Dr. McGovern was a past president of the College and a strong leader in the field of patient care.

Workshops

Admission by ticket only • All workshops will be held at the Henry B. Gonzalez Convention Center

Friday, November 6

W1 Insect Allergy Update 1 2 3 5
4:00 – 6:00 pm *Room 007A*
Fee: $70 (FITs $35). Limit 50.
Theodore M. Freeman, MD, FACAAI and
David F. Graft, MD, FACAAI

This workshop will review the most recent Practice Parameters, update the parameters with recently published material, cover the diagnosis and treatment of insect sting allergy and emphasize any new information available.

W2 Difficult to Control Rhinosinusitis: What the Experts Do 1 2
4:00 – 6:00 pm *Room 007B*
Fee: $70 (FITs $35). Limit 50.
Jonathan A. Bernstein, MD, FACAAI and
Anju T. Peters, MD

This workshop will discuss treatment options for rhinosinusitis.

W3 Drug Allergy: Options Beyond Avoidance – Where the Allergist Matters 1 2
4:00 – 6:00 pm *Room 007C*
Fee: $70 (FITs $35). Limit 50.
Aleena Banerji, MD and
Roland Solensky, MD

This workshop will include discussion of approaches to diagnosis and management of patients with history of allergy to antibiotics, aspirin and NSAIDs, including history taking, skin testing, drug challenges and desensitization.

W4 Technology (Tablets/Gadgets and Apps): An Integral Part of Patient Care 1 2 4 5
4:00 – 6:00 pm *Room 007D*
Fee: $70 (FITs $35). Limit 50.
Nabeel Farooqui, MD and
Tao T. Le, MD, MHS, FACAAI

This workshop will cover the use of various technologies in clinical care, including mobile and web applications and technologies for clinical practice.

W5 Food Challenges in Practice 1 2 3 4 5
4:00 – 6:00 pm *Room 008A*
Fee: $70 (FITs $35). Limit 50.
Sami L. Bahna, MD, DrPH, FACAAI and
Anna H. Nowak-Wegrzyn, MD, FACAAI

This workshop will cover the methods of food challenge tests and the advantages and limitations of each, along with discussion of the preparation, administration and interpretation of the oral food challenge results and specific issues in infants and adults.

W6 Patch Testing – Hands-On: Who, What and How to Advise 1 2 3 4
4:00 – 6:00 pm *Room 008B*
Fee: $100 (FITs $50). Limit 50.
David I. Bernstein, MD, FACAAI and
Luz S. Fonacier, MD, FACAAI

This workshop will cover clinical evaluation of patients suspected of allergic contact dermatitis and diagnostic patch testing, hands-on patch testing, indications, applications, interpretation of patch tests and how to advise patients.

This activity is supprted by SmartPractice through an independent educational grant consisting of disposable supplies.

Learning Objectives

Upon completion of this session, participants should be able to:

- W1) Recognize the most common insects that cause reaction in humans as well as the reactions these insects cause; develop an evaluation and treatment plan as well as evaluate how to work with local emergency departments for aftercare of patients seen
- W2) Describe newer techniques for the diagnosis and management of rhinosinusitis in the clinical setting; and discuss complementary methods for the treatment of rhinosinusitis as well as novel therapeutics which have been shown to be safe and effective for treatment of this common condition
- W3) Discuss diagnostic tests and options for patients with reported hypersensitivity to antibiotics, including Beta-lactam and sulfonamides as well as aspirin and NSAIDs; and discuss diagnostic tests and options of treatment for patients with reported hypersensitivity to chemotherapeutic agents, vaccines and other biologicals
- W4) Increase their utilization of new forms of technology; and recognize the important aspects of mobile health applications and social media
- W5) Describe how to perform an oral food challenge; and review indications for an oral food challenge and reasons for deferment
- W6) Discuss when and how to do in-office patch testing; and interpret the results of the patch test

Workshops

Admission by ticket only • All workshops will be held at the Henry B. Gonzalez Convention Center

Saturday, November 7

W7 2015 Coding, Billing and Regulations: Part 1 of 2 1 2 3 4 5 6
3:30 – 5:30 pm *Room 006AB*
Fee: $70 (FITs $35). Limit 50.
Gary N. Gross, MD, FACAAI and
J. Allen Meadows, MD, FACAAI

The Advocacy Council team will update progress on the transition to ICD-10 and answer questions. This workshop will cover coding and reimbursement issues and how to address them within your office and provide a description of allergy-specific codes as well as general coding requirements.

W8 Severe Asthma MOC/CME 1 2
3:30 – 5:30 pm *Room 006CD*
Fee: $70 (FITs $35). Limit 100.
Leonard B. Bacharier, MD, FACAAI and
Reynold A. Panettieri, Jr., MD

This workshop will discuss the evaluation process and approach to management of difficult to control asthma in children.

W9 Food Allergies: What's New in Prevention and Treatment MOC/CME 1 2 3
3:30 – 5:30 pm *Room 007C*
Fee: $70 (FITs $35). Limit 50.
J. Andrew Bird, MD, FACAAI and
Julie Wang, MD, FACAAI

This workshop will cover information related to correct application of food allergy testing modalities and managing patients with multiple food allergies, and discuss the appropriate selection of diagnostic tests for food allergies, as well as the natural history of food allergy and how it impacts management.

Supported in part by an independent educational grant from Nestlé Nutrition Institute.

W10 Laboratory Evaluation of the Immune System 1 2 6
3:30 – 5:30 pm *Room 007B*
Fee: $70 (FITs $35). Limit 50.
Rohit K. Katial, MD, FACAAI and
Maureen M. Petersen, MD, FACAAI

This workshop will provide an interpretation and discussion of vaccine response in the setting of primary immune deficiency.

W11 Atopic Dermatitis In-Depth 1 2 3 4
3:30 – 5:30 pm *Room 007A*
Fee: $70 (FITs $35). Limit 50.
Mark Boguniewicz, MD, FACAAI and
Peter A. Lio, MD

This workshop will discuss evidence-based approach to evaluation and management of patients with atopic dermatitis, use of systemic agents in AD including phototherapy and creation and use of an Eczema Action Plan.

W12 Introductory Course in Rhinolaryngoscopy 1 2 3 4 5 6
3:30 – 5:30 pm *Room 007D*
Fee: $70 (FITs $35). Limit 50.
Seong H. Cho, MD and
Jerald W. Koepke, MD, FACAAI

This workshop will provide attendees with the ability to discuss the surgical anatomy of the upper airway, including the nasal cavity, pharynx, and larynx; identify normal and abnormal anatomy, as well as disease presentations and post-operative changes found with endoscopic examination of the upper airway; and identify the indications for, and the use of, the fiberoptic rhinoscope in the allergist's office.

W13 Allergies in Infants and Very Young Children (Asthma, Cough, Urticaria and Eczema in Children <5 Years) 1 2 3 4 5 6
3:30 – 5:30 pm *Room 008B*
Fee: $70 (FITs $35). Limit 50.
Chitra Dinakar, MD, FACAAI and
Todd A. Mahr, MD, FACAAI

This workshop will discuss new and current recommendations for diagnosis and management of childhood asthma, atopic dermatitis, urticaria and allergic rhinitis in infants and young children.

Workshops

Admission by ticket only • All workshops will be held at the Henry B. Gonzalez Convention Center

Saturday, November 7 (continued)

W14 Delayed Hypersensitivity Drug Reactions: Dilemmas in Diagnosis and Treatment ❶❷
3:30 – 5:30 pm *Room 008A*
Fee: $70 (FITs $35). Limit 50.
Mariana C. Castells, MD, PhD, FACAAI and David A. Khan, MD, FACAAI

This workshop will include discussion of the management of delayed hypersensitivity drug reactions.

Learning Objectives

Upon completion of this session, participants should be able to:

- W7) Discuss allergy and immunology related codes, including new ICD-10 codes, and issues related to CPT code 95165, Stinging Insect and Medication allergy testing codes; discuss current and EHR government regulations including Medicare, Medicaid, fraud and abuse issues; and discuss USP Chapter 797 Compounding Sterile Preparations issues, Meaningful Use and PQRS, and RAC audits
- W8) Describe how severe asthmatics are uniquely different and review the evaluation/assessment of these patients, comparing pediatric and adult; and develop a treatment plan for patients with severe asthma
- W9) Diagnose the correct type of food allergy based on symptoms and utilize diagnostic modalities, including the most recent IgE tests; and apply knowledge of the natural history of food allergy to the management of patients and advise patients regarding the utilization of food allergen labeling
- W10) Properly identify patients who require a thorough immunological evaluation; and describe appropriate testing and interpretation and where to access more sophisticated testing
- W11) Identify common and uncommon causes of severe eczema; and describe the rationale for an extended therapeutic ladder for patients refractory to standard treatments with special emphasis on compliance
- W12) Discuss the surgical anatomy of the upper airway and identify normal and abnormal anatomy, as well as disease presentations and postoperative changes found with endoscopic examination; and identify the indications for and the use of the fiber optic rhinoscope
- W13) Discuss new and current recommendations for diagnosis and management of childhood asthma; and apply new and current diagnostic and therapeutic options in respiratory allergies and other conditions in pediatric patients
- W14) Discuss the evaluation of non-IgE mediated reactions to antibiotics and NSAIDs, including use of drug patch, delayed intradermal testing and skin biopsy, for reactions including DRESS, AGEP and fixed drug eruptions; and discuss the evaluation of non-IgE mediated reactions to biologics, chemotherapeutics, possibly progesterone dermatitis using drug patch, delayed intradermal and skin biopsy

Sunday, November 8

W15 Hands-On Session in Rhinolaryngoscopy ❶❷❸❹❺❻
6:30 – 8:30 am *Room 204*
Fee: $100 (FITs $50). Limit 30.
Jerald W. Koepke, MD, FACAAI; Seong H. Cho, MD; Kevin R. Murphy, MD, FACAAI (SC); Grant C. Olson, MD, FACAAI; Donald W. Pulver, MD, FACAAI and C. Ross Westley, MD, FACAAI

This workshop will provide attendees with the ability to: describe the major anatomical structures of the nasal, pharyngeal and glottic areas as visualized during examination with the fiber-optic rhinolaryngoscope; describe variations of normal seen when participants examine one another in this hands-on session; and demonstrate the proper handling and initial skills needed to perform a comprehensive upper airway examination with a fiberoptic endoscope.

This activity is supported by BR Surgical, LLC through an independent educational grant consisting of loaned durable equipment.

W16 Proper Use of Immunoglobulin Replacement Therapy ❶
4:00 – 6:00 pm *Room 006AB*
Fee: $70 (FITs $35). Limit 50.
Jordan S. Orange, MD, PhD, FACAAI and Richard L. Wasserman, MD, PhD, FACAAI

This presentation will cover the proper use of immunoglobulin in primary immunodeficiency.

W17 Many Faces of Dyspnea in the Athlete: VCD or Asthma? ❶❷
4:00 – 6:00 pm *Room 006CD*
Fee: $70 (FITs $35). Limit 50.
Charles J. Siegel, MD, FACAAI; Stephen A. Tilles, MD, FACAAI; and Guest Coach

This workshop will include a case of dyspnea in the athlete and discuss this in a problem-based learning format with attendees.

Workshops

Admission by ticket only • All workshops will be held at the Henry B. Gonzalez Convention Center

Sunday, November 8 (continued)

W18 2015 Coding, Billing and Regulations: Part 2 of 2 1 3 5 6
4:00 – 6:00 pm *Room 007B*
Fee: $70 (FITs $35). Limit 50.
Gary N. Gross, MD, FACAAI and
J. Allen Meadows, MD, FACAAI

The Advocacy Council team will update progress on the transition to ICD-10 and answer questions. This presentation will describe legal/regulatory issues as they relate to allergy/immunology and requirements for correct coding for reimbursement and documentation for ICD-10.

W19 Living With an Itch: A Practical Approach to Diagnosis and Treatment MOC/CME 1 2 3 4 6
4:00 – 6:00 pm *Room 007A*
Fee: $70 (FITs $35). Limit 50.
Luz S. Fonacier, MD, FACAAI and
Peter A. Lio, MD

This presentation will include discussion of the causes of pruritus with and without a rash and systemic diseases that need to be considered; and the use of systemic agents, phototherapy, "alternative" and "natural" medications in itch.

W20 Are You Ready for SCID Newborn Screening? 1 2 3 6
4:00 – 6:00 pm *Room 008A*
Fee: $70 (FITs $35). Limit 50.
Lisa Kobrynski, MD, MPH, FACAAI and
John M. Routes, MD, FACAAI

This workshop will cover the necessary steps for implementing newborn screening for SCID within a state and the role of the A/I practitioner in this screening program and review some of the resources available to states implementing this screening test; the scientific basis of the TREC assay and the evaluation of infants with abnormal TREC assays.

W21 Approach to Eosinophilic Esophagistis and Other Swallowing Disorders MOC/CME 1 2 3
4:00 – 6:00 pm *Room 007D*
Fee: $70 (FITs $35). Limit 50.
Mirna Chehade, MD and
Jonathan M. Spergel, MD, PhD, FACAAI

This workshop will discuss the differential diagnosis of eosinophilic esophagitis (EoE) and the spectrum of symptom presentation across various age groups; the diagnostic options and various currently used therapies for EoE, along with the diagnosis of EoE and other potential swallowing disorders, and review the differential diagnosis of swallowing disorders.

W22 Skin and Lungs After 65 1 2 3 4 5 6
4:00 – 6:00 pm *Room 007C*
Fee: $70 (FITs $35). Limit 50.
Pinkus Goldberg, MD, FACAAI and
Raymond S. Slavin, MD, FACAAI

This workshop will evaluate the aging process and its clinical effects on the lung and skin; diagnostic and therapeutic options unique to this age group will be discussed, along with the importance of asthma in the elderly, with special attention paid to diagnosis and treatment of asthma in the elderly.

W23 Diagnostic Testing for Food Allergy: Is Component Testing Ready for Prime Time? 1 2 3 6
4:00 – 6:00 pm *Room 008B*
Fee: $70 (FITs $35). Limit 50.
Jay M. Portnoy, MD, FACAAI and
P. Brock Williams, PhD, FACAAI (SC)

This workshop will include discussion of the current evidence related to the use of diagnostic tests for food and aero-allergen sensitivity, emphasizing the strategies used for clinical decision-making.

Workshops

Admission by ticket only • All workshops will be held at the Henry B. Gonzalez Convention Center

Sunday, November 8 (continued)

W24 Nuts and Bolts on Rush and Cluster Immunotherapy 1 2 3 4 5 6
4:00 – 6:00 pm *Room 001AB*
Fee: $70 (FITs $35). Limit 50.
David B. Engler, MD, FACAAI and
Michael S. Tankersley, MD, FACAAI

Immunotherapy (IT) is highly effective in certain allergic ailments, but many patients have difficulty building up to the high, effective doses necessary to achieve relief; rush and cluster IT allows for accelerated forms of building up the dose, making IT a good option in many patients who would otherwise not be candidates. This workshop will include discussion of the efficacy, procedures, coding, safety, risk factors and outcome for both cluster and rush subcutaneous immunotherapy.

W25 AACA All About Vaccines: Diagnosis, Management and Adverse Events 1 2 3
4:00 – 6:00 pm *Room 204*
Fee: $70 (FITs $35). Limit 50.
Mark M. Ballow, MD, FACAAI;
Joseph A. Bellanti, MD, FACAAI and
John M. Kelso, MD, FACAAI
Myron J. Zitt, MD, FACAAI, Moderator

This workshop will include discussion of current recommendations for vaccines and adverse reactions to vaccines. It will also include discussion of how the unprecedented dimensions of the 2014 Ebola epidemic which ravaged three West African countries have challenged public health response capacity and urged the availability of safe and effective vaccines.

W26 Problem-Based Learning: An Interactive Case Discussion of a Child With Recurrent Infections 1 2 3 4 5
4:00 – 6:00 pm *Room 203*
Fee: $70 (FITs $35). Limit 25.
Ray S. Davis, MD, FACAAI and
Michael R. Nelson, MD, PhD, FACAAI

An interactive case-based discussion (PBL) will be presented to the audience for their opinions of how to evaluate, diagnose and treat a patient with recurrent respiratory infections, followed by an expert didactic presentation on the Practice Parameters on this subject matter.

Learning Objectives

Upon completion of this session, participants should be able to:

- W15) Describe the major anatomical structures of the nasal, pharyngeal and glottic areas as visualized during examination with the fiber-optic rhinolaryngoscope; describe variations of normal seen in this hands-on session; and demonstrate the proper handling and initial skills needed to perform a comprehensive upper airway examination with a fiberoptic endoscope
- W16) Discuss the various indications for use of immunoglobulin replacement; and review types of immunoglobulin preparations available for use as well as the advantages and disadvantages of each
- W17) Distinguish among the various types of exercise-induced respiratory disorders; and discuss the appropriate use of diagnostic tests, including spirometry and laryngoscopy in evaluation of exercise-induced respiratory disorders
- W18) Discuss actual problems related to coding, billing and government regulations as contributed by practicing allergists; and discuss related issues that may include, ICD-10 Codes/Meaningful Use and PQRS, Medicare/Billing CPT code 95165/USP 797
- W19) Discuss the causes of pruritus, with (including atopic dermatitis) or without a rash and the workup to seek underlying diseases; and recognize that pruritus has numerous pathways and available therapies to address itch in patients with both idiopathic pruritus and pruritus secondary to another disease
- W20) Recognize the important steps for implementing statewide SCID newborn screening; and discuss the basis of TREC screening, including the conditions identified by this test, and the proper next steps to be taken after an abnormal newborn screening test
- W21) Discuss the pathophysiology and differential diagnosis of eosinophilic esophagitis (EoE) and other similar swallowing disorders; and discuss the diagnostic options and evolving treatment for EoE
- W22) Effectively diagnose and manage asthma in the elderly; identify co-morbidities, allergy and psychosocial factors affecting the disease; and discuss changes that occur with age in the skin and diseases that are more prevalent or unique to the elderly, and evaluate and treat these allergic skin diseases
- W23) Select appropriate components to measure in patients with suspected food allergy focusing on peanut; and recommend appropriate treatment based on the results of the component tests
- W24) Discuss efficiency, procedures, coding, safety, risks and outcomes related to Rush Immunotherapy; and discuss efficiency, procedures, coding, safety, risks and outcomes of Cluster Immunotherapy
- W25) Discuss current recommendations for vaccines (pneumococcal, influenza, small pox, meningococcal, tetanus), and their use for diagnosis and management in immune compromised, both primary and secondary immunodeficiency, and immune competent patients; discuss facts and fiction (autism) of adverse reactions to vaccines and current recommendations for patients reporting allergy to egg, gelatin, etc.
- W26) Properly identify patients who may be immunodeficient, including old and new forms, and require a thorough immunological evaluation; and proficiently manage immunodeficient patients and determine when to refer them to tertiary care centers

Workshops

Admission by ticket only • All workshops will be held at the Henry B. Gonzalez Convention Center

Monday, November 9

W27 Alcohol and Additive Allergies 1 2 3
1:00 – 3:00 pm *Room 204*
Fee: $70 (FITs $35). Limit 50.
Karla Adams, MD and
Hannelore A. Brucker, MD, FACAAI (SC)

This workshop will review food additive hyper-sensitivity reactions and histamine intolerance signs and symptoms, including discussion of the evaluation and management of these conditions, and different mechanisms of reactions to alcoholic beverages including genetic variations of enzymes that degrade alcohol. The workshop should help to sharpen the diagnostic skills to analyze allergic-type reactions to alcohol.

W28 Enhancing the Survival of Allergists: Facing Current Challenges Including Changing Markets and ACO 1 2 3
1:00 – 3:00 pm *Room 006CD*
Fee: $70 (FITs $35). Limit 50.
Stanley M. Fineman, MD, MBA, FACAAI and
Michael B. Foggs, MD, FACAAI

This workshop will define ACOs, Medicare Shared Savings Programs, Patient-Centered Medical Home and Integrated Health Care Networks and help the attendee recognize ongoing funding formulas for health care and the need for integration and participation with other practitioners, health care systems, allied health groups and community health centers to deliver coordinated care.

W29 Immunotherapy in 2015: The Nuts and Bolts of SCIT and SLIT 1 2
1:00 – 3:00 pm *Room 007A*
Fee: $70 (FITs $35). Limit 50.
Bryan L. Martin, DO, FACAAI and
John J. Oppenheimer, MD, FACAAI

This workshop will cover the differences in therapeutic extracts and prescribing practices.

W30 Fat Lips and Swollen Throats: What Are the Facts? 1 2 3
1:00 – 3:00 pm *Room 007B*
Fee: $70 (FITs $35). Limit 50.
William R. Lumry, MD, FACAAI and
Richard W. Weber, MD, FACAAI

This workshop will review the evaluation and treatment of angioedema with focus on emerging therapies for bradykinin mediated swelling disorders.

Supported by an independent educational grant from Salix Pharmaceuticals, wholly-owned subsidiary of Valeant Pharmaceuticals, Inc.

W31 Penicillin (Beta-Lactam) Toolkit 1 2
1:00 – 3:00 pm *Room 007C*
Fee: $70 (FITs $35). Limit 50.
Howard C. Crisp, MD and
Dana V. Wallace, MD, FACAAI

This workshop will review the beta-lactam allergy toolkit and discuss how an allergist can present to the primary care audience the principles of drug allergy and the benefits of an allergy referral. It will provide attendees with information on how to customize their individual office protocol for beta-lactam testing and oral challenge including testing sheets and consent forms.

W32 Systemic Effects of Inhaled, Intranasal and Topical Corticosteroids 1 2 3
1:00 – 3:00 pm *Room 007D*
Fee: $70 (FITs $35). Limit 50.
Craig A. Alter, MD and
David P. Skoner, MD, FACAAI

This workshop will review adverse effects of steroids on children and specifically the effects of inhaled steroids.

Workshops

Admission by ticket only • All workshops will be held at the Henry B. Gonzalez Convention Center

Monday, November 9 (continued)

W33 Unanswerable Questions: Conundrums in Anaphylaxis MOC/CME 1 2 3 4 5 6

1:00 – 3:00 pm *Room 008A*

Fee: $70 (FITs $35). Limit 50.

Paul A. Greenberger, MD, FACAAI and Phillip L. Lieberman, MD, FACAAI

This workshop will explore some unanswered questions about causes of anaphylaxis and "next steps" in diagnosis and treatment; consider the differences between idiopathic anaphylaxis and mast cell activation syndromes and for whom bone marrow examinations should be performed; and organize a reassessment when the patient keeps experiencing episodes of anaphylaxis despite your best advice. In addition, there will be discussion of the proper circumstances to administer epinephrine during an anaphylactic event and the proper circumstances to prescribe epinephrine to a patent at risk of an event.

W34 Navigating the Vapors 1 2 3 4 5

1:00 – 3:00 pm *Room 008B*

Fee: $70 (FITs $35). Limit 50.

Maeve E. O'Connor, MD, FACAAI and William S. Silvers, MD, FACAAI

This workshop will include discussion of the prevalence, toxicity and effects of e-cigarettes and their impact especially to our adolescents and compare mechanisms of e-cigarettes versus traditional cigarettes regarding airway/inflammatory and allergic responses. In addition, it will provide an update on the Colorado experience of Medical and Recreational Marijuana and a description of patient presentations with allergic reactions to marijuana.

Learning Objectives

Upon completion of this session, participants should be able to:

- W27) Discuss the presenting clinical syndromes associated with alcohol sensitivity reactions, evaluation and management; and discuss the presenting symptoms associated with food additive allergy and histamine intolerance, evaluation and management
- W28) Define ACOs, Medicare Shared Savings Programs, Patient Centered Medical Home, and Integrated Health care Networks, as well as recognize ongoing funding formulas for health care, such as sustainable growth rate, pay for performance, etc.; recognize the need for integration and participation with other practitioners, health care systems, allied health groups, community health centers to deliver coordinated care; and discuss market challenges facing the practicing allergist and outline strategies to enhance patient flow
- W29) Explain the differences between subcutaneous, sublingual and other forms of allergy immunotherapy for the purpose of therapeutic extracts related to patient care, including health care outcomes research which involves benefits related to the application of immunotherapy; and write prescriptions for immunotherapy which contain safe and effective doses of each component according to current guidelines and best clinical practice for the benefit of patient care
- W30) Discuss the workup and treatment approaches to patients with types I and 2 hereditary angioedema (HAE); and discuss the pathophysiology, workup and treatment of histamine-mediated urticaria/angioedema and distinguishing features from type 3 HAE
- W31) Customize the beta-lactam physician and nursing protocol for beta-lactam testing and oral challenge as well as testing sheets and consent forms for their individual office; present to a primary care audience the principles of drug allergy and why allergy referrals are appropriate; and customize their patient and primary care office education materials to market the allergist as the expert for beta-lactam testing as well as discuss the reasons that primary care providers, patients, and third-party payors should suggest and approve beta-lactam testing for carefully selected patients; present to a primary care audience the principles of allergy testing and oral challenge for patients suspected to have beta-lactam allergy
- W32) Discuss the potential adverse effects of commonly used topical corticosteroid medications on several organ systems, including possible effects on growth; discuss diagnostic and therapeutic options based on known potential adverse events
- W33) Administer epinephrine at the appropriate time to patients with various manifestations of anaphylaxis; and recognize that anaphylaxis may begin with mild symptoms and rapidly progress to cardiovascular and/or respiratory collapse
- W34) Describe prevalence, toxicity and effects of e-cigarettes and their impact especially to our adolescents, as well as compare mechanisms of e-cigarettes versus traditional cigarettes regarding airway/inflammatory and allergic responses; describe prevalence, toxicity and effects of legalized marijuana and its impact on public health

Thursday International Food Allergy Symposium

8:00 am – 5:00 pm • Room 103AB • Henry B. Gonzalez Convention Center
Separate Registration Fee • Admission by Ticket Only

Co-Chairs: Amal H. Assa'ad, MD, FACAAI and Sami L. Bahna, MD, DrPH, FACAAI

Supported in part by an independent educational grant from Nestlé Nutrition Institute

8:00 am

Welcome and Introductions

Bryan L. Martin, DO, FACAAI, ACAAI President-Elect and 2015 Annual Scientific Meeting Program Chair

8:15 – 10:00 am

Manifestations

Moderators: Sami L. Bahna, MD, DrPH, FACAAI and Helen Hei-ling Chan, MD, FACAAI

These presentations will review: 1) food allergy and possible mechanisms of how it is caused and how it is treated; 2) treatment options and diagnostic criteria for EoE and FPIES; and 3) the mechanisms and risk factors predisposing a patient to life-threatening allergic reactions.

8:15 am **Deciphering the Black Box of Food Allergy Mechanisms** (2 3)
Kari C. Nadeau, MD, PhD

8:45 am **Update on Non-IgE Food Allergies** (1 2 3)
Jonathan M. Spergel, MD, PhD, FACAAI

9:15 am **Anaphylaxis Mechanism as Relates to Food Allergy** (1 2)
Peter Vadas, MD, PhD

9:45 am **Questions and Discussion**

Learning Objectives

Upon completion of this session, participants should be able to:

- Distinguish the various pathophysiologic and immunologic pathways that lead to food allergy
- Diagnose and manage the non-IgE mediated food allergies, as exemplified in FPIES and eosinophilic esophagitis
- Apply the knowledge of the latest mechanisms of anaphylaxis to the diagnosis and management of patients

10:00 – 10:15 am
Refreshment Break *(103 Foyer)*

Thursday International Food Allergy Symposium

8:00 am – 5:00 pm • Room 103AB • Henry B. Gonzalez Convention Center
Separate Registration Fee • Admission by Ticket Only

Co-Chairs: Amal H. Assa'ad, MD, FACAAI and Sami L. Bahna, MD, DrPH, FACAAI

Supported in part by an independent educational grant from Nestlé Nutrition Institute

10:15 am – noon

Diagnosis

Moderators: Karen A. Freedle, MD, FACAAI and Mary C. Tobin, MD, FACAAI

These presentations will cover: 1) seafood classification, seafood allergens, cross-reactivities of seafood, diagnosis of seafood allergy and medical disorders mimicking seafood allergy; 2) the most up-to-date and practical approach to diagnosis of food allergy utilizing diagnostic tests that are clinically available and others that are still in the research arena; and 3) current and potential future diagnositic modalities for eosinophilic esophagitis.

10:15 am **Not Every Seafood "Allergy" Is Allergy!** 1 2
Sami L. Bahna, MD, DrPH, FACAAI

10:45 am **What Is New in Food Allergy Diagnostics?** 1 2 3 4 5 6
Amal H. Assa'ad, MD, FACAAI

11:15 am **ACAAI-Supported Research: Current and Potential New Diagnostic Tests for EoE** 1 2
Kelly M. Maples, MD, FACAAI

11:45 am **Questions and Discussion**

Learning Objectives

Upon completion of this session, participants should be able to:

- Identify and manage all forms of seafood allergy
- Utilize diagnostic techniques such as component testing and food challenges in the management of patients with food allergy
- Discuss updates on research and clinical diagnostic methods of eosinophilic esophagitis

Noon – 1:15 pm
Lunch Break *(on own)* ***and Poster Viewing***

Thursday International Food Allergy Symposium

8:00 am – 5:00 pm • Room 103AB • Henry B. Gonzalez Convention Center
Separate Registration Fee • Admission by Ticket Only

Co-Chairs: Amal H. Assa'ad, MD, FACAAI and Sami L. Bahna, MD, DrPH, FACAAI

Supported in part by an independent educational grant from Nestlé Nutrition Institute

1:15 – 3:00 pm

Dietary Management

Moderators: Amal H. Assa'ad, MD, FACAAI and Matthew Greenhawt, MD, MBA, MSc, FACAAI

These presentations will review: 1) the GLAD-p guidelines, produced by WAO, which present information on the possible role of probiotics and prebiotics in allergy prevention; and 2) the role of the dietitian in taking a food allergy focused diet history, developing food challenge recipes and protocols, managing the nutritional aspects of food allergy and monitoring growth and development in children, and finally their emerging role in designing foods suitable for oral immunotherapy.

1:15 pm **The Role of Prebiotics and Probiotics in Food Allergy** (1 2)
Alessandro Fiocchi, MD, FACAAI (SC)

1:45 pm **Diet for Food Allergy Diagnosis and Treatment** (1 2 3)
Carina Venter, PhD, RD

2:15 pm **F1 Asian Indian Food Allergy Survey: Unique Ethnic Food Allergens**
C. Dinakar[1], O. Kamdar*[2], M. Yarbrough[2], R. Gupta[2]
1. Kansas City, MO; 2. Chicago, IL

2:30 pm **F2 A Retrospective Study of Shrimp and Cockroach Allergy: Correlation of In Vitro, Skin Test and Clinical Allergy Manifestations**
M. Shum*[1], R. Joks[2]
1. New York, NY; 2. Brooklyn, NY

2:45 pm **Questions and Discussion**

Learning Objectives

Upon completion of this session, participants should be able to:

- Utilize probiotics in the prevention and treatment of the atopic disorders where they have been shown to be effective
- Design balanced dietary interventions for the diagnosis and treatment of various food allergies
- F1) Identify some unique ethnic food allergens in individuals of Asian Indian heritage
- F2) Identify the risks of clinical shrimp allergy in cockroach- and shrimp-sensitized patients as compared to shrimp-sensitized patients

3:00 – 3:15 pm
Refreshment Break *(103 Foyer)*

Thursday International Food Allergy Symposium

8:00 am – 5:00 pm • Room 103AB • Henry B. Gonzalez Convention Center
Separate Registration Fee • Admission by Ticket Only

Co-Chairs: Amal H. Assa'ad, MD, FACAAI and Sami L. Bahna, MD, DrPH, FACAAI

Supported in part by an independent educational grant from Nestlé Nutrition Institute

3:15 – 5:00 pm

Food Allergy Prevention and Management

Moderators: Sami L. Bahna, MD, DrPH, FACAAI and Theresa A. Bingemann, MD, FACAAI

These presentations will review: 1) how numerous interactions may take place between medications and proper food processing in the intestine, ranging from non-digestion such as during anti-ulcer medication, or antibiotics intake changing the composition of the flora and how all may support sensitization to food as well as affect the threshold levels in already sensitized patients; possible interference of acetaminophen and vitamins with food allergy risk will also be discussed; and 2) a discussion of the latest in the development of a treatment for food allergy, including oral, sublingual and epicutaneous immunotherapy.

3:15 pm **Are Medications Increasing the Development of Food Allergy?** 1 2
Prof. Dr. Erika Jensen-Jarolim

3:45 pm **F3 Food Allergy Sensitization and Presentation in Siblings of Food Allergic Children**
R. Gupta*[1]. M.M. Walkner[1], C. Lau[1], D. Caruso[2], X. Wang[2], J.A. Pongracic[1], B. Smith[1]
1. Chicago, IL; 2. Baltimore, MD

4:00 pm **F4 Food Allergy and Its Impact on Growth: Missouri WIC 2014-Present**
M.K. Nanda*[1], C. Dinakar[2]
1. Cincinnati, OH; 2. Kansas City, MO

4:15 pm

Luisa Businco Memorial Lecture

The Latest on Food Allergy Immunotherapy 2 3 6
A. Wesley Burks, MD, FACAAI

4:45 pm **Questions and Discussion**

Learning Objectives

Upon completion of this session, participants should be able to:

- Identify the risk factors for the development of food allergy that applies to their patient and design interventions to reduce the risk
- F3) Describe the characterization of the prevalence of food allergies in siblings of food-allergic children
- F4) Contrast the differences in age-adjusted height, weight, and body mass index percentiles and Z scores between children with and without food allergy
- Inform their patients of the latest research endeavors on various methods of food allergy immunotherapy and the outcomes

5:00 pm **Adjourn**

Scientific Poster Presentations

All Scientific Posters will be on display in Room 103AB. Authors of these posters are requested to be at their posters to discuss their work from Noon – 1:15 pm, Thursday.

FP1 **Diagnosis of Food-Induced Anaphylaxis Is Barrier to Appropriate Management in Pediatric Emergency Department**
J. Yonkof*[1], M. Rafeeq[2], *1. Marblehead, OH; 2. Toledo, OH*

FP2 **Comparison of Ara h2 in Household Dust of Peanut Allergic vs. Nonallergic Individuals**
J. Shroba*[1], C. Barnes[1], M. Nanda[1], C. Dinakar[1], C. Ciaccio[2], *1. Kansas City, MO; 2. Chicago, IL*

FP3 **Quality Improvement: Implementing a Standardized Food Allergy Protocol in a Tertiary Pediatric Allergy Clinic**
A.Kourosh*[1], S Hasan[1], N. Chokshi[2], D. Guffey[1], C. Minard[1], C.M. Davis[1], *1. Houston, TX; 2. New York, NY*

FP4 **Sudden Loss of Tolerance to Hen's Egg in an Adult**
V. Nayima*, A. CaJacob, T. Hwangpo, J. Bonner, *Birmingham, AL*

FP5 **Acute Anaphylaxis Following Fresh Food Skin Prick Testing With Pine Nuts**
S.B. Sindher*, S.P. DaVeiga, *Philadelphia, PA*

FP6 **Retrospective Review of the Association Between Clinical Tolerance in Oral Food Challenges and Skin Prick to Prick Testing of Baked Egg and Baked Milk**
S. Hasan*[1], C. Minard[1], D. Guffey[1], N. Chokshi[2], C. Davis[1], *1. Houston, TX; 2. New York, NY*

FP7 **Anaphylactic Shock After Intravenous Injection of Cow's Milk**
B. Elmas*, O. Ozdemir, *Adapazarı Sakarya, Turkey*

FP8 **Infant Food Challenges: An Application of the LEAP Study**
C.H. Baloh*, J. Broyles, H. Chong, A. Larkin, D. Nash, T. Green, *Pittsburgh PA*

FP9 **The Health and Economic Impact of Delaying Oral Food Challenges**
C. Couch*[1], T.J. Franxman[2], M. Greenhawt[1], *1. Ann Arbor, MI; 2. Florence, KY*

FP10 **Extent and Profile of Food Sensitization in Patients With Irritable Bowel Syndrome and Atopic Symptoms**
M.C. Tobin*, J. van den Berg, M. Mahdavinia, S. Fox, E. Azimi Nekoo, H.G. Roosevelt, S.L. Mikolaitis, H. Rasmussen, M.T. DeMeo, A. Keshavarzian, *Chicago, IL*

FP11 **Oral Allergy Syndrome: Epidemiology in Adults and Children in Mexico City**
S. Gonzalez-Flores*, J.C. Fernandez de Cordova-Aguirre, C.I. Urquiza-Ramirez, M.E. Arroyo-Cruz, A.A. Velasco-Medina, G. Velazquez-Samano, *Mexico City, DF, Mexico*

FP12 **Health Literacy and Trust in Information Sources Influence Caregiver Food Allergy Quality of Life and Self-Efficacy**
N. Ditzler*, M. Greenhawt, *Ann Arbor, MI*

FP13 **The Wrath of Grapes**
A.B. Kekevian*, *Wilmington, DE*

FP14 **Characterization of Food Allergies Among Children Attending an Overnight Summer Camp**
M. Redmond*, R. Scherzer, K.J. Wada, K. Strothman, E. Kempe, B. Galantowicz, D. Stukus, *Columbus, OH*

FP15 **Degree of Anxiety in Food Allergic Children in a Tertiary Care Center**
T. Fausnight*, Hershey, PA, L. Petrovic-Dovat, A. White, T. Zeiger, S. Iriana, R. Meyer, B. Edward, *Hershey, PA*

FP16 **Peer Food Allergy Educational Videos: Improving Knowledge, Attitudes, and Support for Students With Food Allergy**
R. Gupta*[1], L. Watson[1], M. Yarbrough[1], N. Goldman[2], C. Warren[3], *1. Chicago, IL; 2. Wilmette, IL; 3. Alhambra, CA*

FP17 **Development of an Electronic Registry to Determine Prevalence and Characteristics of Anaphylaxis in the Emergency Department (ED)**
R. Gupta*, M. Yarbrough, B. Smith, C. Cochran, J. Trainor, *Chicago, IL*

FP18 **Non-atopic Eosinophilic Esophagitis: A Subgroup of Disease With Possible Different Etiology**
J. van den Berg*, M.C. Tobin, A. Ditto, M. Mahdavinia, *Chicago, IL*

FP20 **Does Serum-specific IgE Sensitization to Tree Nut Increase the Risk of Coconut Sensitization?**
B.I. Polk*[1], D. Dinakarpandian[1], M.K. Nanda[2], C. Barnes[1], C. Dinakar[1], *1. Kansas City, MO; 2. Cincinnati, OH*

FP21 **Epinephrine Ordering and Utilization for In-Office Oral Food Challenges: Standardization of Practice**
A.T. Dang*, P. Chundi, L. Perez Ramirez, D. Morris, M. Goodman, A.H. Assa'ad, *Cincinnati, OH*

Scientific Poster Presentations

All Scientific Posters will be on display in Room 103AB. Authors of these posters are requested to be at their posters to discuss their work from Noon – 1:15 pm, Thursday.

FP22 **A Unique Case of Anaphylaxis to Tomatillo**
S. Melethil*[1], T. Patel[2], S. Sur[2], *1. Houston, TX; 2. Galveston, TX*

FP23 **C-CARE: Evaluation of Risk Factors Associated With Food-Induced Anaphylaxis in Children With a Known Food Allergy Treated at the Emergency Department**
S. De Schryver*[1], A. Clarke[2], S. La Vieille[3], R. Alizadehfar[1], A. Dery[1], C. Mill[4], L. Joseph[1], H. Eisman[1], J. Morris[1], E. Hochstadter[5], J. Gravel[1], R. Lim5, M. Ben-shoshan[1], *1. Montreal, QC, Canada; 2. Calgary, AB, Canada; 3. Ottawa, ON, Canada; 4. Vancouver, BC, Canada; 5. London, ON, Canada*

FP24 **An Infant With Severe Anemia and Respiratory Distress**
H. Parekh*, A.A. Mourad, S.L. Bahna, *Shreveport, LA*

Upon completion of this session, participants should be able to: FP1) define the NIAID/FAAN diagnostic criteria for anaphylaxis to improve recognition of food-induced anaphylaxis; FP2) identify the presence of significant levels of Ara h2 in peanut allergic households; FP3) analyze the advantages and drawbacks of implementing a standardized food allergy management protocol in a clinic with many providers at varying levels of experience; study the possible methods for measuring the success of a standardized food allergy management protocol; FP4) identify symptoms of egg allergy; work up an adult for food allergy; FP5) assess the risk of developing an allergic reaction to skin prick testing; FP6) analyze the usefulness of skin prick testing of baked milk and baked egg to the outcomes of oral food challenge; FP7) discuss the clinical presentation of anaphylactic shock in which angioedema and systemic symptoms involving four organs were caused by patient's mild, subclinical cow's milk allergy; FP8) describe one method of implementing the results of the LEAP study in clinical practice; FP9) identify proposed quality measures of food allergy management in regards to optimal timing of oral food challenges; assess the direct medical costs of delaying oral food challenges; FP10) assess the importance of irritable bowel symptoms in allergic patients; evaluate food triggers which may be contributing to the gastrointestinal symptoms; FP11) discuss the epidemiology of oral allergy syndrome in Mexico; FP12) identify health literacy as a relevant skill in chronic disease management; acknowledge that both health literacy and trust in information sources have an impact on patient reported outcomes, such as food allergy health related quality of life and food allergy self-efficacy; FP13) identify grape as a potential antigen causing IgE-mediated allergy in the United States; FP14) discuss the prevalence of food allergy at a summer camp for medically fragile children and how many of these children have appropriate measures in place in case of accidental food ingestion; FP15) describe the rates of anxiety, as determined by a standardized screening tool, in a food allergic pediatric population when compared to children with known anxiety disorder and a normal control group; FP16) analyze the benefits of utilizing an online survey and peer-to-peer educational videos; FP17) review the process of creating a registry between a hospital and academic institution; FP18) describe the possible differences between allergic and non-allergic eosinophilic esophagitis; FP20) dentify patterns in tree nut IgE that may increase the odds of a positive coconut IgE; FP21) discuss the benefits of targeted educational intervention in increasing rates of epinephrine ordered prior to oral food challenges; FP22) discuss the potential for anaphylaxis to tomatillo and the need for identification of possible allergens in commonly consumed foods; FP23) identify circumstances of inadvertent food-induced anaphylactic reactions and to increase awareness of caregivers increasing the awareness of care-givers to the risk of accidental reactions in patients with known food allergy; and FP24) diagnose Heiner syndrome in children fed milk who have unexplained pulmonary infiltrates.

Friday Annual Literature Review

Everything You Should Have Read Last Year, but Didn't!

7:30 am – 3:30 pm • Ballroom A • Henry B. Gonzalez Convention Center
Separate Registration Fee • Admission by Ticket Only

Chair: David A. Khan, MD, FACAAI

Supported in part by an independent educational grant from Mylan Specialty L.P.

To help you keep abreast of the latest clinical developments in allergy and immunology, ACAAI will continue its highly successful Literature Review program. It's a review of the most important, clinically focused literature of our specialty published between October 2014 and August 2015, with emphasis on clinical relevance. Faculty includes allergy/immunology training program directors and specialists in practice.

Moderator: James T. Li, MD, PhD, FACAAI

7:30 am **Basic Immunology** 2 5 6
Mitchell H. Grayson, MD, FACAAI

8:00 am **Update on Antimicrobials, Infectious Diseases and Vaccines** 1 2 3
Chitra Dinakar, MD, FACAAI

8:30 am **Update in Clinical Immunology** 1 2 3
John M. Routes, MD, FACAAI

9:00 am **Asthma and Lower Respiratory Diseases** 1 2
James T. Li, MD, PhD, FACAAI

9:30 am **Refreshment Break** *(Ballroom A Foyer)*

9:45 am **Update on Skin Diseases: Urticaria, Angioedema and Other Skin Disorders** 1 2 3
Marc A. Riedl, MD, MS

10:15 am **Update in Pediatric Allergy** 1 2
John M. Kelso, MD, FACAAI

10:45 am **Anaphylaxis, Drug Allergy and Stinging Insect Hypersensitivity** 1 2 3 6
Anthony Montanaro, MD, FACAAI

11:15 am **Questions and Discussion**

11:30 am **Lunch** *(on own)*

Moderator: David A. Khan, MD, FACAAI

12:30 pm **Immunotherapy** 1 2
Harold S. Nelson, MD, FACAAI

1:00 pm **Food Allergy** 1 3
Matthew Greenhawt, MD, MBA, MSc, FACAAI

1:30 pm **Occupational and Environmental Allergy** 1 2
Mark S. Dykewicz, MD, FACAAI

2:00 pm **Refreshment Break** *(Ballroom A Foyer)*

2:15 pm **Rhinitis and Sinusitis** 1
Anju T. Peters, MD

2:45 pm **The Year's Best Articles** 1 2
David A. Khan, MD, FACAAI

3:15 pm **Questions and Discussion**

3:30 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- Discuss recent developments in basic immunology in relation to allergic disorders
- Describe recent developments in infectious diseases, antimicrobials, and vaccines
- Discuss recent developments in clinical immunology
- Better diagnose and manage asthma and COPD
- Discuss important scientific and clinical advances in the pathophysiology and treatment of urticaria, angioedema, and other skin disorders
- Apply practical lessons learned from recent literature in pediatric allergy, asthma and immunology
- Identify new concepts in anaphylaxis, drug allergy and stinging insect hypersensitivity, as well as utilize clinically relevant findings in these areas
- Describe recent developments in immunotherapy
- Discuss recent developments in food and additives allergy
- Better counsel patients on environmental factors that may impact respiratory and allergic disease, and better recognize, diagnose and manage occupational allergic diseases
- Describe recent developments in rhinitis and sinusitis
- Apply practical lessons learned from recent literature in allergy, asthma and immunology

3:00 – 6:00 pm
Visit Exhibits

Friday Symposia

8:30 – 10:30 am • Ballroom B • Henry B. Gonzalez Convention Center

Breakfast Symposium

Triumvirate of Parameters for Allergic Skin Diseases

Moderator: Stephen A. Tilles, MD, FACAAI

These presentations will review: 1) the diagnosis and management of chronic urticaria/angioedema based on best evidence; 2) the rationale for the Atopic Dermatitis Practice Parameter update and address key parts of the management algorithm; and 3) highlights of the 2015 Practice Parameters for Contact Dermatitis.

8:30 am	**Welcome and Introductions** Stephen A. Tilles, MD, FACAAI	
8:35 am	**Urticaria** David M. Lang, MD, FACAAI	1 2 3 4
9:05 am	**Atopic Dermatitis** Mark Boguniewicz, MD, FACAAI	1 2 3 4 5
9:35 am	**Contact Dermatitis** Luz S. Fonacier, MD, FACAAI	1 2
10:05 am	**Questions and Discussion**	
10:30 am	**Adjourn**	

Learning Objectives

Upon completion of this session, participants should be able to:

- Describe important identifiable causes of chronic urticaria that warrant further diagnostic work-up and discuss evidence basis for, and appropriate uses of, anti-IgE therapy for idiopathic chronic urticaria
- Discuss practice parameter summary statements regarding the management of refractory atopic dermatitis
- Describe proper use of patch testing and implications for management

11:30 am – 1:30 pm • Ballroom B • Henry B. Gonzalez Convention Center

Luncheon Symposium

Hereditary Angioedema: Management Challenges

Moderator: Richard G. Gower, MD, FACAAI

Supported by an independent educational grant from Shire

Hereditary angioedema (HAE) is often under-recognized and misdiagnosed due to lack of knowledge and use of evidence-based guidelines. It is critical that health care providers be able to recognize the various types of HAE and the symptoms associated. This interactive educational program will review the recent recommendations for the diagnosis, treatment, and management of patients with HAE. Problem-based case studies will be utilized to illustrate clinically relevant examples of optimal HAE care and opportunities for improving the management of the disease

11:30 am	**Welcome and Introductions** Richard G. Gower, MD, FACAAI	
11:35 am	**Approach to HAE Type 1 and Type 2** Marc A. Riedl, MD, MS	1 2 3
12:05 pm	**HAE With Normal C1 Inhibitor** Bruce L. Zuraw, MD, FACAAI	1 2 3 6
12:35 pm	**Cases and Panel Discussion** Richard G. Gower, MD, FACAAI	1
1:05 pm	**Questions and Discussion**	
1:30 pm	**Adjourn**	

Learning Objectives

Upon completion of this session, participants should be able to:

- Incorporate appropriate screening and testing strategies for the identification and diagnosis of patients with HAE
- Describe selection of therapies for acute attacks, trigger avoidance, and home administration of therapies for HAE
- Discuss available therapies for short- and long-term prophylaxis in patients with HAE

Friday Symposia

1:30 – 3:30 pm • Room 103AB • Henry B. Gonzalez Convention Center

Symposium

Asthma, COPD and Asthma-COPD Overlap Syndrome (ACOS)

Moderator: David I. Bernstein, MD, FACAAI

Supported in part by independent educational grants from:
AstraZeneca
Boehringer Ingleheim Pharmaceuticals, Inc.

These presentations will cover the following topics: 1) although airway obstruction characterizes emphysema, chronic bronchitis and asthma, considerable overlap exists in these syndromes; the definition of these common diseases is complicated by the fact that significant numbers of patients are exposed to cigarette smoke; in addition, pre-existing asthma may predispose patients to the development of COPD when exposed to tobacco smoke or biomass exhaust; and that the development of novel therapeutic approaches to improve outcomes are critical to decrease morbidity and mortality associated with ACOS; 2) physiologic changes associated with the aging lung and patients with ACOS, their clinical characteristics including similarities and differences, and approach to their treatment; and 3) an overview of the prevalence and impact of comorbidities in patients with ACOS.

1:30 pm **Welcome and Introductions**
David I. Bernstein, MD, FACAAI

1:35 pm **Chronic Airway Obstruction: What Does That Mean? Defining and Categorizing ACOS** (1 2)
Reynold A. Panettieri, Jr., MD

2:05 pm **Appropriate Use of New Therapeutic Agents and ACOS** (1 2 3 6)
Stephen P. Peters, MD, PhD

2:35 pm **The Impact of Comorbidities on the Clinical Course of ACOS** (2 3)
Nicola A. Hanania, MBBS

3:05 pm **Questions and Discussion**

3:30 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- Recognize that asthma, like COPD, can be an irreversible lung disease in both children and adults and be able to institute appropriate measures to slow this decline
- Manage exacerbations in patients with asthma/COPD overlap syndrome (ACOS), and assess when, and if, such patients should be referred to another specialist for further care
- Discuss the comorbidities that occur in patients with asthma/COPD overlap syndrome (ACOS) and be able to manage them

3:00 – 6:00 pm
Visit Exhibits

3:30 – 4:00 pm
Refreshment Break in Exhibit Hall
Supported by Meda Pharmaceuticals Inc.

4:00 – 6:00 pm • Room 103AB • Henry B. Gonzalez Convention Center

Symposium

Managing Non-Infectious Complications of Common Variable Immunodeficiency

Moderator: Gerald B. Lee, MD

Supported in part by an independent educational grant from Baxalta US, Inc.

These presentations will review: 1) how to recognize and treat the pulmonary complications of common variable immunodeficiency; 2) how to recognize and treat the autoimmune complications of common variable immunodeficiency; and 3) the description of malignancies associated with common variable immunodeficiency diseases.

4:00 pm **Welcome and Introductions**
Gerald B. Lee, MD

4:05 pm **Managing Pulmonary Complications of Common Variable Immunodeficiency** 1 2
John M. Routes, MD, FACAAI

4:35 pm **Managing Autoimmune Complications of Common Variable Immunodeficiency** 1 2
Anthony Montanaro, MD, FACAAI

5:05 pm **Recognizing Malignancies Associated With Common Variable Immunodeficiency** 1 2
William T. Shearer, MD, PhD

5:35 pm **Questions and Discussion**

6:00 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- Recognize and treat the pulmonary complications of common variable immunodeficiency
- Recognize and treat the autoimmune complications of common variable immunodeficiency
- Describe malignancies associated with common variable immunodeficiency diseases

Friday House of Delegates Meeting

4:00 – 6:00 pm • Room 001AB • Henry B. Gonzalez Convention Center

NOT FOR CREDIT

House of Delegates Meeting and Town Hall Forum

All meeting attendees are welcome • Beer, Wine and Cheese Reception

The HOD Town Hall Meeting will begin with an informal networking session, giving you the opportunity to discuss issues with colleagues, Delegates and the ACAAI leadership. The first part of the agenda will cover the business meeting. Then expert speakers will lead energized discussions on topics you have requested, including:

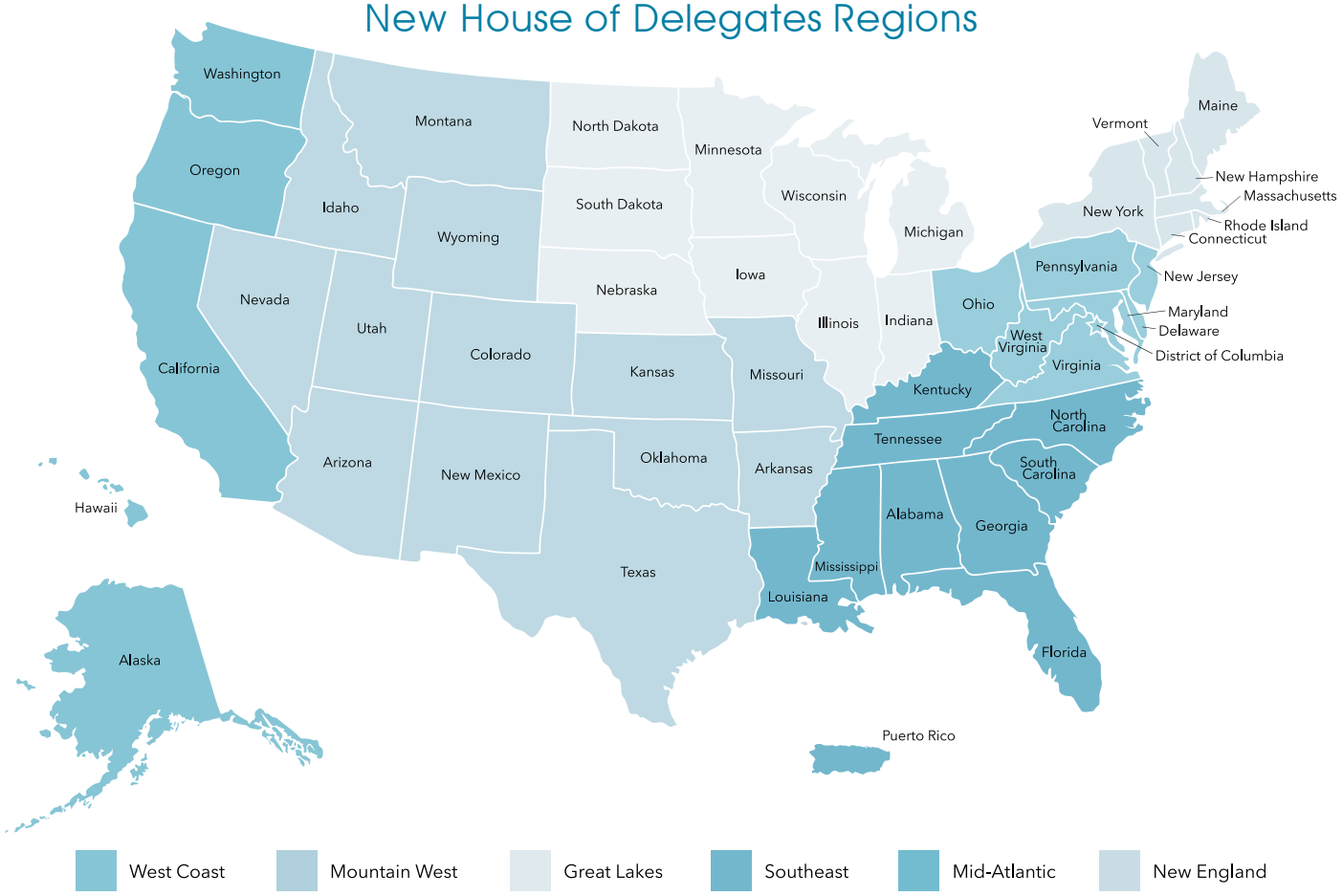
Introduction of the New HOD Structure and the Annual Report to Delegates
Kathleen R. May, MD, FACAAI
Speaker of the ACAAI
House of Delegates

The Role of Organized Medicine in the Future of Health Care
Susan R. Bailey, MD, FACAAI
Speaker of the AMA
House of Delegates

Advocacy Council Update
J. Allen Meadows, MD, FACAAI
Chair of the Advocacy Council

Washington Update: What Repeal of the SGR Means to Allergists
Bill Finerfrock
Chief Governmental Affairs
Consultant at Capitol Associates

New House of Delegates Regions



Friday

AAAII Annual Meeting and Dinner Symposium

Friday, Nov. 6 • 6:00 – 9:30 pm • Lone Star Ballroom DE (2nd Floor) • Grand Hyatt Hotel

NOT FOR CREDIT

American Association of Allergists and Immunologists of Indian Origin (AAAII) Annual Meeting and Dinner Symposium

Moderator: Mauli Desai, MD, President, AAAAII

6:00 pm **Welcome and Introductions**
Mauli Desai, MD, President, AAAII

Emerging Mechanisms in Aspirin Exacerbated Respiratory Disease: Leukotrienes or Th2 Pathways
Rohit K. Katial, MD, FACAAI
National Jewish Health, Denver, Colorado

Idiopathic Angioedema – Diagnosis and Management Strategies
Marc A. Riedl, MD, MS
UC San Diego, La Jolla, CA

9:30 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to: 1) Describe the mechanisms of aspirin-exacerbated respiratory disease; 2) Explain the diagnosis and management of idiopathic angioedema

Please visit www.aaaii.org for the latest information and for pre-registration.

Photo courtesy of San Antonio Convention and Visitors Bureau

Opening Ceremony and Welcome Announcements

8:00 – 8:30 am • Ballroom A • Henry B. Gonzalez Convention Center

James L. Sublett, MD, FACAAI
President

Bryan L. Martin, DO, FACAAI
President-Elect and Program Chair`

Mrs. Judy Fineman
Alliance President

8:30 – 10:30 am • Ballroom A • Henry B. Gonzalez Convention Center

Plenary Session MOC/CME

Biologics in Practice: Unique Opportunity for Allergist Expertise

Moderators: Rohit K. Katial, MD, FACAAI and James L. Sublett, MD, FACAAI

These presentations will review: 1) recent advances in our understanding of immune mechanisms of asthma including roles of epithelial cells and epithelial cell derived cytokines and novel immune cell types including ILC2, ILC3, iNKT cells, gd cells, and Th17 cells; 2) the therapeutic potential of immune response modifiers (IRMs); discussion of strategies to optimize treatment with IRMs including the role of personalized medicine; and discuss patient-specific features that can influence IRMs therapeutic benefits; and 3) presentations and management of hypersensitivity reactions to biologics.

8:30 am **Welcome and Introductions**
Rohit K. Katial, MD, FACAAI and
James L. Sublett, MD, FACAAI

8:35 am **Update in the Immunology of Asthma** 2
Larry Borish, MD, FACAAI

9:05 am **Characterization of Asthma Endotypes: Implications for Therapy** 1 2 3 6
Thomas B. Casale, MD, FACAAI

9:35 am

Bernard Berman Memorial Lecture

Adverse Reactions to Biologic Agents 1 2
David A. Khan, MD, FACAAI

10:05 am **Questions and Discussion**

10:30 am **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- Discuss phenotypes and endotypes in the context of the patient with severe asthma
- Describe the relative advantages and disadvantages associated with various asthma pharmacotherapies, particularly biologics
- Discuss the side effect profiles of the various new therapies and how to go about handling such complications

10:30 – 11:00 am
Refreshment Break in Exhibit Hall
Supported by Meda Pharmaceuticals Inc.

Saturday General Sessions

11:00 am – 12:30 pm • Ballroom A • Henry B. Gonzalez Convention Center

Plenary Session

The Sky Is Not Falling: Flourishing Despite Tectonic Shifts to U.S. Health Care

Moderator: Bryan L. Martin, DO, FACAAI

These presentations will: 1) review the future trajectory of health care delivery in the U.S. and the impact it is having on physicians; and 2) examine why health care professionals are hardwired to worry and predict what could go wrong, (Darwinian Fitness) establishing the need for each individual to work toward being resilient; and will focus on character typologies inherent in each of us that drive personalities and subsequent behaviors that lead to success but do little to create resilience and ultimately happiness.

11:00 am **Welcome and Introductions**
Bryan L. Martin, DO, FACAAI

11:05 am

Lester Mittelstaedt Lecture

Why Creation of Successful "Systems of Care" Is Crucial for Our Future 3 6
Mark T. O'Hollaren, MD, FACAAI

11:45 am **Fighting Your Natural Instincts: 10 Steps Toward Building A Resilient Office** 1 2 3 4
Kenneth Yeager, PhD

12:20 pm **Questions and Discussion**

12:30 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- Describe the trajectory of health care delivery model evolution towards value-based care
- Recognize the role of systems of care in delivery of high-quality, cost-effective care
- Discuss the impact of health care delivery transformation on providers
- Describe better strategies to adapt to the above changes
- Examine reasons for entering health care as a profession and discuss how these factors relate to personal experience
- Demonstrate how health care work and personality characteristics interact to facilitate a natural progression toward burnout and compassion fatigue
- Build a resilient practice utilizing the resilience that can be built into a system of care

12:30 – 1:30 pm
Visit Exhibits *(Lunch on own)*
(Concessions open in Exhibit Hall)

12:30 – 3:30 pm
Doctors' Job Fair *(Exhibit Halls AB)*

1:30 – 3:00 pm • Ballroom A • Henry B. Gonzalez Convention Center

Plenary Session

The Great Raft Debate: Hottest Topic in EoE

Moderators: William K. Dolen, MD, FACAAI and Maeve E. O'Connor, MD, FACAAI

The presentations in this debate will cover: 1) the fact that the etiology and pathogenesis of eosinophilic esophagitis is very important and should remain on "the raft"; 2) the options for diagnostic testing of patients with EoE and evidence for how to interpret the test results and use them in the care of EoE patients; 3) the various methods proposed for disease monitoring of EoE patients and compare the evidence to determine which method has the greatest reliability; and 4) the optimal therapy for EoE and review the pros and cons of each therapy.

1:30 pm **Welcome and Introductions**
William K. Dolen, MD, FACAAI and
Maeve E. O'Connor, MD, FACAAI

Etiology and Pathogenesis 1 2 3 5
Amal H. Assa'ad, MD, FACAAI

Diagnostic Testing 1 2
Elizabeth A. Erwin, MD

Disease Monitoring 1 2 3
Gailen D. Marshall, MD, PhD, FACAAI

Dietary or Medical Management 1 2
Jonathan M. Spergel, MD, PhD, FACAAI

2:45 pm **Questions and Discussion**

3:00 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- Discuss the etiology and pathogenesis of eosinophilic esophagitis
- Recognize the most accurate diagnostic testing and methods for disease monitoring in eosinophilic esophagitis
- Manage exacerbations and maintain homeostasis in patients with eosinophilic esophagitis
- Recognize the most accurate diagnostic testing and methods for disease monitoring in eosinophilic esophagitis

3:00 – 3:30 pm
Ice Cream and Refreshment Break in Exhibit Hall
Supported by Meda Pharmaceuticals Inc.

3:30 – 4:30 pm
Poster Session *(Exhibit Halls AB)*

3:30 – 5:30 pm • Ballroom A • Henry B. Gonzalez Convention Center

Symposium MOC/CME

Altering the Natural History of Allergic Diseases With Immunotherapy

Moderator: Myron J. Zitt, MD, FACAAI

Supported by an independent educational grant from Merck

These presentations will review: 1) the most current data on the use of SCIT and SLIT to treat respiratory allergies; 2) the current status of immunotherapy for the treatment of food allergy focusing on the risks and benefits of oral, sublingual and epicutaneous immunotherapy, novel forms of immunotherapy in the preclinical stage and their potential benefits over more conventional therapies; and 3) whether allergy practices should offer SLIT to their patients, examine why we offer SLIT in our practice, discuss how SLIT extract is mixed, how the allergist practices charge for the extract, and also pros and cons of SLIT.

3:30 pm	**Welcome and Introductions** Myron J. Zitt MD, FACAAI	
3:35 pm	**SCIT and SLIT in Everyday Practice: Current Best Practice** Harold S. Nelson, MD, FACAAI	1 2
4:05 pm	**Immunotherapy for Food: Where Do We Stand?** Kari C. Nadeau, MD, PhD	1 2
4:35 pm	**Controversies of SLIT in Your Practice Today: Therapuetic Modalities, Liabilities, Reimbursement** Stanley M. Fineman, MD, MBA, FACAAI	1 6
5:05 pm	**Questions and Discussion**	
5:30 pm	**Adjourn**	

Learning Objectives

Upon completion of this session, participants should be able to:

- Recognize the similarities and differences in logistics, efficacy, and safety of SLIT and SCIT for inhalant allergies
- Discuss results of recent food allergy immunotherapy clinical trials
- Discuss likely future strategies for performing immunotherapy, including using adjuvants, biologicals and peptides

The above symposium will be featured on the ACAAI website.

NOT FOR CREDIT

Gold Headed Cane Award

Dr. Eli Meltzer to Receive Gold Headed Cane Award


Dr. Meltzer

The College is proud to honor Dr. Eli O. Meltzer, MD, FACAAI as this year's recipient of the ACAAI Gold Headed Cane Award. The Award will be presented during the ACAAI Awards Ceremony scheduled at 7:00 pm, Saturday, in the Lone Star Ballroom AB of the Grand Hyatt Hotel.

The Gold Headed Cane Award is annually given to a College Fellow who has demonstrated the highest standards of scientific excellence and integrity. This year, College Fellows selected Dr. Meltzer.

"I feel very fortunate to have chosen the medical profession, participated in the extraordinary progress in allergy/immunology and been able to help improve the health and well-being of patients' lives," said Dr. Meltzer.

A Fellow of the College for 38 years, Dr. Meltzer has served on the Ear, Nose and Throat and Rhinitis/Rhinosinusitis Committees. He was the College representative to the Joint Council of Allergy, Asthma and Immunology. Since 1987, Dr. Meltzer has given more than 80 presentations at ACAAI Annual Scientific Meetings. He has been honored by the College as Master in Allergy, a Distinguished Fellow, and a Jaros Memorial Lecturer. And Dr. Meltzer and his wife, Susie, were even crowned the ACAAI Jitterbug Contest Champions during the 50th Annual Scientific Meeting.

Dr. Meltzer has participated in national and international advisory groups including the U.S. Food and Drug Administration's Pulmonary/Allergy Advisory Committee, the U.S. Rhinosinusitis Initiative, the Editorial Board of the American Journal of Rhinology and Allergy, the Joint Task Force Rhinitis Practice Parameter Committee and the World Health Organization's Allergic Rhinitis Impact on Asthma and InterAirways initiatives. He also served as president of the San Diego Allergy Society, the California Society of Allergy and Clinical Immunology, and the Joint Council of Allergy, Asthma and Immunology.

Dr. Meltzer is clinical professor of pediatrics at the University of California, San Diego (USCD), and past chief, division of allergy and immunology at Rady Children's Hospital in San Diego. After 15 years as chair of the Well-Being Committee, he was honored for "Outstanding dedication, counseling, and commitment to ensure the physical and mental well-being of all physicians on the medical staff." He is a founder of the Allergy/Immunology Fellowship Training Program at UCSD and, for decades, faculty for allergy/immunology fellows at the Scripps Clinic and Research Foundation.

For more than 40 years, Dr. Meltzer has been a clinician with the Allergy & Asthma Medical Group & Research Center in San Diego. He was recognized by the Sharp Community Medical Group because of his knowledge and compassion for "excellence in patient satisfaction." He has participated in more than 650 research studies focused on various diagnostic aspects of and treatments for respiratory diseases. He has also been an invited lecturer to a broad array of specialists in more than two thirds of U.S. states and in more than 30 countries on topics including asthma, rhinitis, sinusitis, anaphylaxis, pharmacotherapy and immunotherapy, and he has authored more than 600 scientific publications.

Gold Headed Cane Recipients

2001
Harold S. Nelson, MD

2002
Joseph A. Bellanti, MD

2003
Edward J. O'Connell, MD

2004
Elliot F. Ellis, MD

2005
John C. Selner, MD

2006
Phillip L. Lieberman, MD

2007
Betty B. Wray, MD

2008
Donald W. Aaronson, MD, JD, MPH

2009
Emil J. Bardana, Jr., MD

2010
Raymond Slavin, MD

2011
Ira Finegold, MD

2012
Rufus E. Lee, Jr., MD

2013
Michael S. Blaiss, MD

2014
Peter B. Boggs, MD

2015
Eli O. Meltzer, MD

Saturday Awards Ceremony & President's Welcome Reception

Awards Ceremony

7:00 – 7:45 pm • Lone Star Ballroom AB (2nd Floor) • Grand Hyatt Hotel

Supported by Meda Pharmaceuticals Inc.

The College invites all registrants to the ACAAI Awards Ceremony where we will recognize our 2015 Award recipients and formally welcome our newly-approved Fellows.

The event will begin at 7:00 pm with our new Fellows being honored for their accomplishments. We will also recognize the recipients of the ACAAI's Distinguished Fellow, International Distinguished Fellow, Distinguished Service, Clemens von Pirquet and Woman in Allergy Awards.

Finally, we'll introduce this year's recipient of the College's prestigious Gold Headed Cane Award.

I. **Welcome**
James L. Sublett, MD, FACAAI
ACAAI President

II. **Recognition of Newly-Elected Fellows**
Bryan L. Martin, DO, FACAAI
ACAAI President-Elect

III. **Distinguished Fellow Awards**
James L. Sublett, MD, FACAAI
ACAAI President

IV. **International Distinguished Fellow Awards**
James L. Sublett, MD, FACAAI
ACAAI President

V. **Distinguished Service Award**
James L. Sublett, MD, FACAAI
ACAAI President

VI. **Woman in Allergy Award**
James L. Sublett, MD, FACAAI
ACAAI President

VII. **Young Faculty Support Awards**
Ira Finegold, MD, FACAAI
ACAAI Foundation Vice President

VIII. **Clemens von Pirquet Awards**
Mrs. Judy Fineman
ACAAI Alliance President

IX. **Gold Headed Cane Award**
James L. Sublett, MD, FACAAI
ACAAI President

Bobby Q. Lanier, MD, FACAAI
ACAAI Executive Medical Director

President's Welcome Reception

7:45 – 9:00 pm • Texas Ballroom (4th Floor) • Grand Hyatt Hotel

Supported by Meda Pharmaceuticals Inc.

The College invites all registrants to the ACAAI President's Welcome Reception, which will immediately follow the Awards Ceremony. It's the perfect place to catch up with old friends, make new acquaintances and meet the ACAAI President, President-Elect and the Alliance President.

6:15 – 8:15 am • Ballroom B • Henry B. Gonzalez Convention Center

Breakfast Symposium

Treatment Strategies for Children Having Both Persistent Allergic Rhinitis and Asthma

Moderator: Dana V. Wallace, MD, FACAAI

Supported by an independent educational grant from Meda Pharmaceuticals Inc.

These presentations will: 1) review which daily mono and combined medications are immunotherapy options that are most effective in the pediatric population, what works for chronic sinusitis and if treatment should differ for children with or without concurrent asthma; 2) list the reasons that support the use of small particle size inhaled steroids in pediatric asthma, discuss the merits of nebulized vs. MDI vs. dry powder use of inhaled steroids, debate daily vs. dynamic dosing for pediatric patients with persistent but not daily asthma symptoms; and 3) discuss overall safety of nasal and inhaled steroids in pediatrics, the nasal and inhaled steroids with the best safety profile, explain the published data and expert opinion on the safety of using both products concurrently, and compare the safety of daily inhaled steroids over intermittent oral burst of steroids.

6:15 am **Welcome and Introductions**
Dana V. Wallace, MD, FACAAI

6:20 am **Persistent Pediatric Upper Airway Inflammation: Effective Management** 1 2
Eli O. Meltzer, MD, FACAAI

6:55 am **Mild/Moderate Persistent Pediatric Asthma: Preferred Particle Size, Delivery Method and Dosing (Daily vs. Dynamic)** 1 2
David P. Skoner, MD, FACAAI

7:35 am **Safety of Using Both Nasal and Inhaled Corticosteroids in Pediatric Patients** 1 2
Bobby Q. Lanier, MD, FACAAI

8:05 am **Questions and Discussion**

8:15 am **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- Discuss which daily mono and combined medications and immunotherapy options are most effective in the pediatric population for persistent allergic rhinitis; explain what works for chronic sinusitis in the pediatric population; and debate if treatment should be different for children with or without concurrent asthma
- List the reasons that support, or lack thereof, for the use of small particle size inhaled steroids in pediatric asthma; discuss the merits of nebulized vs. MDI vs. dry powder use of inhaled steroids in the pediatric patient (age 6 and older); and debate daily vs. dynamic dosing for pediatric asthmatics with "persistent" but not daily asthma symptoms
- Discuss overall safety of nasal and inhaled steroids in pediatrics; list the nasal and inhaled steroids with the best safety profile for pediatric patients; explain the published data and expert opinion on the safety of using both products concurrently in pediatric patients; and compare the safety of daily inhaled steroids over intermittent oral burst of steroids (e.g., 1-2 times/year) over a one- to two-year time period.

7:30 – 8:30 am
Poster Session *(Exhibit Halls AB)*
Coffee and tea will be provided

Sunday Meet the Professor Breakfasts

7:00 – 8:15 am • Grand Hyatt Hotel
Admission by Ticket Only • Fee $45 (FITS $25) • Limit 30

Supported in part by an independent educational grant from Merck

S1 Eosinophilic Gastrointestinal Disease 1 2 3 4 5 6
Lone Star Ballroom A (2nd Floor) • Grand Hyatt Hotel
Amal H. Assa'ad, MD, FACAAI and
Karen A. Freedle, MD, FACAAI

This session will discuss care and management of eosinophilic esophagitis with concentration on the role of the allergist in the disorder.

S2 Evaluation and Management of Difficult Rhinitis and CRS 1 2 3
Lone Star Ballroom B (2nd Floor) • Grand Hyatt Hotel
Larry Borish, MD, FACAAI and
Talal M. Nsouli, MD, FACAAI

This session will include discussion of different presentations of CRS including those characterized by prominent eosinophilis, neutrophils, those with and without polyps, as well as unique endotypes such as CF, AERD, and AFS and how each of these requires individualized treatment approaches; and approaches to the patient with refractory rhinitis including local allergy (entropy) and neurogenic presentations of rhinitis will also be discussed.

S3 Novel Therapies for Chronic Urticaria and Angioedema 1 2 3 4 5 6
Lone Star Ballroom C (2nd Floor) • Grand Hyatt Hotel
Jonathan A. Bernstein, MD, FACAAI and
Thomas B. Casale, MD, FACAAI

This session will review the licensed and novel therapies for the management of chronic urticaria; therapeutic options for antihistamine-resistant chronic urticaria, including the use of omalizumab in the treatment paradigm and discussion of the pathogenesis of chronic urticaria.

S4 Mast Cell Activation Syndrome 1
Lone Star Ballroom D (2nd Floor) • Grand Hyatt Hotel
Mariana C. Castells, MD, PhD, FACAAI and
Fred H. Hsieh, MD, FACAAI

This session will cover the diagnosis and treatment of mast cell disease, including mast cell activation syndrome.

S5 Treatment of Immunodeficiency 1
Lone Star Ballroom E (2nd Floor) • Grand Hyatt Hotel
I. Celine Hanson, MD, FACAAI and
Gerald B. Lee, MD

This session will cover treatment modalities and care plan development for individuals with primary immune deficiency and how to counsel the immunodeficient patient on the prevention of recurrent infections.

S6 Severe Asthma 1 2
Lone Star Ballroom F (2nd Floor) • Grand Hyatt Hotel
Thomas A.E. Platts-Mills, MD, FACAAI and
Lanny J. Rosenwasser, MD, FACAAI

This session will review the definition of severe asthma in the context of the ATS/ERS task force construct; describe emerging biotherapeutics in the treatment algorithms surrounding severe asthma; and define the relevance of fungal infection in the lungs and in severe asthma.

S7 The Role of Fungi in Asthma and CRS 1 2 3 4 5 6
Bowie B (2nd Floor) • Grand Hyatt Hotel
Paul A. Greenberger, MD, FACAAI

This session will explore how fungi participate in allergic sensitization and development of asthma; determine the effectiveness of pharmacotherapy and biologic therapy for fungal asthma; and assess the useful approaches for patients with chronic rhinosinusitis where fungi contribute to disease activity.

S8 Aspirin Sensitivity Syndromes 1 2 3
Bonham B (3rd Floor) • Grand Hyatt Hotel
Michael E. Manning, MD, FACAAI and
Michael R. Nelson, MD, PhD, FACAAI

This session will explore what types of reactions are consistent with cross-reacting aspirin/NSAID reactions and discuss the underlying pathology that leads to this class effect; define the patient population that should be considered for aspirin desensitization and outline the appropriate outpatient desensitization protocol and how to initiate this protocol in the office.

S9 Making Sense of Food Desensitization: Opposing Views 1 2 3
Presidio B (3rd Floor) • Grand Hyatt Hotel
Kari C. Nadeau, MD, PhD and
Richard L. Wasserman, MD, PhD, FACAAI

This session will cover food allergy and possible mechanisms of how it is caused and how it is treated; genetic, immunological, and protein-based studies related to human mechanisms of food allergy-related diseases; and will outline the seven-year experience of providing oral immunotherapy for food allergy in a private practice setting for more than 300 patients.

7:30 – 8:30 am
Poster Session *(Exhibit Halls AB)*
Coffee and tea will be provided

Sunday Meet the Professor Breakfasts

7:00 – 8:15 am • Grand Hyatt Hotel
Admission by Ticket Only • Fee $45 (FITS $25) • Limit 30

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S10 Allergic Component Testing

1 2 3

Republic B (4th Floor) • Grand Hyatt Hotel

David M. Fleischer, MD and
Anna H. Nowak-Wegrzyn, MD, FACAAI

This session will review studies using component testing for food allergic patients and review the current clinical use of component testing in the clinical and research settings. The presentation will also include a discussion of the current platforms for component testing, the clinical indications and limitations, and some cases will be used to illustrate the utility of component testing.

Learning Objectives

Upon completion of this session, participants should be able to:

S1) Diagnose, manage and follow patients with eosinophilic gastrointestinal diseases
S2) Describe the pathophysiology of difficult rhinitis and resistant sinus disease, and summarize novel state-of-the-art treatment of recalcitrant chronic rhinosinusitis
S3) Describe therapeutic options for antihistamine-resistant chronic urticaria, including the use of omalizumab in the treatment paradigm and describe pathogenesis of chronic urticaria
S4) Recognize the clinical characteristics of mast cell activation syndrome
S5) Individualize immune globulin replacement to the clinical needs and preferences of the immunodeficient patient; and utilize antimicrobial prophylaxis appropriately with the immunodeficient patient
S6) Describe severe asthma in the context of the ATS/ERS task force construct; recognize the significance of emerging biotherapeutics in the treatment algorithms surrounding severe asthma; and define the relevance of fungal infection in the lungs and the management of fungal infection in severe asthma
S7) Identify the fungi that are risk factors for sensitization and severity of asthma; explore responses to pharmacotherapy and biologic therapy in patients with fungal asthma; and consider when fungi contribute to pathogenesis of chronic rhinosinusitis
S8) Differentiate between aspirin-exacerbated respiratory disease and anaphylaxis to a single NSAID; discuss that common clinical findings in aspirin exacerbate respiratory disease; and discuss the approach to the patient with suspected aspirin-exacerbated cutaneous disease including urticaria and angioedema
S9) Review the current data in food allergy clinical studies; identify safety issues to consider and manage; counsel patients and parents regarding the options for oral immunotherapy for food allergy; and assess their own practice's suitability to offer oral immunotherapy for food allergy to their patients
S10) Describe indications and limitation of allergen component testing in the diagnosis of food allergy

7:30 – 8:30 am
Poster Session *(Exhibit Halls AB)*
Coffee and tea will be provided

Photo courtesy of San Antonio Convention and Visitors Bureau

Sunday General Sessions

8:30 – 10:00 am • Ballroom A • Henry B. Gonzalez Convention Center

Plenary Session MOC/CME

Controversial Manifestations of Contact Dermatitis

Moderator: Luz S. Fonacier, MD, FACAAI

These presentations will review: 1) manifestations of allergic reactions to implanted metal devices, the controversies regarding this and the appropriate work up for these patients; 2) the challenging diagnostic and management issues in evaluating patients with putative allergy to vascular, dental and gynecologic devices; and 3) how to identify other causes of dermatitis with generalized distribution.

8:30 am **Welcome and Introductions**
Luz S. Fonacier, MD, FACAAI

8:35 am **Hypersensitivity to Orthopedic Biomedical Devices** 1 2
Peter Schalock, MD

9:00 am **Hypersensitivity to Cardiovascular, Dental and Gynecological Devices** 1 2 5
James S. Taylor, MD

9:25 am **Systemic Contact Dermatitis Beyond Metals** 1 2
David E. Cohen, MD

9:50 am **Questions and Discussion**

10:00 am **Adjourn**

Objectives

Upon completion of this session, participants should be able to:

- Discuss the relationship between metal hypersensitivity and prosthetic joint failure
- Discuss similarities and differences in allergic reactions to cardiovascular, dental and gynecologic medical devices
- Identify other causes of dermatitis with generalized distribution such as systemic contact dermatitis to drugs, food and fragrances

10:00 – 10:30 am
Refreshment Break in Exhibit Hall
Supported by Meda Pharmaceuticals Inc.

Sunday General Sessions

10:30 am

Bela Schick Lecture

"Oh, the Places You'll Go!" Dr. Seuss Reminds Us About Paths to Take
Todd A. Mahr, MD, FACAAI

Learning Objectives
Upon completion of this session, participants should be able to: describe how life in the allergy field is a great balancing act; recognize opportunities to not be afraid to try new things…."there is fun to be done!"

11:00 am – 12:30 pm • Ballroom A • Henry B. Gonzalez Convention Center

Plenary Session MOC/CME

Human Microbiome: The Interface of Immunology and Microbiology

Moderator: Michael B. Foggs, MD, FACAAI

These presentations will review: 1) the role of microbiome in the pathogenesis of asthma, related traits and other inflammatory disease; 2) how gut microbiota dysbiosis contributes to aberrant immune development and the development of allergic disease and asthma; and 3) how asthma is a heterogeneous disease with differing clinical and inflammatory phenotypes, especially among adults; to include discussion of recent observations of airway dysbiosis in asthma and relationships to phenotypic features of the disease, including possible treatment implications.

11:00 am **Welcome and Introductions**
Michael B. Foggs, MD, FACAAI

11:05 am **Modulation of the Gut Microbiota for Treatment and Prevention of Non-Communicable Inflammatory Diseases** 2
Fernando D. Martinez, MD

11:30 am **The Microbiome in the Development of Allergic Disease in Asthma** 2
Lanny J. Rosenwasser, MD, FACAAI

11:55 am **Microbiome Diversity: Asthma and Allergy Risks and Treatment Implications** 2
Yvonne Huang, MD

12:20 pm **Questions and Discussion**

12:30 pm **Adjourn**

Learning Objectives
Upon completion of this session, participants should be able to:
- Discuss facets of modulation of gut microbiota that lead to disruption of host-microorganism homeostasis and contributes to the development of non-communicable inflammatory diseases.
- Explain how gut microbiota dysbiosis contributes to aberrant immune development and the development of allergic disease and asthma.
- Discuss the implications of gut microbiota modification for treatment and prevention of allergic disease and asthma

12:30 – 1:30 pm
Visit Exhibits *(Lunch on own)*
(Concessions open in Exhibit Hall)

1:30 – 3:30 pm
Concurrent Sessions *(See pages 67-70)*

Sunday General Sessions

1:30 – 3:30 pm • Ballroom A • Henry B. Gonzalez Convention Center

Symposium MOC/CME

ABAI/MOC: More Than Meeting the Test

Moderators: Charles J. Siegel, MD, FACAAI and Brett E. Stanaland, MD, FACAAI

These presentations will review: 1) information about professional self-regulation with a focus on Board Certification and recent changes in Maintenance of Certification that make the program more accessible and relevant to physician; 2) ABAI's MOC program in context with the rapidly changing medical landscape, and insight into how the program is developed and modified over time; the value proposition for ABAI's MOC program will be addressed and attendees will gain a better understanding into how the ABAI secure examination is constructed; and 3) the ways to prepare and allocate time and effort in order to successfully complete the MOC process.

1:30 pm **Welcome and Introductions**
Charles J. Siegel, MD, FACAAI and
Brett E. Stanaland, MD, FACAAI

1:35 pm **The Big Picture** 3 5
Lois M. Nora, MD, JD, MBA,
ABMS President and CEO

2:05 pm **How It Comes Together for You, the ABAI Diplomate** 1 2 3 4 5 6
Stephen I. Wasserman, MD, FACAAI

2:35 pm **How to Wisely Walk the MOC Pathway** 2 3 4 5
Mark L. Corbett, MD, FACAAI

3:05 pm **Questions and Discussion**

3:30 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- Describe the mission and infrastructure of the ABAI
- Discuss how the ABAI MOC process helps Diplomates
- Optimize his or her MOC learning experience

3:30 – 4:00 pm
Refreshment Break *(Ballroom A Foyer)*
Supported by Meda Pharmaceuticals Inc.

Sunday Concurrent Sessions

1:30 – 3:30 pm • Room 103AB • Henry B. Gonzalez Convention Center

Session A

Adverse Food and Drug Reactions, Insect Reactions, and Anaphylaxis

Moderators: Karen A. Freedle, MD, FACAAI and Kelly M. Maples, MD, FACAAI

1:30 pm **1 – Drug Challenge Outcomes Reaction Risks in Patients With a History of Antibiotic Allergy**
S.L. Mawhirt*, L. Fonacier, R. Calixte, M. Davis-Lorton, M. Aquino, *Mineola, NY.*

1:45 pm **2 – Knowledge of Anaphylaxis and Epinephrine Auto-Injectors: A Comparison of Medicine and Pediatric Residents**
R. Koransky*, R. Berger, M. Ramesh, *New York, NY.*

2:00 pm **3 – Linezolid Utilization Is Increased in Pediatric Patients With Prior Vancomycin Reactions**
S.K. Lin*, K. Mulieri, F. Ishmael, *Hershey, PA.*

2:15 pm **4 – Outcome of an Anaphylaxis Workshop**
S. Mawhirt, M. Chong, M. Davis-Lorton*, L. Fonacier, M. Aquino, *Mineola, NY.*

2:30 pm **5 – Role of Oral Challenges in Evaluating Cephalosporin Hypersensitivity Reactions in Children**
M. Grzyb*[1], M. Primeau[2], C. Lejtenyi[2], E. Medoff[2], J. Mill[2], M. Ben-shoshan[2], *1. Ottowa, ON, Canada; 2. Montreal, QC, Canada.*

2:45 pm **6 – Improved Clinical Outcomes for Patients Receiving Immunoglobulin Therapy Through Specialty Pharmacy or Home Infusion Services**
J.S. Orange*[1], H. Kirkham[2], G. Ayer[2], J. Zhu[2], C. Chen[3], J. Lu[3], S. Karkare[3], R. Wade[3], J. DuChane[2], *1. Houston, TX; 2. Deerfield, IL; 3. Plymouth Meeting, PA.*

3:00 pm **7 – Activation of Psoriatic Arthritis Associated With Multiple Wasp Stings**
T.V. Saco*[1], M.C. Glaum[2], *1. Temple Terrace, FL; 2. Tampa, FL.*

3:15 pm **8 – The Epipen4schools® Survey: Prevalence and Triggers of Anaphylactic Events in Large US School Districts**
S. Silvia[1], K. Hollis[1], M.J. Wooddell[2], S. Hogue[1], M.V. White*[3], *1. Raleigh, NC; 2. Canonsburg, PA; 3. Wheaton, MD.*

3:30 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to: 1) list potential patient risk factors for antibiotic drug challenge reactions; acknowledge that, despite negative skin testing, patients may still develop challenge reactions which are not always predictable; 2) advocate for increased training on anaphylaxis recognition and management during residency; 3) explain why history of a prior vancomycin reaction alone is not typically a proper indication for linezolid use over vancomycin; 4) describe the importance of continuing anaphylaxis education for health care providers; 5) discuss the role of oral challenges in evaluating cephalosporin hypersensitivity reactions in children; 6) describe the way in which clinical outcomes were improved for patients receiving immunoglobulin therapy through specialty pharmacy or IG-specialized home infusion services; 7) describe the possible mechanism behind activation of psoriatic arthritis associated with wasp stings; and 8) describe key findings from the EpiPen4Schools survey and gain insight into occurrence of, training for, and treatment of anaphylaxis in US schools.

3:30 – 4:00 pm
Refreshment Break *(Ballroom A Foyer)*
Supported by Meda Pharmaceuticals Inc.

Sunday Concurrent Sessions

1:30 – 3:30 pm • Room 001AB • Henry B. Gonzalez Convention Center

Session B

Aerobiology, Allergens, Allergen Extracts and Allergy Testing

Moderators: Stanley M. Fineman, MD, MBA, FACAAI and Paul A. Greenberger, MD, FACAAI

1:30 pm **9 – Variation in Ragweed Pollen Counts Throughout the Day**
N.N. Patel*[1], C. Barnes[2], M. Dhar[2], J. Portnoy[2], *1. Olathe, KS; 2. Kansas City, MO.*

1:45 pm **10 – Allergen Measurements in Dust on Furnace Filters Compared to Vacuumed Dust From Bedrooms**
C. Barnes*, J. Portnoy, K. Kennedy, R. Allenbrand, F. Pacheco, *Kansas City, MO.*

2:00 pm **11 – The Draft Genome and Microbiome of *Dermatophagoides Farinae* Reveal a Broad Spectrum of Dust Mite Allergens**
S. Tsui*[1], T. Chan[1], K. Ji[2], Z. Liu[2], *1. Shatin, Hong Kong; 2. Shenzhen, China.*

2:15 pm **12 – Ragweed (Ambrosia) Pollen Season and Climate Change in the Continental United States (CONUS) From 2000 to 2050**
L. Bielory*[1], Y. Zhang[2], Z. Mi[2], T. Cai[2], P. Georgopoulos[2], *1. Springfield, NJ; 2. Piscataway, NJ.*

2:30 pm **13 – Investigating the Effect of Chemical Cleaners on the Reduction of Perennial Household Allergens in a Soft Surface, Environmental Exposure Chamber (EEC) Model**
T. Sadoway*[1], S. Pathmanapan[1], P. De Lazzari[2], V. Nelson[1], A. Salapatek[1], *1. Mississauga, ON, Canada; 2. Venice, Italy.*

2:45 pm **14 – Comparison of PC Versus PI**
S.P. Shah*[1], L. Bielory[2], *1. Somerset, NJ; 2. Springfield, NJ.*

3:00 pm **15 – Patients With Allergic Rhinitis and IBS Have Distinct Gastrointestinal Characteristics: Possible Role of Atopy on IBS Phenotype**
E. Azimi Nekoo*, J. van den Berg, S. Fox, H.G. Roosevelt, V. Kalantari, M. Mahdavinia, M. T. Demeo, M.C. Tobin, *Chicago, IL.*

3:15 pm **16 – Clinical Decision Making in Patients With Metal Hypersensitivity Receiving Metal Implants**
C.L. Hedberg[1], C. Leonard*[2], *1. Rogers, AR; 2. Bentonville, AR.*

3:30 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to: 9) describe the variation in ragweed pollen counts throughout the day; 10) describe the partition of allergens in home air and dust; 11) utilize the draft genome of Dermatophagoides farinae to identify novel allergens in house dust mite species; 12) infer the potential impact of climate change on ragweed pollination in the continental United States; 13) describe the most effective measures of allergy remediation, which can reduce allergen levels on soft surfaces to below the provocative level; 14) state the relationships between pollen counts and pollen indices; 15) list the gastrointestinal symptoms associated with atopy in patients with IBS and 16) describe the available diagnostic testing and patient presentations of individuals with a history of metal allergy receiving metal implants.

3:30 – 4:00 pm
Refreshment Break *(Ballroom A Foyer)*
Supported by Meda Pharmaceuticals Inc.

Sunday Concurrent Sessions

1:30 – 3:30 pm • Room 006AB • Henry B. Gonzalez Convention Center

Session C

Asthma and Other Lower Airway Disorders

Moderators: Mitchell H. Grayson, MD, FACAAI and Jay M. Portnoy, MD, FACAAI

1:30 pm **17 – Association of Food Allergy and Asthma Severity: A Pilot Study**
R. Bean*, A. Fitzpatrick, K. Freedle, *Atlanta, GA.*

1:45 pm **18 – Can an iPhone App Improve the Quality of Outpatient Asthma Care?**
N. Nannapaneni*[1], A. Bulkhi[2], A. Hamad[3], M. Husain[3], A. Elkhider[3], D. Levine[3], *1. Royal Oak, MI; 2. Tampa, FL; 3. Detroit, MI.*

2:00 pm **19 – Spectral Features of Lung Sounds in Asthmatic Children and Their Association With the Severity of Asthma**
H.B. Matt*, M. Becerril-Angeles, *Mexico City, DF, Mexico.*

2:15 pm **20 – Developing a Model for Predicting Future Health Care Utilization in Asthmatic Children**
J. Hanson*, B. Lee, D. Williams, H. Murphy, K. Kennedy, S. DeLurgio, J. Portnoy, M. Reddy, *Kansas City, MO.*

2:30 pm **21 – Assessing Subjective and Objective Measures of Asthma Control in an Inner City Pediatric and Adolescent Population**
P.J. Patel[1], N. Abou Baker*[2], R. Travis[2], A. Tentler[2], E. Montalvo[2], *1. North Brunswick, NJ; 2. Newark, NJ.*

2:45 pm **22 – The Epidemiology and Natural History of Asthma: Outcomes and Treatment Regimens: More Than Decade Follow-Up (Tenor 2)**
B.E. Chipps*[1], T. Haselkorn[2], B. Paknis[3], E. Bleecker[4], L. Borish[5], F. Kianifiard[3], A. Foreman[6], M. Mendelson[3], S. Szefler[7], S. Weiss[8], R.S. Zeiger[9], *1. Sacramento, CA; 2. Los Altos, CA; 3. East Hanover, NJ; 4. Winston-Salem, NC; 5. Charlottesville, VA; 6. San Francisco, CA; 7. Aurora, CO; 8. Boston, MA; 9. San Diego, CA.*

3:00 pm **23 – Association Between Obesity and Asthma Control in Children: The Breathmobile Program**
S.C. Xi*, T. Morphew, K. Kwong, M. Li, S. Thobani, B. Nichols, L. Scott, *Los Angeles, CA.*

3:15 pm **24 – Scripps Asthma Coach: Improved Asthma Control Using a Dynamic Interactive Smartphone Application**
K. Cook*, B. Modena, R. Simon, *La Jolla, CA.*

3:30 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to: 17) discuss the relationship between asthma and food allergy; 18) discuss electronic means to improve the quality of asthma care; 19) utilize respiratory sound spectra as a diagnosis and monitoring method of asthma in children; 20) discuss the predictive nature of historical asthma-related acute care visits for future health care utilization; 21) utilize both subjective and objective measures when assessing asthma control and making medication adjustments; 22) discuss the characteristics and long term outcomes of patients with severe or difficult-to-treat asthma; 23) discuss current hypotheses for the association between obesity and asthma; and 24) discuss the role of technology in promoting shared decision-making, in effort to improve medication non-adherence in asthmatics.

3:30 – 4:00 pm
Refreshment Break *(Ballroom A Foyer)*
Supported by Meda Pharmaceuticals Inc.

Sunday Concurrent Sessions

1:30 – 3:30 pm • Room 006CD • Henry B. Gonzalez Convention Center

Session D

Basic Science Allergy and Immunology and Clinical Case Reports

Moderators: Marianne Frieri, MD, PhD, FACAAI and William S. Silvers, MD, FACAAI

1:30 pm **25 – IFN-Gamma Deficiency Presenting as a 20-Month-Old Female With Refractory Pneumonia**
M. Sherenian*, J. Bergerson, R. Fuleihan, *Chicago, IL.*

1:45 pm **26 – Preliminary Imaging Experiments Indicate That Human Mast Cells Produce Streamers Upon Calcium Flux**
A.E. Hoyt*, E.M. Cook, J.A. Negri, M.A. Lindorfer, M.G. Lawrence, J.W. Steinke, R.P. Taylor, L. Borish, *Charlottesville, VA.*

2:00 pm **27 – DHR Phenotype and Genotype Mismatch in the Diagnosis of CGD**
M. Gupta*, J. Heimall, *Philadelphia, PA.*

2:15 pm **28 – Three Cases of Facial Swelling Initially Mistaken for Bradykinin-Mediated Angioedema**
K.G. Huang*, J. Teh, S. Silverman, O. Fadugba, A. Apter, *Philadelphia, PA.*

2:30 pm **29 – Eosinophilic Esophagitis in a Patient With Common Variable Immunodeficiency**
M. Chen*, H.M. Ko, M.E. Riffle, D.A. Andreae, C. Cunningham-Rundles, M. Chehade, P.J. Maglione, *New York, NY.*

2:45 pm **30 – A De Novo Gata2 Mutation Resulting in Recurrent Pulmonary Infections and Myelodysplastic Syndrome**
J.A. Adams*[1], M. Hintermeyer[2], J. Verbsky[2], J. Routes[2], *1. Greendale, WI; 2. Milwaukee, WI.*

3:00 pm **31 – Linking Newborn Severe Combined Immunodeficiency (SCID) Screening With Targeted Exome Sequencing: A Case Report**
D. Patel*, H. Yu, L.C. Wong, F.O. Seeborg, N. Rider, C. Martinez, I.C. Hanson, *Houston, TX.*

3:15 pm **32 – Basophil Activation: Idiopathic Anaphylaxis vs. Chronic Idiopathic Urticaria vs. Healthy Controls**
K.M. Ruda Wessell*[1], E. Toller-Artis[2], Z. Hostoffer[3], H. Tcheurekdjian[2], H. Meyerson[4], M. Terrell[5], R. Hostoffer[4], *1. University Heights, OH; 2. Mayfield Heights, OH; 3. Highland Heights, OH; 4. Cleveland, OH; 5. Erie, PA.*

3:30 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to: 25) recognize, diagnose, and manage IFN-gamma deficiency; 26) identify mast cell tunneling nanotubes ("streamers"); discuss their potential impacts on neighboring cells; describe the potential impact of neuropeptide CGRP on "streamers"; 27) discuss the limitations of dihydrorhodamine assay in differentiating between the two types of chronic granulomatous disease (CGD): X-linked CGD and autosomal recessive CGD; 28) evaluate facial swellings caused by bradykinin and non-bradykinin mediated mechanisms; 29) discuss the occurrence of eosinophilic esophagitis in common variable immunodeficiency and the unique model this presents in the setting of impaired immunoglobulin production and plasma cell development; 30) recall and discuss the various presentations of GATA2 deficiency and explain that a genetic diagnosis is essential in the optimal clinical management of this disorder; 31) discuss the clinical significance of newborn screening in conjunction with targeted exome sequencing; and 32) identify the CD markers of basophil activation.

3:30 – 4:00 pm
Refreshment Break *(Ballroom A Foyer)*
Supported by Meda Pharmaceuticals Inc.

4:00 – 6:00 pm • Ballroom A • Henry B. Gonzalez Convention Center

Symposium

Severe Asthma: Persistent Challenges; New Therapies

Moderator: John J. Oppenheimer, MD, FACAAI

Supported by an independent educational grant from Teva Respiratory

These presentations will review: 1) the emerging therapies, various biologics and therapeutics under development for severe asthma and put these in the context of various phenotypes; 2) which patients will be appropriate candidates for new severe asthma therapies and how to overcome logistical barriers regarding their use, including obtaining third-party payer approval for expensive biologic therapies; and helping patients understand co-payment assistance options; and 3) which patients will be appropriate candidates for new severe asthma therapies.

4:00 pm **Welcome and Introductions**
John J. Oppenheimer, MD, FACAAI

4:05 pm **Refractory Asthma: Defining the Unmet Need** 1
Rohit K. Katial, MD, FACAAI

4:35 pm **Pharmacoeconomics of Asthma Therapy: Where Have We Been? Where Are We Going?** 2
Michael B. Foggs, MD, FACAAI

5:05 pm **Biologic and Other New Therapies for Severe Asthma** 1
Kevin R. Murphy, MD, FACAAI (SC)

5:35 pm **Questions and Discussion**

6:00 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- Summarize the leading hypotheses regarding mechanisms for why severe asthma is treatment resistant
- Discuss which patients will be appropriate candidates for new severe asthma therapies
- Discuss how to obtain new asthma therapies for their patients

Monday Meet the Professor Breakfasts

6:30 – 7:45 am • Grand Hyatt Hotel
Admission by Ticket Only • Fee $45 (FITS $25) • Limit 30

Supported in part by an independent educational grant from Merck

M1 Biofilms 1 2 3
Lone Star Ballroom A (2nd Floor) • Grand Hyatt Hotel
Daniel L. Hamilos, MD, FACAAI

This session will review the basic structural elements of mucosal biofilm; describe the prognostic significance of mucosal biofilm in patients with refractory chronic rhinosinusitis in terms of severity of illness and outcome following endoscopic sinus surgery; explain the potential role of innate immunity in protecting against mucosal biofilm; and discuss the limited knowledge base for treatment to eradicate established mucosal biofilm in patients with refractory chronic rhinosinusitis.

M2 Controversies in the Wheezing Pre-Schooler: New Studies 1 2 3
Lone Star Ballroom B (2nd Floor) • Grand Hyatt Hotel
Leonard B. Bacharier, MD, FACAAI and
Bradley E. Chipps, MD, FACAAI

This session will discuss the approaches to treatment of young children with recurrent wheeze; examine the new studies that direct either regular or intermittent use of controlled therapy in this age group; and determine the events that predict persistent airway hyperactivity and symptoms.

M3 Evaluation of Immunodeficiency 1 2 3 6
Lone Star Ballroom C (2nd Floor) • Grand Hyatt Hotel
Mark M. Ballow, MD, FACAAI and
I. Celine Hanson, MD, FACAAI

This session will allow physicians to better recognize, evaluate and formulate a treatment plan for patients diagnosed with an immune deficiency, including discussion of primary immune deficiency disorders and what testing is available for diagnosis and management, along with quality of life issues for individuals with primary immune deficiencies.

M4 Food Allergy: Controversies in Diagnosis 1 2 3
Lone Star Ballroom D (2nd Floor) • Grand Hyatt Hotel
Matthew Greenhawt, MD, MBA, MSc, FACAAI

This session will identify the advantages and disadvantages of current diagnostic testing modalities available to the practitioner and describe ideal decision making criteria to evaluate a patient for oral food challenge.

M5 High EOs and/or High IgEs: How Do You Evaluate? 1 2 3
Lone Star Ballroom E (2nd Floor) • Grand Hyatt Hotel
Gailen D. Marshall, MD, PhD, FACAAI and
Patricia Stewart, MD

This session will include discussion of how to systematically work up patients presenting with elevated blood eosinophils and/or IgE including pertinent positives and negatives on history, family history, physical exam and the selection and interpretation of relevant laboratory tests.

M6 Infectious Agents and Asthma Inception: Target for Prevention 1 2
Lone Star Ballroom F (2nd Floor) • Grand Hyatt Hotel
Avraham Beigelman, MD and
Robert F. Lemanske, MD, FACAAI

This session will focus on the pathway from early life infections to asthma, including the role of respiratory viruses and the airway microbiome in the inception of asthma; potential interventions which target airway infections and/or colonization, aiming for asthma prevention; and review genetic and environmental factors that contribute to asthma inception and the strategies that might be employed regarding asthma prevention.

M7 The Science of the Asthma Action Plan and How to Fulfill Meaningful Use 1 2 3 4 5
Bowie B (2nd Floor) • Grand Hyatt Hotel
Chitra Dinakar, MD, FACAAI and
John J. Oppenheimer, MD, FACAAI

This session will describe how to write an asthma action plan using the yellow zone practice parameter as a reference.

M8 Office Evaluation of Drug Allergy 1 2
Bonham B (3rd Floor) • Grand Hyatt Hotel
David A. Khan, MD, FACAAI and
Stephen A. Tilles, MD, FACAAI

This session will discuss diagnostic and therapeutic approaches to common drug allergies encountered in the office setting.

Monday Meet the Professor Breakfasts

6:30 – 7:45 am • Grand Hyatt Hotel
Admission by Ticket Only • Fee $45 (FITS $25) • Limit 30

Supported in part by an independent educational grant from Merck

M9 Practical Aspects of Sublingual Immunotherapy: Dose/Duration/Specific Allergens/Geographic Niches/Efficacy and Safety

1 2

Presidio B (3rd Floor) • Grand Hyatt Hotel

David I. Bernstein, MD, FACAAI and
Peter S. Creticos, MD

This session will cover the practical aspects of selecting patients most likely to benefit from this treatment and to discuss known benefits and risks of treatment.

M10 Suspected Reactions to Implanted Medical Devices (Utility of Lab Test)

1 2 6

Republic B (4th Floor) • Grand Hyatt Hotel

James S. Taylor, MD

This session will discuss the challenging diagnostic and management issues in evaluating patients with putative allergy to implants and devices.

Learning Objectives

Upon completion of this session, participants should be able to:

M1) Review the basic structural elements of mucosal biofilm; describe the prognostic significance of mucosal biofilm in patients with refractory chronic rhinosinusitis in terms of severity of illness and outcome following endoscopic sinus surgery; explain the potential role of innate immunity in protecting against mucosal biofilm; and discuss the limited knowledge base for treatment to eradicate established mucosal biofilm in patients with refractory chronic rhinosinusitis

M2) Describe the role of steroid and non-steroid anti-inflammatory therapy in young wheezers

M3) Assess using history and PE the important points in evaluating a patient with recurrent infection for an immune deficiency; perform an assessment of the T-cell and humoral or B-cell immune system in patients with recurrent infections; describe and interpret the immune response testing especially responses to pneumococcal polysaccharide vaccine immunization to evaluate a patient for antibody immune deficiency; develop a treatment strategy for the use of replacement IgG therapy in patients with abnormal antibody responses, and assess the need to refer patients with T-cell immune deficiency for BM transplantation.

M4) Identify the advantages and disadvantages of current diagnostic testing modalities available to the practitioner and describe ideal decision making criteria to evaluate a patient for oral food challenge

M5) Determine the differential diagnosis and appropriate clinical and laboratory workup for a patient presenting with elevated eosinophils and/or high serum IgE

M6) Describe the relationship(s) of genetic and environmental factors that contribute to the development of asthma inception in children and explain the role of respiratory viruses in asthma inception; the role of the respiratory microbiome in asthma inception; and potential interventions to affect the progression from early life infections to asthma

M7) Describe how to write an asthma action plan using the yellow zone practice parameter as a reference

M8) Develop a systematic approach to evaluating patients with multiple antibiotic allergies and to develop a rational approach to the use of skin tests, drug challenges and induction of drug tolerance procedures

M9) Identify which patients in the allergist's practice are good candidates for FDA-approved sublingual immunotherapy; and review efficacy and safety of currently available sublingual tablet products and those currently in development

M10) Evaluate clinical criteria to diagnose cutaneous and extra-cutaneous reactions to medical implants and devices and discuss indications for patch and in-vitro testing and which allergens to test

Monday General Sessions

8:00 – 9:30 am • Ballroom A • Henry B. Gonzalez Convention Center

Plenary Session MOC/CME

Food Allergy: Component Testing, CoFAR Studies, Practical Considerations

Moderator: Maeve E. O'Connor, MD, FACAAI

These presentations will review: 1) new findings regarding early complementary feeding as a method of risk reduction for the development of food allergy; 2) important study results from CoFAR over the last 10 years, focusing on OIT, SLIT, and natural history of food allergy; discussion of where we need to go based on these studies with respect to food allergy research in the coming decade; and 3) the burden that food allergy places on families and patients.

8:00 am **Welcome and Introductions**
Maeve E. O'Connor, MD, FACAAI

8:05 am **Screening Food Skin Tests in Infants: To LEAP or Not to LEAP** 1 2 6
Matthew Greenhawt, MD, MBA, MSc, FACAAI

8:30 am **CoFAR Update: What Have We Learned and Where Do We Need To Go?** 1 2
David M. Fleischer, MD, FACAAI

8:55 am **Burden of Food Allergy Beyond Anaphylaxis** 1
Ruchi Gupta, MD, MPH

9:20 am **Questions and Discussion**

9:30 am **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- Identify and advise families with children who are at high risk of developing food allergy
- Discuss treatment options for patients who already have developed food allergy
- Monitor the burden of food allergy on families

Annual Business Meeting

9:30 – 10:30 am • Ballroom A • Henry B. Gonzalez Convention Center
All Registrants Invited • Refreshments will be provided

James L. Sublett, MD, FACAAI Presiding

Supported by Meda Pharmaceuticals Inc.

I. **Call to Order**
James L. Sublett, MD, FACAAI

II. **Approval of 2014 Minutes and Standing Rules**
James L. Sublett, MD, FACAAI

III. **Historian's Report**
Joseph A. Bellanti, MD, FACAAI

IV. **Alliance President's Address**
Mrs. Judy Fineman

V. **State of the College**
James L. Sublett, MD, FACAAI

VI. **Recognition of Outgoing Regents**
James L. Sublett, MD, FACAAI

VII. **Nominating Council Report and Election of Officers**

VIII. **Presentation of New Officers and Regents**
James L. Sublett, MD, FACAAI

IX. **Installation of New President**
James L. Sublett, MD, FACAAI

X. **President's Acceptance**
Bryan L. Martin, DO, FACAAI

XI. **Presentation to Outgoing President**
Bryan L. Martin, DO, FACAAI

XII. **New Business**
Bryan L. Martin, DO, FACAAI

XIII. **Adjournment**
Bryan L. Martin, DO, FACAAI

Monday General Sessions

10:30 am – noon • Ballroom A • Henry B. Gonzalez Convention Center

Plenary Session MOC/CME

Updates in Severe Asthma

Moderator: Gerald B. Lee, MD

Supported in part by an independent educational grant from AstraZeneca

These presentations will review: 1) how basic science research has identified distinct pathophysiological endotypes in severe asthma; 2) the use of biomarkers and other tools to categorize the endotype of a severe asthma patient in the allergy/immunology clinic and indicate how these techniques have the potential to improve the care of patients with severe asthma; and 3) examination of the practical approaches currently available for patients not controlled on Step 4 Therapy and look at the role of biologics that will become available in the future of this patient population.

10:30 am **Welcome and Introductions**
Gerald B. Lee, MD

10:35 am **Understanding Severe Asthma A View Fom the Bench** 1 2
Elliot Israel, MD

11:00 am **Appropriate Immunologic and Physiologic Assessment of Severe Asthma** 1 2 3 6
Stephen P. Peters, MD, PhD

11:25 am

John P. McGovern Lecture

Developing Precision Treatment for Severe Asthma 1 2 3
Bradley E. Chipps, MD, FACAAI

11:50 am **Questions and Discussion**

Noon **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- Recognize how basic science research has identified distinct pathophysiological endotypes in severe asthma
- Utilize appropriate biomarkers to categorize the endotype of a severe asthma patient in the allergy/immunology clinic
- Design a management plan that is individualized to a severe asthma patient's particular phenotype and endotype

Noon – 1:00 pm
Lunch *(On own)*

1:00 – 3:00 pm
Concurrent Sessions
(See pages 76-79)

Monday Concurrent Sessions

1:00 – 3:00 pm • Ballroom A • Henry B. Gonzalez Convention Center

Session A
Food Allergy

Moderators: Sami L. Bahna, MD, DrPH, FACAAI and Chitra Dinakar, MD, FACAAI

1:00 pm **33 – Comparison of ARA H2 in Household Dust of Peanut Allergic vs. Nonallergic Individuals**
J. Shroba*[1], C. Barnes[1], M. Nanda[1], C. Dinakar[1], C. Ciaccio[2], *1. Kansas City, MO; 2. Chicago, IL.*

1:15 pm **34 – A Retrospective Study of Shrimp and Cockroach Allergy: Correlation of *in Vitro*, Skin Test and Clinical Allergy Manifestations**
M. Shum*, R. Joks, *New York, NY.*

1:30 pm **35 – Food Allergy and Its Impact on Growth: Missouri WIC 2014-Present**
M.K. Nanda*[1], C. Dinakar[2], *1. Cincinnati, OH; 2. Kansas City, MO.*

1:45 pm **36 – Food Allergy Sensitization and Presentation in Siblings of Food Allergic Children**
R. Gupta*[1], M.M. Walkner[1], C. Lau[1], D. Caruso[2], X. Wang[2], J.A. Pongracic[1], B. Smith[1], *1. Chicago, IL; 2. Baltimore, MD.*

2:00 pm **37 – Health Literacy and Trust in Information Sources Influence Caregiver Food Allergy Quality of Life and Self-Efficacy**
N. Ditzler*, M. Greenhawt, *Ann Arbor, MI.*

2:15 pm **38 – Degree of Anxiety in Food-Allergic Children in a Tertiary Care Center**
T. Fausnight*, L. Petrovic-Dovat, A. White, T. Zeiger, S. Iriana, R. Meyer, B. Edward, *Hershey, PA.*

2:30 pm **39 – Peer Food Allergy Educational Videos: Improving Knowledge, Attitudes, and Support for Students With Food Allergy**
R. Gupta*[1], L. Watson[1], M. Yarbrough[1], N. Goldman[2], C. Warren[3], *1. Chicago, IL; 2. Wilmette, IL; 3. Alhambra, CA.*

2:45 pm **40 – Does Serum-Specific IgE Sensitization to Tree Nut Increase the Risk of Coconut Sensitization?**
B.I. Polk*[1], D. Dinakarpandian[1], M.K. Nanda[2], C. Barnes[1], C. Dinakar[1], *1. Kansas City, MO; 2. Cincinnati, OH.*

3:00 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to: 33) identify the presence of significant levels of Ara h2 in peanut allergic households; 34) identify the risks of clinical shrimp allergy in cockroach- and shrimp- sensitized patients as compared to shrimp-sensitized patients; 35) contrast the differences in age-adjusted height, weight, and body mass index percentiles and Z scores between children with and without food allergy; 36) describe the characterization of the prevalence of food allergies in siblings of food-allergic children; 37) identify health literacy as a relevant skill in chronic disease management; acknowledge that both health literacy and trust in information sources have an impact on patient reported outcomes, such as food allergy health related quality of life and food allergy self-efficacy; 38) describe the rates of anxiety, as determined by a standardized screening tool, in a food allergic pediatric population when compared to children with known anxiety disorder and a normal control group; 39) analyze the benefits of utilizing an online survey and peer-to-peer educational videos; and 40) identify patterns in tree nut IgE that may increase the odds of a positive coconut IgE.

3:00 – 3:30 pm
Refreshment Break *(Ballroom A Foyer)*
Supported by Meda Pharmaceuticals Inc.

Monday Concurrent Sessions

1:00 – 3:00 pm • Room 103AB • Henry B. Gonzalez Convention Center

Session B

Immunotherapy/Immunizations; Rhinitis, Other Upper Airway Disorders, Ocular Disorders

Moderators: Leonard Bielory, MD, FACAAI and Janna M. Tuck, MD, FACAAI

1:00 pm **41 – Comparison of Systemic Reactions in Rush, Cluster and Standard Build Aeroallergen Immunotherapy**
A. Winslow*, J. Turbyville, W. Sublett, S. Pollard, J. Sublett, *Louisville, KY.*

1:15 pm **42 – Evaluation of Pediatric and Adult Systemic Reactions to Subcutaneous Immunotherapy**
C.E. Lim*[1], P. Ponda[2], 1. *Long Island City, NY; 2. New Hyde Park, NY.*

1:30 pm **43 – Investigating the Clinical and Molecular Aspects of Aspirin-Exacerbated Respiratory Disease**
W. Stevens*, C. Ocampo, M. Sakashita, M. Mahdavinia, A. Peters, P. Avila, R. Kern, R. Schleimer, *Chicago, IL.*

1:45 pm **44 – Treatment Effect of Sublingual Immunotherapy Tablets and Pharmacotherapies for Seasonal Allergic Rhinitis: Analysis of Clinical Trials**
P. Creticos*[1], S. Durham[2], A. Kaur[3], Z. Li[3], J. Maloney[3], E.O. Meltzer[4], H.S. Nelson[5], H. Nolte[3], *1. Baltimore, MD; 2. London, United Kingdom; 3. Kenilworth, NJ; 4. San Diego, CA; 5. Denver, CO.*

2:00 pm **45 – Majority of Patients with Seasonal Allergies Use Non-Prescription Medications But Are More Satisfied With Prescription Treatments**
E.O. Meltzer*[1], M. Tringale[2], T. White[2], J. Nice[3], *1. San Diego, CA; 2. Landover, MD; 3. New York, NY.*

2:15 pm **46 – Xylitol Nasal Irrigation: A Possible Alternative Strategy for the Management of Chronic Rhinosinusitis**
T.M. Nsouli*[1], S.T. Nsouli[2], N.Z. Diliberto[2], C.M. Davis[2], J.A. Bellanti[2], *1. Burke, VA; 2. Washington, DC.*

2:30 pm **47 – Comparison of Lower Airway Inflammation Between Non-Allergic Rhinitis and Allergic Rhinitis Without Asthma**
B. Liu*, Y. Xie, K. Lai, N. Zhong, *Guangzhou, China.*

2:45 pm **48 – Bacterial Microbiome and Th17 Cytokines in CRS**
V. Ramakrishnan*, J. Kofonow, D. Frank, *Aurora, CO.*

3:00 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to: 41) compare the incidence of systemic reaction during standard, cluster, and rush aeroallergen immunotherapy; identify additional factors associated with increased rates of systemic reaction during standard, cluster, and rush aeroallergen immunotherapy; 42) contrast the differences in pediatric and adult systemic reactions to subcutaneous immunotherapy; 43) describe some of the molecular mechanisms thought to uniquely contribute to AERD pathogenesis; 44) evaluate the relative treatment effects of SLIT-tablets versus pharmacotherapy for seasonal allergic rhinitis; 45) summarize current medication utilization preferences and satisfaction among adult and pediatric SAR patients; 46) describe the possible use of xylitol as an adjunct therapeutic agent in patients with chronic rhinosinusitis; 47) identify upper airway disorders to achieve a better treatment effect; and 48) state the connection between surface microbes and local tissue inflammation.

3:00 – 3:30 pm
Refreshment Break *(Ballroom A Foyer)*
Supported by Meda Pharmaceuticals Inc.

Monday Concurrent Sessions

1:00 – 3:00 pm • Room 001AB • Henry B. Gonzalez Convention Center

Session C

Other; Pharmacology and Pharmacotherapeutics

Moderators: Theodore G. Freeman, MD, FACAAI and Cherie Y. Zachary, MD, FACAAI

1:00 pm **49 – DX-2930 in Patients With Hereditary Angioedema: Final Results of a Phase 1b Study**
P. Busse[1], A. Banerji[2], M. Shennak[3], W. Lumry[4], M. Davis-Lorton[5], H. Wedner[6], J. Jacobs*[7], J. Baker[8], J.A. Bernstein[9], R.F. Lockey[10], H. Li[11], T. Craig[12], M. Cicardi[13], M. Riedl[14], A. Al-Ghazawi[3], C. Soo[15], R. Iarrobino[15], D. Sexton[15], C. TenHoor[15], J. Kenniston[15], R. Faucette[15], J. Biedenkapp[15], Y. Chyung[15], B. Adelman[15], *1. New York, NY; 2. Boston, MA; 3. Amman, Jordan; 4. Dallas, TX; 5. Mineola, NY; 6. St. Louis, MO; 7. Walnut Creek, CA; 8. Lake Oswego, OR; 9. Cincinnati, OH; 10. Tampa, FL; 11. Chevy Chase, MD; 12. Hershey, PA; 13. Milan, Italy; 14. San Diego, CA; 15. Burlington, MA.*

1:15 pm **50 – Attack Frequency, C1-INH Function, and Levels of Cleaved Kininogen Do Not Influence the Clinical Response to DX-2930 in Patients With Hereditary Angioedema**
W. Lumry*[1], M. Cicardi[2], P. Busse[3], A. Banerji[4], M. Shennak[5], M. Davis-Lorton[6], H. Wedner[7], J. Jacobs[8], J. Baker[9], J.A. Bernstein[10], R.F. Lockey[11], H. Li[12], T. Craig[13], M. Riedl[14], A. Al-Ghazawi[5], C. Soo[15], R. Iarrobino[15], D. Sexton[15], C. TenHoor[15], J. Kenniston[15], R. Faucette[15], J. Biedenkapp[15], Y. Chyung[15], B. Adelman[15], *1. Dallas, TX; 2. Milan, Italy; 3. New York, NY; 4. Boston, MA; 5. Amman, Jordan; 6. Mineola, NY; 7. St. Louis, MO; 8. Walnut Creek, CA; 9. Lake Oswego, OR; 10. Cincinnati, OH; 11. Tampa, FL; 12. Chevy Chase, MD; 13. Hershey, PA; 14. San Diego, CA; 15. Burlington, MA.*

1:45 pm **51 – Updated Estimates of Clinician-Patient Communication About Asthma and Work After Implementation of BRFSS Methodology Changes, 2012**
J.M. Mazurek*, E. Storey, *Morgantown, WV.*

1:30 pm **52 – A One-Year Utilization Analysis of Intravenous Immunoglobulin (IVIG) at a Large Medical Center (UCLA)**
T. Peng*[1], C.Y. Kuo[2], I. Purdy[2], M. Oishi[2], Y. Diaz[2], E.R. Stiehm[2], *1. Edison, NJ; 2. Los Angeles, CA.*

2:00 pm **53 – The Efficacy of a Macrolide Antibiotic Clarithromycin for the Treatment of Serous Otitis Media in Atopic Children**
S.M. Nsouli*, D. Nsouli, T.S. Nsouli, *Danville, CA.*

2:15 pm **54 – Response to Omalizumab in Recalcitrant Chronic Urticaria Patients**
I. Noor*[1], M. Chong[2], M. Aquino[2], B. Arendash[2], M. Punsoni[2], R. Calixte[2], L. Fonacier[2], *1. Glen Head, NY; 2. Mineola, NY.*

2:30 pm **55 – Risk of Re-Sensitization to Penicillins After Recurrent Intravenous Administration in Skin Test Negative Patients**
S.M. Dorman*[1], D.A. Khan[1], S. Deol[2], *1. Dallas, TX; 2. Southlake, TX.*

2:45 pm **56 – Evaluating the Value of Prophylaxis for Penicillin Desensitization: A Review of the Literature**
J. Jose*, F. Ishmael, *Hershey, PA.*

3:00 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to: 49) describe the safety, pharmacokinetic, pharmacodynamic and proof-of-concept efficacy results of the phase 1b study of DX-2930 in patients with hereditary angioedema; summarize the use of DX-2930 as an investigational, human monoclonal antibody inhibitor of plasma kallikrein in development for the prevention of acute attacks of hereditary angioedema; 50) distinguish which, if any, factors (eg. attack rate, C1-INH levels, cleaved high-molecular weight kininogen) may influence the clinical efficacy of DX-2930 for the prophylaxis of hereditary angioedema; 51) demonstrate the need for improving patient education and clinician-patient communication regarding asthma in the workplace; 52) identify FDA-approved and off-label use of intravenous immunoglobulin (IVIG); recognize some of the common uses of IVIG; 53) use a pharmacological agent that possesses a dual action in order to shorten the duration of the course of antibiotics, given the safety issues inherent in long-term use of systemic antibiotics in atopic children; 54) describe the efficacy of omalizumab in difficult-to-treat chronic urticaria patients; 55) clarify that in patients who have reported penicillin allergy and have negative penicillin skin testing, repeated administration of an intravenous penicillin antibiotic courses appear to be safe; and 56) discuss the utility of prophylaxis for penicillin desensitization.

3:00 – 3:30 pm
Refreshment Break *(Ballroom A Foyer)*
Supported by Meda Pharmaceuticals Inc.

Monday Concurrent Sessions

1:00 – 3:00 pm • Room 006AB • Henry B. Gonzalez Convention Center

Session D

Skin Disorders and Clinical Immunology/Immunodeficiency

Moderators: Mark Davis-Lorton, MD, FACAAI and James W. Sublett, MD, FACAAI

1:00 pm **57 – Rapidly Generated Viral-Specific T Lymphocytes for Treatment of Viral Infections in Primary Immunodeficiency**
M.D. Keller*[1], P.J. Hanley[1], H. Lang[1], M. Luo[1], S. McCormack[1], B. Loechelt[1], D. Jacobsohn[1], A. Abraham[1], K. Williams[1], E. Perez[1], N. Bunin[2], C.M. Bollard[1], *1. Washington, DC; 2. Philadelphia, PA.*

1:15 pm **58 – Efficacy of Rhc 1NH for the Treatment of Peripheral Angioedema in Patients With HAE**
D. Moldovan*[1], J. Baker[2], J.A. Bernstein[3], V. Grivcheva-Panovska[4], A. Reshef[5], A. Relan[6], M. Riedl[7], *1. Tirgu Mures, Romania; 2. Lake Oswego, OR; 3. Cincinnati, OH; 4. Skopje, Macedonia (the former Yugoslav Republic of); 5. Ramat Gan, Israel; 6. Leiden, Netherlands; 7. San Diego, CA.*

1:30 pm **59 – Construction of a Health-Related Quality of Life Instrument for Patients With Primary Antibody Deficiency Disease**
M. Ballow*[1], T. Burns[2], M. Conway[2], *1. St. Petersburg, FL; 2. Charlottesville, VA.*

1:45 pm **60 – Safety and Efficacy of RHC 1NH for the Treatment of HAE Attacks in Pediatric Patients**
A. Reshef*[1], V. Grivcheva-Panovska[2], S. Kivity[3], M. Klimaszewska-Rembiasz[4], D. Moldovan[5], L. Bellizzi[6], A. Relan[6], M. Magerl[7], *1. Ramat Gan, Israel; 2. Skopje, Macedonia (the former Yugoslav Republic of); 3. Tel Aviv, Israel; 4. Krakow, Poland; 5. Tirgu Mures, Romania; 6. Leiden, Netherlands; 7. Berlin, Germany.*

2:00 pm **61 – Long-Term Safety, Efficacy, and Tolerability of Recombinant Human Hyaluronidase-Facilitated Subcutaneous Infusion of Immunoglobulin G in Pediatric Patients Aged <16 Years with Primary Immunodeficiencies**
R.L. Wasserman*[1], I. Melamed[2], M. Stein[3], L. Kobrynski[4], J. Puck[5], S. Gupta[6], W. Engl[7], B. McCoy[7], H. Leibl[7], L. Yel[8], *1. Dallas, TX; 2. Centennial, OH; 3. North Palm Beach, FL; 4. Atlanta, GA; 5. San Francisco, CA; 6. Irvine, CA; 7. Vienna, Austria; 8. Westlake Village, CA.*

2:15 pm **62 – Pattern of Second-Line Agent Use in Chronic Spontaneous Urticaria**
R.A. Orden*, J.B. Segal, *Baltimore, MD.*

2:30 pm **64 – Success of Alternative Therapies in Chronic Urticaria Patients Failing Omalizumab**
S.V. Patel*, D.A. Khan, *Dallas, TX.*

3:00 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to: 57) describe adoptive T cell immunotherapy and its potential use in treating viral infections in primary immunodeficiency patients; 58) discuss the efficacy of recombinant human C1 inhibitor in treating the symptoms of peripheral angioedema attacks in patients with HAE; 59) develop a disease-specific quality of life instrument; 60) describe results from a study treating pediatric HAE patients; 61) describe the efficacy, safety and tolerability of Recombinant Human Hyaluronidase-Facilitated Subcutaneous Infusion in pediatric patients with primary immunodeficiencies who were treated for up to 3 years; 62) describe the frequency of and geographic variation in prescriptions for second-line agents in patients with chronic spontaneous urticaria; and 64) describe alternative therapies that may be considered in refractory chronic urticaria patients who have partial or lack of response to omalizumab.

3:00 – 3:30 pm
Refreshment Break *(Ballroom A Foyer)*
Supported by Meda Pharmaceuticals Inc.

Monday General Sessions

3:30 – 5:00 pm • Ballroom A • Henry B. Gonzalez Convention Center

Plenary Session MOC/CME

Update on Anaphylaxis

Moderator: Phillip L. Lieberman, MD, FACAAI

Supported in part by an independent educational grant from Mylan Specialty L.P.

These presentations will review: 1) diagnostic criteria of mastocytosis and mast cell activation disorders; 2) updates on and opportunities to help improve emergency depart-ment anaphylaxis management; and 3) the difficulty of diagnosis of perioperative allergic reactions due to many differential diagnoses and varying mechanisms behind reactions, an approach to investigation, and the possible causes of perioperative allergic reactions including some important but overlooked causes.

3:30 pm	**Welcome and Introductions** Phillip L. Lieberman, MD, FACAAI	
3:35 pm	**Mast Cell Activating Disorders, Systemic Mastocytosis, Idiopathic Anaphylaxis (A Merging of the Three – Are They All the Same Condition?)** Cem Akin, MD, PhD	1 2
4:00 pm	**Anaphylaxis in the Emergency Department: A Cooperative Management Event Between the Allergist and Emergency Department Physician** Ronna L. Campbell, MD, PhD	1 3
4:25 pm	**I Experienced an Anaphylactic Reaction During Surgery and Need Surgery Again: Anaphylaxis in the Perioperative Period** Lene Heise Garvey, MD	1 2 3
4:50 pm	**Questions and Discussion**	
5:00 pm	**Adjourn**	

Learning Objectives

Upon completion of this session, participants should be able to:

- Diagnose mast cell activating disorders and distinguish them from idiopathic anaphylaxis, and discern when to do bone marrow testing in these conditions
- Facilitate interaction with emergency department physicians to increase the referral for an allergy evaluation after a patient is discharged from the emergency department after an anaphylactic event
- Skin test to discern the causative agent in anaphylaxis occurring during surgery

5:00 pm
2015 Annual Scientific Meeting Adjourns

Friday Office Administrators Practice Management Course

8:00 am – 3:30 pm • Lone Star Ballroom F (2nd Floor) • Grand Hyatt Hotel
Separate Registration Fee • Admission by Ticket Only

NOT FOR CREDIT

Moderator: Kay Tyler, BS, BA, MBA

Target Audience: Office practice administrators/managers, nurse managers and other clinical staff responsible for practice management activities, new and established allergists/immunologists in private practice, employed allergists and FITs.

8:00 am **Welcome and Introductions**
James L. Sublett, MD, FACAAI and
Kay Tyler, BS, BA, MBA

8:15 am **Advocacy Council Update** 6
J. Allen Meadows, MD, FACAAI

This presentation will provide an update on the activities of the Advocacy Council with CMS, implementing ICD-10, and the Affordable Care Act.

9:00 am **The Changing Landscape of Payers and Payment Methodologies** 3
Robert Chiffelle, MHSA

This session will examine the risks and benefits of payment models, including traditional and non-traditional competition across ACOs and PHOs.

9:45 am **Refreshment Break** *(Lone Star Ballroom Foyer)*

10:00 am **Basic Practice Marketing Tips: Website Tips, Monitoring Social Media/ Healthgrades, Google Searches** 3 5
David L. Patterson, MD, MBA, MS, FACAAI

This presentation will cover marketing as it pertains to allergy and clinical immunology with discussion also about the role of social media in marketing an allergy/immunology practice.

10:45 am **A Look Into the Future for the Allergist and the Practice Manager** 3
James M. Tracy, DO, FACAAI

How do past and present practices inform the future of allergy and immunology? What are the future trends for manpower, billing, bundling and reimbursement?

11:30 am **Lunch** *(on own)*

1:00 pm **Back to the Basics: It's All About Relationships – Retaining Patients and Retaining Employees** 3 4 5 6
Gregory W. Bensch, MD, FACAAI

This presentation will review the importance of relating to patients and employees and successful retention strategies for both groups.

1:45 pm **Here's What's Trending in Compliance Programs: PQRS, Meaningful Use, HIPAA, ICD-10** 1 3 6
Gary N. Gross, MD, FACAAI and
Kay Tyler, BS, BA, MBA

This presentation will discuss ICD-10 coding for allergy, along with new documentation and coding requirements.

2:30 pm **Refreshment Break** *(Lone Star Ballroom Foyer)*

2:45 pm **OAPMC Town Hall Discussion** 1 2 3
James L. Sublett, MD, FACAAI and
Kay Tyler, BS, BA, MBA

3:30 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- Discuss important changes at the national level that impact practice management
- Describe changes from our traditional payment models to ones based on ACO and performance, capitation plans, or other managed care contracting models
- Summarize useful website/social media tips and various marketing tools that promote, rank, or rate a practice and providers
- Discuss future changes occurring within the allergy landscape for the doctor and the manager, including both the positives and negatives
- Explain the significance of relating to patients and employees and how to retain them both
- Summarize trends in government compliance and coding programs
- Utilize an open platform to share ideas, discuss challenges, provide resources, and help each other strengthen our organizations

4:45 – 6:00 pm
Bowie ABC (2nd Floor) • Grand Hyatt Hotel
Advanced Practice, Allied Health and Office Administrators Networking Reception
Supported by Meda Pharmaceuticals Inc.

Friday Advanced Practice Health Care Providers Course

Lone Star Ballroom A (2nd Floor) • Grand Hyatt Hotel
Separate Registration Fee • Admission by Ticket Only

Supported by an independent educational grant from Merck

This course may be taken alone or in conjunction with the Allied Health Professionals Course. Allied staff registrants that attend the Office Administrators Practice Management Course, the Advanced Practice Health Care Providers Course or the Allied Health Professionals Course are not required to pay the general Annual Scientific Meeting registration fee.

Target Audience: Nurse practitioners, physician assistants, allergy/immunology nurses, other health care providers with extensive experience and physicians. Nursing Accreditation: Provider approved by the California Board of Registered Nursing, Provider Number 14486 for 6.9 contact hours.

8:00 – 9:45 am

General Session

Moderator: Charlotte M. Jacobsen, MSN, RN

8:00 am **Welcome and Introductions**
Deidra H. Sanders, MSN, APRN, FNP-BC

8:05 am **Advances in Food Allergy Part 1** (1)
Jodi A. Shroba, MSN, APRN, CPNP

This presentation will discuss component testing for food allergies, including when to use and how to interpret the results. There will also be discussion of new food allergy treatments in practice, specifically the LEAP study, and early introduction of foods into the diet.

8:55 am **Advances in Food Allergy Part 2** (1 2)
J. Andrew Bird, MD, FACAAI

This presentation will update the audience regarding advances in research of treatment for food allergies.

9:45 am **Refreshment Break** *(Lone Star Ballroom Foyer)*

10:00 am – 12:30 pm

General Session

Moderator: Deidra H. Sanders, MSN, APRN, FNP-BC

10:00 am **Mix It Up! Options in Immunotherapy** (1 2 3 5)
Michael R. Nelson, MD, PhD, FACAAI

This presentation will describe the "how to" in written immunotherapy orders; include standard build, modified cluster and rush protocols with current data; and the pros and cons of SLIT and SCIT in practical use.

10:50 am **Precision Asthma Care: Phenotypes and Biologic Medications** (1 2 3)
Bradley E. Chipps, MD, FACAAI

This presentation will examine the appropriate workup and treatment for asthmatics who fail Step 4 therapy.

11:40 am **Chronic Rhinosinusitis: What Does Evidence-Based Practice Tell Us?** (1 2 3)
Eli O. Meltzer, MD, FACAAI

This presentation will review available evidence on occupational and environmental risk factors for chronic rhinosinusitis and discuss medical and surgical evidence-based management of CRS.

12:20 pm **Questions and Discussion**

12:30 pm **Lunch** *(on own)*

Learning Objectives

Upon completion of this session, participants should be able to:

- Identify when component testing can be useful in the diagnosis and management of food allergies
- Explain the relevance of food allergy treatments currently being studied and their utility in clinical practice
- Describe the "how to" in written immunotherapy orders, from dosing strength of individual allergens to protocol options for frequency of administration (includes standard build, modified, cluster and rush protocols with current data to support efficacy and risk of systemics) and briefly discuss pros and cons of SLIT vs SCIT in practical use
- Present most current research on endotyping and heterogeneity of asthma; and discuss the future of asthma medications with advances in immune modulating options
- Review available evidence on occupational and environmental risk factors for chronic rhinosinusitis (CRS); and discuss evidence-based management of CRS, including both medical and surgical

Friday Advanced Practice Health Care Providers Course

Interactive Concurrent Workshops

Lone Star Ballroom (2nd Floor) • Grand Hyatt Hotel
Separate Registration Fee • Admission by Ticket Only

Supported by an independent educational grant from Merck

1:30 – 3:00 pm

AP1 Surviving and Thriving in an Advanced Practice Role 4 5
Lone Star Ballroom A (2nd Floor) • Grand Hyatt Hotel
Noreen H. Nicol, PhD, RN, FNP, NEA-BC

This presentation will cover key leadership and professional advance practice roles which can add value to every specialty practice, their local community, and their patients.

AP2 PBL: Mimickers of Allergic Disease 1 2 3 4
Lone Star Ballroom B (2nd Floor) • Grand Hyatt Hotel
B. Gwen Carlton, DNP, APRN, FNP-BC

This will be an interactive session on disease processes and conditions which mimic allergic conditions. The patient's history, physical exam, diagnostics, and treatment plans will be presented in a case-based format.

AP3 Sleep Medicine: More Than a Good Night's Sleep 1 2
Lone Star Ballroom C (2nd Floor) • Grand Hyatt Hotel
Robert J. Karman, MD and
Deidra H. Sanders, MSN, APRN, FNP-BC

This presentation will discuss current research on sleep-disordered breathing in children and implications for further assessment and intervention. Discussion of physical exam, coupled with patient history, will lend itself to a discussion of potential for sleep-disordered breathing and its need for referral.

3:00 pm **Refreshment Break** *(Lone Star Ballroom Foyer)*

3:15 – 4:45 pm

AP4 Surviving and Thriving in an Advanced Practice Role 4 5
Lone Star Ballroom A (2nd Floor) • Grand Hyatt Hotel
Noreen H. Nicol, PhD, RN, FNP, NEA-BC

This presentation will cover key leadership and professional advance practice roles which can add value to every specialty practice, their local community, and their patients.

AP5 PBL: Mimickers of Allergic Disease 1 2 3 4
Lone Star Ballroom B (2nd Floor) • Grand Hyatt Hotel
B. Gwen Carlton, DNP, APRN, FNP-BC

This will be an interactive session on disease processes and conditions which mimic allergic conditions. The patient's history, physical exam, diagnostics, and treatment plans will be presented in a case-based format.

AP6 Sleep Medicine: More Than a Good Night's Sleep 1 2
Lone Star Ballroom C (2nd Floor) • Grand Hyatt Hotel
Robert J. Karman, MD and
Deidra H. Sanders, MSN, APRN, FNP-BC

This presentation will discuss current research on sleep-disordered breathing in children and implications for further assessment and intervention. Discussion of physical exam, coupled with patient history, will lend itself to a discussion of potential for sleep-disordered breathing and its need for referral.

4:45 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- AP1/AP4 – Describe the pros and cons of contractual relationships with their employers and how to optimize their influence in improving patients' health outcomes; and discuss ways advanced practitioners can enhance their value to their employing organizations
- AP2/AP5 – Review history and physical exam of patients with upper and/or lower respiratory complaints to determine what diagnostics should be ordered, the differential and working diagnosis for the patient, and a treatment plan
- AP3/AP6 – Discuss the spectrum of sleep-disordered breathing (SDB) to include obstructive sleep apnea, chronic cough and snoring; identify morbidities associated with SDB and describe the assessment tools and recommendations for referral to evaluate and manage SDB

4:45 – 6:00 pm
Bowie ABC (2nd Floor) • Grand Hyatt Hotel
Advanced Practice, Allied Health and Office Administrators Networking Reception
Supported by Meda Pharmaceuticals Inc.

Saturday Allied Health Professionals Course

8:00 am – noon

Room 103AB • Henry B. Gonzalez Convention Center

Separate Registration Fee • Admission by Ticket Only

This course may be taken alone or in conjunction with the Office Administrators Practice Management Course or the Advanced Practice Health Care Providers Course. Allied staff registrants that attend the Office Administrators Practice Management Course, the Advanced Practice Health Care Providers Course or the Allied Health Professionals Course are not required to pay the general Annual Scientific Meeting registration fee.

Target Audience: Health professionals including, but not limited to, RNs, LPNs, MAs, PAs, NPs, MDs/DOs.

Nursing Accreditation: Provider approved by the California Board of Registered Nursing, Provider Number 14486 for 10.8 contact hours.

8:00 – 9:55 am

General Session

Moderator: Kimberly G. Clay, MN, APRN, FNP-BC

8:00 am **Welcome and Introductions**
Deidra H. Sanders, MSN, APRN, FNP-BC and David A. Khan, MD, FACAAI

8:05 am **Losing Control: Yellow Zone Management Practice Parameter** 1 2 3 4 5
Chitra Dinakar, MD, FACAAI

This presentation will describe the criteria of loss of asthma control and review the evidence-based practice parameter for managing asthma in the Yellow Zone.

9:00 am **The Severe Asthmatic: From Bad Disease to Bad Behavior** 1 2 4
Maureen M. George, PhD, RN, AE-C and David F. Skoner, MD, FACAAI

This presentation will explore common barriers to self-management that contribute to severe asthma.

9:55 am **Refreshment Break** *(103 Foyer)*

10:10 am – noon

General Session

Moderator: B. Gwen Carlton, DNP, APRN, FNP-BC

10:10 am **Managing Itchy/Rashy Skin** 1 2
John C. Browning, MD, MBA

This presentation will discuss understanding and managing the dermatologic manifestations of atopic dermatitis and other rashes.

11:05 am **Literature Review: Things You Should Have Read** 1 2 3 4
Panel:
Cheryl K. Bernstein, BSN, RN, CCRC
Maureen George, PhD, RN, AE-C
Charlotte M. Jacobsen, MSN, RN

This presentation will review year-end research articles from 2014 which apply to the evidence-based practice knowledge of Allied Health Professionals in a variety of patient subgroups; discuss important publications of relevance to AH; and review 2014 research study articles focused on the pediatric allergy/asthma patient population.

11:50 am **Questions and Discussion**

Noon **Lunch** *(on own)*

Learning Objectives

Upon completion of this session, participants should be able to:

- Analyze the complexity of loss of asthma control and review the evidence-based practice parameter for managing asthma in the Yellow Zone
- Explore common barriers to self-management that contribute to severe asthma.
- Discuss the differential diagnoses of rash and itchy skin conditions to include eczema, contact dermatitis and non-immunological rashes; and discuss highlights of practice parameters on contact dermatitis, patch testing and most common sensitizing agents in everyday products used by consumers
- Summarize selected research articles that apply to the evidence-based practice of allied health professionals in a variety of patient subgroups

Saturday Allied Health Professionals Course

Interactive Concurrent Workshops

Lone Star Ballroom (2nd Floor) • Grand Hyatt Hotel
Separate Registration Fee • Admission by Ticket Only

1:30 – 3:00 pm

SA1 Can Adherence to Treatment be Improved? 1 4 5
Lone Star Ballroom C (2nd Floor) • Grand Hyatt Hotel
Christine W. Wagner, MSN, RN, CPNP, AE-C

This workshop will discuss the challenge of getting patients to actually follow the plan of care. There are many factors that contribute to non-adherence and many different options to help patients become more adherent.

SA2 Improving Clinical Staff Competency: Training Options 1 2 3 4 5 6
Lone Star Ballroom D (2nd Floor) • Grand Hyatt Hotel
Cheryl Blackwell, BSN, RN, AE-C

This presentation will cover skills/knowledge required by nursing staff to achieve competency in an allergy and asthma practice. Training options will also be discussed, as well as measurable evaluations that can be utilized to evaluate progress during training.

SA3 A Practical Guide to Interpreting Pulmonary Function Testing and eNO 1 2 3
Lone Star Ballroom E (2nd Floor) • Grand Hyatt Hotel
Joseph C. Turbyville, MD, FACAAI

This presentation will provide a practical approach to using spirometry and FeNO in clinical practice.

SA4 Office Emergencies: Managing Acute Asthma and Anaphylaxis 1 2 3 4 5 6
Lone Star Ballroom F (2nd Floor) • Grand Hyatt Hotel
Kimberly G. Clay, MN, APRN, FNP-BC and
Mary Lou Hayden, MS, FNP-BC, AE-C

This presentation will describe how to recognize signs of anaphylaxis in the office setting and appropriately treat patients with this condition. Providers need to quickly recognize and initiate treatment of an acute exacerbation and this presentation will examine the presenting signs and symptoms.

3:00 pm **Refreshment Break** *(Lone Star Ballroom Foyer)*

3:15 – 4:45 pm

SA5 Can Adherence to Treatment be Improved? 1 4 5
Lone Star Ballroom C (2nd Floor) • Grand Hyatt Hotel
Christine W. Wagner, MSN, RN, CPNP, AE-C

This workshop will discuss the challenge of getting patients to actually follow the plan of care. There are many factors that contribute to non-adherence and many different options to help patients become more adherent.

SA6 Improving Clinical Staff Competency: Training Options 1 2 3 4 5 6
Lone Star Ballroom D (2nd Floor) • Grand Hyatt Hotel
Cheryl Blackwell, BSN, RN, AE-C

This presentation will cover skills/knowledge required by nursing staff to achieve competency in an allergy and asthma practice. Training options will also be discussed, as well as measurable evaluations that can be utilized to evaluate progress during training.

SA7 A Practical Guide to Interpreting Pulmonary Function Testing and eNO 1 2 3
Lone Star Ballroom E (2nd Floor) • Grand Hyatt Hotel
Joseph C. Turbyville, MD, FACAAI

This presentation will provide a practical approach to using spirometry and FeNO in clinical practice.

SA8 Office Emergencies: Managing Acute Asthma and Anaphylaxis 1 2 3 4 5 6
Lone Star Ballroom F (2nd Floor) • Grand Hyatt Hotel
Kimberly G. Clay, MN, APRN, FNP-BC and
Mary Lou Hayden, MS, FNP-BC, AE-C

This presentation will describe how to recognize signs of anaphylaxis in the office setting and appropriately treat patients with this condition. Providers need to quickly recognize and initiate treatment of an acute exacerbation and this presentation will examine the presenting signs and symptoms.

4:45 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- SA1/SA5 - Identify barriers to adherence and list possible solutions to non-adherence
- SA2/SA6 - Identify particular strengths and weaknesses of their nursing staff, and designate the appropriate skills/knowledge required to achieve competency in an allergy/asthma practice; and utilize measurable evaluations of skills/knowledge of nursing staff during training process, as well as in annual assessments
- SA3/SA7 - List key features to insure valid pulmonary function testing (PFT) and recognize adequate effort; and recognize abnormal measurements and their likely clinical interpretation as well as discuss the use of FeNO as a tool for asthma assessment
- SA4/SA8 - Describe the signs and symptoms of severe, acute asthma, and discuss evidence-based treatment and follow-up; and recognize both the obvious and subtle signs of anaphylaxis and apply the principles of appropriate and timely management

Sunday Allied Health Professionals Course

8:00 am – noon

Room 103AB • Henry B. Gonzalez Convention Center

Separate Registration Fee • Admission by Ticket Only

This course may be taken alone or in conjunction with the Office Administrators Practice Management Course or the Advanced Practice Health Care Providers Course. Allied staff registrants that attend the Office Administrators Practice Management Course, the Advanced Practice Health Care Providers Course or the Allied Health Professionals Course are not required to pay the general Annual Scientific Meeting registration fee.

8:00 – 9:50 am

General Session

Moderator: Jodi A. Shroba, MSN, APRN, CPNP

8:00 am **Welcome and Introductions**
Jodi A. Shroba, MSN, APRN, CPNP

8:05 am **The Microbiome Revolution in Health and Disease** 1 2
Christina E. Ciaccio, MD, FACAAI

This presentation will review the role of microbes in health and disease and review the literature of how microbes influence atopic disease.

8:55 am **Changing Climates and Lifestyles: The Impact on Allergic Diseases** 2 6
Jay M. Portnoy, MD, FACAAI

This presentation will discuss the effect of climate change and current lifestyles on the prevalence and development of allergies and asthma and offer some recommendations for actions that can be taken to ameliorate some of these effects.

9:50 am **Refreshment Break** *(103 Foyer)*

10:05 am – noon

General Session

Moderator: Cheryl K. Bernstein, BSN, RN, CCRC

10:05 am **Healthy Lifespace for Patients With Asthma and Allergic Diseases: Findings and Recommendations From the Practice Parameters** 1 2 3 4 5 6
Mary Lou Hayden, MS, FNP-BC, AE-C

This presentation will examine potential exposures at home, the work place and school, and current evidence-based recommendations for minimizing exposures. Patients with allergic diseases are affected by many environmental exposures. The Advocacy Council has recently published Practice Parameters on environmental triggers.

11:00 am **IVIG Replacement: Pearls for Managing the Immune Deficient Patient** 1 2 3
Mark M. Ballow, MD, FACAAI

This presentation will discuss how medical literature now supports new concepts in replacement Ig therapy in patients with primary immune deficiencies to achieve better outcomes.

11:55 am **Questions and Discussion**

Noon **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- Review how microbiota contribute to immunity as well as to metabolic and inflammatory diseases; and discuss the role of intestinal microbiota and the impact of antibiotics as well as the role for probiotics, vitamins and other supplements
- Apply knowledge of how lifestyle changes, such as in diet, exercise, and medications, may contribute to increasing allergic disease; and critique the role of climate change and environmental pollution in triggering and causing progression of allergic disorders
- Discuss evidence-based research for managing environmental triggers to allergic disease and resources for patient education and assistance
- Explore the identification of the immune deficient patient and the various options for management

Fellows-in-Training Programs

All Fellows-in-Training are encouraged to participate in the following special activities designed to meet their unique needs and interests. Friday's FIT General Meeting includes the presentations and election of a Fellow-in-Training representative to the Board of Regents. **Travel Scholarship Checks will be distributed at the FIT Welcome Reception.** All of the activities shown on this page, as well as plenary sessions and symposia, are complimentary.

Friday FIT Educational Program

3:30 – 5:30 pm
Room 006ABC
Henry B. Gonzalez Convention Center
Moderators: Andrew Nickels, MD and Sarah W. Spriet, DO

3:30 pm **Welcome and Introductions**
Andrew Nickels, MD and Sarah Spriet, DO

3:35 pm **Immunology for the Boards and Wards!** 1 2
Christina E. Ciaccio, MD, FACAAI

This presentation will describe strategies for learning immunology and studying for the boards, and review the immune defects related to immunodeficiency.

4:30 pm **Using Social Media, Websites and the Cloud to Improve Patient Care and Research** 1 4
Ves Dimov, MD

This presentation will provide an overview and practical advice on using social media, websites and the Cloud to improve patient care and research. The attendees will be able to get insights and inspiration from the practical examples of best practice introduced during the presentation.

5:00 pm **Excellence in Publications: Tips From the Editor of the *Annals of Allergy*** 2 4 6
Gailen D. Marshall, MD, PhD, FACAAI

This presentation will provide attendees with the principles of manuscript writing and reviewing.

5:20 pm **Questions and Discussion**

5:30 pm **Adjourn**

Learning Objectives

Upon completion of this session, participants should be able to:

- Identify the basic components of the innate and adaptive immune system; identify the common presentations of recognized primary immunodeficiency syndromes and manage abnormal newborn screening; discuss the diagnostic approach to adult and pediatric patients with suspected primary immunodeficiency
- Discuss the novel tools presented by the internet for patient education and research; identify the components of the 'cycle of patient education' and discuss how the internet plays a key role in the ongoing education of the patient; and identify best practice for submission of scholarly activity to a scientific journal and for ethics in publication
- Discuss the key components of the peer review process and how to effectively contribute to this process and effectively identify and assess scientific and clinical articles that affect patient care

Friday FIT General Meeting

NOT FOR CREDIT

5:30 – 6:30 pm
Room 006ABC
Henry B. Gonzalez Convention Center

5:30 pm **Welcome and Introductions**
Andrew Nickels, MD,
Senior FIT Representative

5:35 pm **FIT Section Update**
Sarah Spriet, DO,
Junior FIT Representative

Candidate Speeches and Election of Junior FIT Representative

5:55 pm **ACAAI Update**
James L. Sublett, MD, FACAAI,
ACAAI President

6:10 pm **ABAI Certification**
Stephen I. Wasserman, MD, FACAAI,
The American Board of Allergy and Immunology

Friday FIT Welcome Reception

NOT FOR CREDIT

6:30 – 7:30 pm
Texas Ballroom E (4th Floor)
Grand Hyatt Hotel
Supported by GREER®

Fellows-in-Training Programs

All Fellows-in-Training are encouraged to participate in the following special activities designed to meet their unique needs and interests. Friday's FIT General Meeting includes the presentations and election of a Fellow-in-Training representative to the Board of Regents. **Travel Scholarship Checks will be distributed at the FIT Welcome Reception.** All of the activities shown on this page, as well as plenary sessions and symposia, are complimentary.

Saturday

Fellows-in-Training/Allergy-Immunology Program Directors' Breakfast

6:30 – 7:45 am
Texas Ballroom D (4th Floor) • Grand Hyatt Hotel

Supported by Teva Respiratory

Doctors' Job Fair

12:30 – 3:30 pm
Exhibit Halls AB • Henry B. Gonzalez Convention Center

24th Annual FIT Bowl Competition

5:00 – 7:00 pm
Ballroom B • Henry B. Gonzalez Convention Center

Supported by Sanofi US

Awards Ceremony

7:00 – 7:45 pm
Lone Star Ballroom AB (2nd Floor) • Grand Hyatt Hotel

Supported by Meda Pharmaceuticals Inc.

President's Welcome Reception

7:45 – 9:00 pm
Texas Ballroom (4th Floor) • Grand Hyatt

Supported by Meda Pharmaceuticals Inc.

Sunday

Fellows-in-Training/Allergy-Immunology Program Directors' Luncheon

12:30 – 1:30 pm
Lone Star Ballroom AB (2nd Floor) • Grand Hyatt

Supported by Teva Respiratory

Fellows-in-Training Awards

Young Faculty Support Awards

The Foundation of ACAAI will present two $50,000 Young Faculty Support Awards at the Awards Ceremony, 7:00 pm, Saturday. The recipients of the awards are:

Mauli B. Desai, MD, Icahn School of Medicine at Mount Sinai, New York, NY, who will conduct research on the "Investigation of the Biomarker Serum Periostin in Allergic Rhinitis and Chronic Rhinosinusitis with Nasal Polyposis."

Anna B. Fishbein, MD, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, who will conduct research on "Novel Methods to Improve Assessment of Sleep Disruption in Children with Eczema."

Supported by Genentech

Clemens von Pirquet Awards

The ACAAI Alliance will present Clemens von Pirquet Awards to three Fellows-in-Training for their outstanding abstracts at the Awards Ceremony, 7:00 pm, Saturday. The recipients are:

The Alliance Memorial Award recipient is Dr. **Whitney Stevens**, Northwestern University Medical School, Chicago, IL, who will receive a $2,500 first place award for her abstract, "Investigating the Clinical and Molecular Aspects of Aspirin-Exacerbated Respiratory Disease."

The second place award of $1,500 will be presented to Dr. **Hannia B. Matt**, Instituto Mexicano Del Seguro Social Hospital, Mexico City, Mexico, for her abstract, "Spectral Features of Lung Sounds in Asthmatic Children and Their Association With the Severity of Asthma."

Dr. **Brooke I. Polk**, Children's Mercy Hospital and Clinics, Kansas City, MO, will receive a $1,000 third place award for her abstract, "Does Serum-Specific IgE Sensitization to Tree Nut Increase the Risk of Coconut Sensitization?"

Travel Scholarship Recipients

The ACAAI Travel Scholarship Donors awarded travel scholarships to 207 Fellows-in-Training to attend the 2015 Annual Scientific Meeting. The travel scholarship recipients and their sponsors are shown below:

Mitra Abaeian, MD
University of Toronto, St. Michael's Hospital
Toronto, ON, Canada
Teva Respiratory

Yasmin Hamzavi Abedi, MD
Albert Einstein College of Medicine
Bronx, NY
Genentech

Eyas Abla, MD
Creighton University School of Medicine
Omaha, NE
Teva Respiratory

Julie Abraham, MD
Cleveland Clinic
Cleveland, OH
Genentech

Juan A. Adams, MD
Medical College of Wisconsin
Milwaukee, WI
Genentech

Elias Akl, MD
Virginia Commonwealth University
Richmond, VA
Teva Respiratory

Kwei Akuete, MD, MPH
Baylor College of Medicine
Houston, TX
Boston Scientific

Alexander Alvarez, MD
Virginia Commonwealth University
Richmond, TX
Boston Scientific

Wei An, MD
Washington University School of Medicine
St Louis, MO
Boston Scientific

Doerthe Adriana Andreae, MD, PhD
Mount Sinai School of Medicine
New York, NY
Teva Respiratory

Erving Arroyo-Flores, MD
University of Puerto Rico School of Medicine
San Juan, PR
Teva Respiratory

Evan Atkinson, MD
Tulane University School of Medicine
New Orleans, LA
Boston Scientific

Roua Azmeh, MD
St Louis University School of Medicine
St Louis, MO
Teva Respiratory

Inessa Bachove, MD
Thomas Jefferson University
Wilmington, DE
Genentech

Sara Barmettler, MD
Massschusetts General Hospital
Boston, MA
Teva Respiratory

Jennifer Barnas, MD, PhD
University of Rochester
Rochester, NY
Teva Respiratory

Ashvini Varadhi Biswas, MD
Rush University Medical Center
Chicago, IL
Boston Scientific

Maria Barcena Blanch, MD
Cleveland Clinic
Cleveland, OH
Boston Scientific

Sumit Bose, MD
Northwestern University Medical Center
Chicago, IL
Genentech

Susan Claire Brabec, MD
University of Mississippi Medical Center
Jackson, MS
Teva Respiratory

Barbara Brunet, MD
University of Mississippi Medical Center
Jackson, MS
Teva Respiratory

Adeeb Ahmad Bulkhi, MD
University of South Florida College of Medicine
Tampa, FL
Genentech

Vanessa Bundy, MD, PhD
University of California - Los Angeles
Los Angeles, CA
Teva Respiratory

Allison Burbank, MD
University of North Carolina School of Medicine
Chapel Hill, NC
Teva Respiratory

Suzanne Burke-McGovern, MD
SUNY Health Science Center at Brooklyn
Brooklyn, NY
Teva Respiratory

Jeana Suzanne Bush, MD
Georgia Regents University
Augusta, GA
Boston Scientific

ACAAI Thanks Its Travel Scholarship Sponsors

The Fellows-in-Training Section of ACAAI expresses its appreciation to the following institutions and physicians who sponsored Fellows-in-Training Travel Scholarships this year:

Allergy Partners • Boston Scientific • Genentech • Teva Respiratory • Scanlon Family Fund

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Poster Session

3:30 – 4:30 pm, Saturday and 7:30 – 8:30 am, Sunday
Exhibit Halls AB • Henry B. Gonzalez Convention Center

Posters will be on display in Exhibit Halls AB at the Henry B. Gonzalez Convention Center from Saturday morning until Sunday afternoon. Authors will be at their posters to discuss their work from 3:30 – 4:30 pm, Saturday and 7:30 – 8:30 am on Sunday.

Adverse Food and Drug Reactions, Insect Reactions, Anaphylaxis

P1 **A Novel Protocol for Amiodarone Desensitization in a Patient With Advanced Heart Failure, Ventricular Tachycardia and Amiodarone Induced Dermatitis**
M. Freundt*, J. Aulakh, F. Ngo, *Denver, CO.*

P2 **An Induction of Drug Tolerance Protocol for Equine Antithymocyte Globulin to Prevent a Type III Hypersensitivity Reaction**
M. Misiasz*, K. Lindgren, S. Bandi, *Chicago, IL.*

P3 **A Case of a Hybrid Hypersensitivity Reaction to Infliximab**
S. Desai*, S.A. Samant, *Los Angeles, CA.*

P4 **Oxcarbazepine Inducing Drug Reaction With Eosinophilia and Systemic Symptoms Masquerading as Anaphylaxis**
J. Brooks*[1], Y.M. Kim[2], R. Hostoffer[3], *1. Lititz, PA; 2. Bedford Heights, OH; 3. Cleveland, OH.*

P5 **Desensitization to Adalimumab in an Adolescent With Delayed Hypersensitivity Reaction**
E. Marston*, E. Phillips, A. Norton, *Nashville, TN.*

P6 **Dapsone is Well Tolerated in HIV-Infected Patients With Sulfonamide Antibiotic Intolerance**
S.M. May*, M. Motosue, M.A. Park, *Rochester, MN.*

P7 **Acute Generalized Exanthematous Pustulosis Resulting From Amoxicillin Graded Dose Challenge**
R. Naik*, P. Parikh, *New York, NY.*

P8 **Prevalence and Management of Aspirin Hypersensitivity in the Outpatient Cardiology Practice**
G.M. Orgeron[1], C. Crichlow[1], L.S. Miller[1], J. Wickemeyer[2], S. Sekhsaria*[1], *1. Baltimore, MD; 2. Arlington, VA.*

P9 **Evaluation of ACEI/ARB Therapy in Immunotherapy-Associated Systemic Reactions**
G.S. Carlson*[1], P.H. Wong[2], K. White[3], *1. Cibolo, TX; 2. Lackland AFB, TX; 3. San Antonio, TX.*

P10 **Type III Hypersensitivity Reaction to RIPE (Rifampin, Isoniazid, Pyrazinamide and Ethambutol) Therapy in a Patient With Tuberculosis**
S. Draikiwicz*, E. Capitle, *Newark, NJ.*

P11 **A Case of Metallic Gustatory and Olfactory Symptoms Following Xolair Treatment**
M. Retzer, L. Yao*, *Phoenix, AZ.*

P12 **Successful Rituximab Desensitization in a Pediatric Patient With Microscopic Polyangiitis**
J.T. Abraham*, A. Zeft, V. Paschall, *Cleveland, OH.*

P13 **Sudden Loss of Tolerance to Hen's Egg in an Adult**
V. Nayima*, A. CaJacob, T. Hwangpo, J. Bonner, *Birmingham, AL.*

P14 **Acute Anaphylaxis Following Fresh Food Skin Prick Testing With Pine Nuts**
S.B. Sindher*, S.P. DaVeiga, *Philadelphia, PA.*

P15 **DRESS Syndrome Presenting as Cellulitis in an African-American Girl**
S.C. Brabec*, R. Rodriguez, *Jackson, MS.*

P16 **Acute Severe Urticaria From Minocycline: A Rarity**
K. Dass*, P.A. Greenberger, *Chicago, IL.*

P17 **Anaphylactic Shock After Intravenous Injection of Cow's Milk**
B. Elmas*, O. Ozdemir, Adapazarı, *Sakarya, Turkey.*

P18 **Acute Generalized Exanthematous Pustulosis Following First Immunotherapy Injection in a 9-Year-Old Girl**
T. Kelbel*, F. Ishmael, *Hershey, PA.*

P19 **Pediatric Perioperative Steroid Anaphylaxis and Opiate Drug Challenge**
K. Tuano*, A. Kourosh, N. Rider, L. Noroski, *Houston, TX.*

P20 **Successful Desensitization to Vedolizumab in a Patient With Anaphylaxis**
E.L. Reigh*, J. Monroy, *St. Louis, MO.*

P21 **Serum Sickness-Like Reaction With Urticarial-Like Rash in a Child Treated With Cefdinir**
J. Kelley*[1], K.C. Sokol[2], *1. Friendswood, TX; 2. Boston, MA.*

P22 **Anaphylactic Reaction to Antibiotic Eye Drops**
M.P. Henao*[1], G. Ghaffari[2], *1. Philadelphia, PA; 2. Hershey, PA.*

P23 **Anaphylaxis to Methylprednisolone**
N. Godhwani*, A. Patel, S.L. Bahna, *Shreveport, LA.*

3:30 – 4:30 pm, Saturday and 7:30 – 8:30 am, Sunday
Exhibit Halls AB • Henry B. Gonzalez Convention Center

P24 **Delayed Cutaneous Hypersensitivity Reaction to Certolizumab Pegol in a Patient With Rheumatoid Arthritis**
M. Iammatteo*, M. Lowes, A. Broder, B. Jovanovic, U. Sarwar, M. Jacobson, E. Jerschow, *New York, NY.*

P25 **A Rare Case of Immediate Hypersensitivity Reaction to a Hair-Bleaching Product**
F. Pazheri*[1], C. Radojicic[2], *1. Solon, OH; 2. Cleveland, OH.*

P26 **Thromboembolic Stroke From Bee Sting-Induced Anaphylaxis**
J. Frith*[1], J. Johnson[2], J. Casselman[3], A. Saad[3], H. Tcheurekdjian[3], R. Hostoffer[4], *1. Solon, OH; 2. Warchester, MA; 3. Mayfield Heights, OH; 4. Cleveland, OH.*

P27 **All That Glitters Isn't Gold: Angioedema Due to Allergy in a Patient With Hereditary Angioedema**
J.J. Eastman Yam*, B. Zuraw, *San Diego, CA.*

P28 **A Case of Anaphylaxis After Marijuana Use**
B. Patel*[1], S. Bina[2], P. Sriaroon[2], *1. Clearwater, FL; 2. St. Petersburg, FL.*

P29 **Anaphylaxis Secondary to Bacitracin in Topical Neosporin® Ointment**
C. Lin*[1], R.F. Lockey[2], *1. Temple Terrace, FL; 2. Tampa, FL.*

Upon completion of this session, participants should be able to: P1) perform a novel protocol for amiodarone desensitization in patients with ventricular tachycardia and amiodarone induced dermatitis; P2) discuss potential hypersensitivities to Equine Antithymocyte Globulin; P3) express the varied presentations of monoclonal antibody allergy; P4) discuss the diagnostic criteria and treatment options for drug reaction with eosinophilia and systemic symptoms; P5) identify immune-mediated reactions to TNF alpha inhibitors, and describe potential management with subcutaneous desensitization; P6) identify patients with HIV and sulfonamide antibiotic hypersensitivities with a trial of Dapsone as an alternative treatment for PJP prophylaxis; P7) identify features of acute generalized exanthematous pustulosis (AGEP); identify penicillin allergy testing as a trigger for AGEP; P8) identify the different reactions that aspirin hypersensitivity can cause; appropriately manage patients with this reaction so they can benefit from this therapy; P9) describe the potential risks that ACEI and ARBs pose to patients receiving SCIT; P10) identify and treat type III hypersensitivity reactions; maintain a higher degree of suspicion for these reactions in patient's receiving anti-TB therapy; P11) identify a rare but significant side effect in relation to Xolair treatment; P12) develop a successful desensitization protocol for rituximab in pediatric patients; P13) identify symptoms of egg allergy; work up an adult for food allergy; P14) assess the risk of developing an allergic reaction to skin prick testing; P15) identify symptoms of drug hypersensitivity in an atypical presentation; P16) discuss allergic adverse events to minocycline; P17) discuss the clinical presentation of anaphylactic shock in which angioedema and systemic symptoms involving four organs were caused by patient's mild, subclinical cow's milk allergy; P18) discuss acute generalized exanthematous pustulosis as an adverse reaction to subcutaneous immunotherapy; P19) develop a systematic approach to evaluating patients with perioperative anaphylaxis; P20) safely perform a desensitization for vedolizumab; P21) identify serum-sickness-like reactions as a cause of urticaria-like rashes; P22) describe the rare but potentially fatal risk of anaphylaxis from eye drops, including polymyxin B-TMP; P23) discuss immediate hypersensitivity to corticosteroids and their pharmacologically inactive ingredients; P24) discuss an atypical presentation of a delayed cutaneous hypersensitivity reaction to certolizumab pegol in a patient with rheumatoid arthritis; P25) summarize the evidence that bleaching products used during the hair dye process should be considered as potential allergens in patients with immediate allergic reactions after hair-dye application; P26) discuss thromboemblic phenomenon with bee sting induced anaphylaxis; P27) identify the key clinical and molecular differences between angioedema due bradykinin versus histamine; P28) recognize exposure to marijuana as a potential cause of an allergic reaction, including anaphylaxis, in a patient with a history of recreational drug use; and P29) identify topical bacitracin as a potential allergen and bacitracin associated anaphylaxis.

Aerobiology, Allergens, Allergen Extracts

P30 **How's My Dosing 3.0: Convenient, Math-Free Subcutaneous Immunotherapy Tablets for Allergens and Glycerin Providing Effective Maintenance Dose Ranges at Variable Injection Volumes**
T. Grier*[1], L. Converse[2], D. Rekkerth[3], K. Renahan[4], *1. Lenoir, NC; 2. Grand Rapids, MI; 3. Scottsville, NY; 4. Doylestown, PA.*

P31 **Phylogenetic Relationships and Compositional Comparisons of Commercial Extracts Targeted for Reclassification by FDA**
T. Grier*, J. Kelly, D. Hall, E. Duncan, S. Kulinski, *Lenoir, NC.*

P32 **Immunoglobulin E to Allergen Components of House Dust Mite in Children With Allergic Disease**
H. Kim*[1], H. Kim[2], Y. Chun[3], J. Yoon[2], *1. Uijeongbu-si, Republic of Korea; 2. Seoul, Republic of Korea; 3. Incheon, Republic of Korea.*

P33 **Diagnostic Extract Use With Skin Prick Test (SPT) Devices**
G. Plunkett*, B. Mire, *Round Rock, TX.*

P34 **Evaluation of Pollen Images Captured by an Automated Near-Real-Time Pollen Collection Device**
L.D. Bunderson*[1], N. Allan[2], K. Lambson[3], R.W. Lucas[4], *1. Castle Dale, UT; 2. Mapleton, UT; 3. Lewis, CO; 4. Phoenix, AZ.*

3:30 – 4:30 pm, Saturday and 7:30 – 8:30 am, Sunday
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P35 **Short Ragweed is Highly Cross-Reactive With Other Ragweeds**
L.H. Christensen[1], H. Ipsen[1], H. Nolte*[2], J. Maloney[2], H.S. Nelson[3], R. Weber[3], K. Lund[1], *1. Horsholm, Denmark; 2. Kenilworth, NJ; 3. Denver, CO.*

P36 **Mulberry and Olive Pollen in Las Vegas**
T. Patel*, H. Jin, M. Buttner, D. Bazylinski, J. Seggev, *Las Vegas, NV.*

P37 **Sensitization Prevalence of Asthmatic Children to Airborne and Food Allergens in Sakarya Province of Turkey**
O. Ozdemir*, B. Elmas, *Adapazarı, Sakarya, Turkey.*

P38 **Sensitization Prevalence of Children (0-18 Years) With Atopic Dermatitis to Airborne and Food Allergens in Sakarya Province of Turkey**
O. Ozdemir*, B. Elmas, *Adapazarı, Sakarya, Turkey.*

P39 **Sensitization Prevalence of Children With Allergic Rhinitis to Airborne and Food Allergens in Sakarya Province of Turkey**
O. Ozdemir*, B. Elmas, E. Aydin, *Adapazarı, Sakarya, Turkey.*

P40 **Mugwort (Artemesia) Pollen Season and Climate Change in the Continental United States (CONUS) From 2000 to 2050**
L. Bielory*[1], Y. Zhang[2], Z. Mi[2], T. Cai[2], P. Georgopoulos[2], *1. Springfield, NJ; 2. Piscataway, NJ.*

P41 **Change in the Peak of Alder Pollination Over 16 Years in Vinnitsa, Ukraine May Reflect Climate Change**
V. Rodinkova*[1], L. Kremenska[1], O. Bilous[1], L.M. DuBuske[2], *1. Vinnitsa, Ukraine; 2. Gardner, MA.*

Upon completion of this session, participants should be able to: P30) express the relationships between patient vial formulations, injection volumes and administered doses for SCIT; utilize convenient, math-free tables for effective allergen doses and final glycerin concentrations in maintenance vial preparations; P31) describe the phylogenetic relationships between commercial extracts in different diagnostic/therapeutic assessment categories determined by the FDA and the compositional comparabilities of products within specific homologous groups; P32) describe house dust mite components and their clinical significance; P33) list details of extracts used for skin testing; P34) describe a new technique of pollen sampling; P35) cite the evidence for cross-reactivity among ragweed species; P36) evaluate whether air quality regulations will impact allergenic diseases from pollen concentrations over years; P37) summarize the prevalence of allergies to pollens and mites in allergic bronchitis patients; discuss sensitization rates to molds and dust mites in patients from Sakarya province and other humid regions of Turkey; P38) summarize the prevalence of allergies to pollens, mites and foods in atopic dermatitis patients; discuss sensitization rates in atopic dermatitis and eczema patients from the humid Sakarya province of Turkey; P39) describe the prevalence of allergies to pollens and mites in allergic rhinitis patients in Turkey's Sakarya province; discuss sensitization rates in patients from that province; P40) predict the potential impact of climate change of allergenic pollen release in the near future; and P41) interpret how changes in the peak of alder pollination over 16 years in Vinnitsa, Ukraine may reflect climate change.

Allergy Testing, Clinical Laboratory Immunology

P42 **Proficiency Skin Testing: A Pilot Study**
D. Rekkerth*[1], T. Grier[2], *1. Scottsville, NY; 2. Lenoir, NC.*

P43 **Significant Variability in SPT Results From Different Commercial Mold Allergen Extracts Can Present Challenges to Allergy Diagnosis and Subject Recruitment in Clinical Trials**
V. Nelson*, S. Pathmanapan, T. Sadoway, S. Recker, H. Lorentz, A. Salapatek, *Mississauga, ON, Canada.*

P44 **Association of Serum-Specific IgE Testing and Skin Prick Test Results Using the Duotip and Lancet Devices**
G. Berman*[1], H.S. Nelson[2], J. Maloney[3], R. Gagnon[4], D.I. Bernstein[5], J. Kleine-Tebbe[6], A. Kaur[3], Q. Li[3], M. Chou[3], H. Nolte[3], *1. Minneapolis, MN; 2. Denver, CO; 3. Kenilworth, NJ; 4. Quebec City, QC, Canada; 5. Cincinnati, OH; 6. Berlin, Germany.*

Upon completion of this session, participants should be able to: P42) evaluate a systematic, prospective approach to training and proficiency testing for skin prick testing with a specific multiple-site skin testing device system (Skintestor OMNI™ System) in the clinic setting across the United States and explain the method; P43) advocate for standardization of allergen extracts; describe the potential differences in the current extracts available; and P44) examine the association between SIgE testing and SPT testing using various thresholds.

Asthma & Other Lower Airway Disorders

P45 **Study on Synergistic Effect of Long-Acting β2 Agonists on Inhaled Corticosteroids in Asthma Patients**
T. Shimoda*[1], Y. Obase[2], M. Imaoka[1], R. Kishikawa[1], T. Iwanaga[1], *1. Fukuoka, Japan; 2. Nagasaki, Japan.*

P46 **Prevalence of Chlamydophila Pneumoniae in Children With Asthma Exacerbations**
K. Madero, C.A. Jaramillo, E. Duenas, C.A. Torres, M.D. Delgado*, *Bogota, DC, Colombia.*

Poster Session

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P47 **Baseline Characteristics of Patients Enrolled in the Prospective Observational Study to Evaluate Predictors of Clinical Effectiveness in Response to Omalizumab (Prospero) Study**
T.B. Casale*[1], A.T. Luskin[2], W. Busse[2], R.S. Zeiger[3], B. Trzaskoma[4], T.A. Omachi[4], H. Pazwash[4], B.E. Chipps[5], *1. Tampa, FL; 2. Madison, WI; 3. San Diego, CA; 4. South San Francisco, CA; 5. Sacramento, CA.*

P48 **Young Asthmatics Possibly Exacerbated by Atypical Bacteria Models**
M. El-Barrawy*, *Alexandria, Egypt.*

P49 **Pharmacokinetics and Pharmacodynamics of Albuterol Multidose Dry Powder Inhaler and Albuterol Hydrofluoroalkane Administered to Children With Asthma**
A. Ratnayake*[1], H. Taveras[2], H. Iverson[2], P. Shore[3], T. Shah[3], *1. Costa Mesa, CA; 2. Miami, FL; 3. Frazer, PA.*

P50 **An Aberrant Subclavian Artery Caused Unexplained Cough, Wheezing and Shortness of Breath**
B. Boger, N. CHen*, L. Yao, *Phoenix, AZ.*

P51 **Efficacy of Flunisolide HFA in the Treatment of Asthma: A Subgroup Analysis of Severity Based on Percent Predicted FEV1 at Screening**
G. Bensch*[1], L. Greos[2], E.O. Meltzer[3], *1. Stockton, CA; 2. Denver, CO; 3. San Diego, CA.*

P52 **Exhaled Nitric Oxide Utilization in the 2013 Medicare Population**
A.S. Nickels*, *Rochester, MN.*

P53 **Preliminary Results From a Controlled Dulera Adult Asthma Adherence Outcomes Study**
A.G. Weinstein*[1], D. Gentile[2], J. Maiolo[2], E. Butler[2], D. Skoner[2], *1. Rockland, DE; 2. Pittsburgh, PA.*

P54 **The Wisdom Study: Assessing Lung Function and Exacerbation With Inhaled Corticosteroid Withdrawal in Chronic Obstructive Pulmonary Disease**
D.P. Tashkin*[1], A. Kirsten[2], H. Watz[2], B. Disse[3], H. Finnigan[4], K. Tetzlaff[3], H. Magnussen[2], *1. Los Angeles, CA; 2. Grosshansdorf, Germany; 3. Ingelheim am Rhein, Germany; 4. Berkshire, United Kingdom.*

P55 **Once-Daily Tiotropium Respimat® Add-On Therapy Improves Lung Function in Adolescent Patients With Moderate Symptomatic Asthma, Independent of T Helper 2 Inflammatory Status**
M. Vandewalker*[1], T. Harper III[2], P. Moroni-Zentgraf[3], M. Engel[3], R. Lühmann[4], J.A. Bernstein[5], *1. Columbia, MO; 2. Charleston, SC; 3. Ingelheim am Rhein, Germany; 4. Biberach an der Riss, Germany; 5. Cincinnati, OH.*

P56 **Once-Daily Tiotropium Respimat® Add-On to Maintenance Therapy in Adolescent Patients With Symptomatic Asthma: Pooled Safety Analysis**
L. Mansfield*[1], T. Harper III[2], P. Moroni-Zentgraf[3], M. Engel[3], R. Lühmann[4], J.A. Bernstein[5], *1. El Paso, TX; 2. Charleston, SC; 3. Ingelheim am Rhein, Germany; 4. Biberach an der Riss, Germany; 5. Cincinnati, OH.*

P57 **Smartphone and Internet Access in an Urban Asthmatic Population in the Bronx**
S. Alvarez Arango*, V. Reddy, S.P. Jariwala, *New York, NY.*

P58 **Decreasing Asthma Readmission and Improving Post-Hospitalization Outpatient Follow-Up Using Workflow Optimization: Experience From One Urban Referral Center**
M.A. Ruffner*[1], S. Henrickson[2], R. Cassidy[2], K. Alli[2], E. Bracey[2], T. Brown-Whitehorn[2], *1. Rutledge, PA; 2. Philadelphia, PA.*

P59 **Association Between the Clinical Characteristics and Disease Severity in Hospitalized Bronchiolitis Patients Younger Than Two Years Old**
S. Yoon*, Y. Kim, M. Kim, I. Sol, Y. Park, K. Kim, K. Kim, M. Sohn, *Seoul, Republic of Korea.*

P60 **Mycobacterium Avium Complex Masquerading as Poorly Controlled Asthma**
J.W. Tripple*[1], K.C. Sokol[2], W.J. Calhoun[3], *1. Houston, TX; 2. Boston, MA; 3. Galveston, TX.*

P61 **Using Cloud Computing and Smartphones to Understand Environmental Triggers of Asthma and Allergies**
R.W. Lucas*[1], J. Dees[2], R. Reynolds[3], B. Rhodes[4], R.W. Hendershot[5], *1. Phoenix, AZ; 2. Sandy, UT; 3. Salt Lake City, UT; 4. Orem, UT; 5. North Salt Lake, UT.*

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P62 **Long-Term Effect of Reslizumab on Asthma-Related Quality of Life (AQLQ) in Asthma Patients (Pts) Previously Enrolled in Reslizumab Safety and Efficacy Studies**
J. Jacobs*[1], K. Murphy[2], L. Bjermer[3], J. Zangrilli[4], M. Garin[4], *1. Walnut Creek, CA; 2. Omaha, NE; 3. Lund, Sweden; 4. Frazer, PA.*

P63 **The ASP299 GLY Polymorphism of TLR-4 Gene in Adult Patients With Corticosteroid-Sensitive and Refractory Bronchial Asthma in Crimea, Ukraine**
Y. Bisyuk*[1], A. Kurchenko[1], A. Dubovyi[1], G. Bisyuk[1], L.M. DuBuske[2], *1. Kiev, Ukraine; 2. Gardner, MA.*

P64 **Impact of Roflumilast in Asthma-COPD Overlap Syndrome on Systemic Inflammation and Humoral Anti-Endotoxin Immunity**
V. Beloglazov*[1], Y. Popenko[1], A. Gordienko[1], L.M. DuBuske[2], *1. Simferopol, Russian Federation; 2. Gardner, MA.*

P65 **Clinical Features of MPO-Positive and MPO-Negative Patients With Eosinophilic Granulomatosis With Polyangiitis in the Lviv Region of Ukraine**
K. Lishchuk-Yakymovych*[1], O. Synenkyi[1], L.M. DuBuske[2], *1. Lviv, Ukraine; 2. Gardner, MA.*

P66 **Compliance and Adherence to Omalizumab Therapy and Correlation to Response to Therapy in a Real-Life Clinical Setting: A Retrospective Analysis**
H. Singh*, Y. Kaur, J.D. Diaz, *San Antonio, TX.*

P67 **The Extent of Immunosuppression From Systemic Steroid Bursts in Inner-City Asthmatic Children**
R. Daher*[1], A. Dailey-Schwartz[2], E. Secord[3], P. Poowuttikul[4], *1. Dearborn, MI; 2. Houston, TX; 3. Huntington Woods, MI; 4. Detroit, MI.*

Upon completion of this session, participants should be able to: P45) assess whether the synergistic effect of LABA in enhancing ICS's anti-inflammatory action in asthmatic patients manifests clinically; P46) summarize an overview of C. pneumoniae as a possible cause of asthma exacerbations and identify PCR and sequencing as diagnostic options; P47) list the characteristics of patients with allergic asthma who have initiated omalizumab treatment; P48) explain the role of ineffective pathogens in asthma exacerbation; P49) compare the pharmacokinetic and safety profiles of albuterol delivered from two different systems (multidose dry powder inhaler and hydrofluoroalkane); P50) investigate the possibility of an aberrant subclavian artery in the differential of a patient with unexplained cough and shortness of breath; P51) analyze the efficacy of flunisolide HFA in a subgroup of patients based on differences in percent predicted FEV1 at baseline; P52) state the extent of utilization of exhaled nitric oxide testing the 2013 Medicare population; P53) describe the role of the Asthma Adherence Pathway in promoting adherence to Dulera and improving the quality of life of adult asthma patients; P54) discuss the effects of inhaled corticosteroid withdrawal in patients with severe/very severe COPD on a background of appropriate inhaled bronchodilator therapy; P55) discuss the efficacy of tiotropium Respimat® add-on to at least ICS in adolescent patients with moderate symptomatic asthma, by TH2 status; P56) discuss the safety and tolerability of tiotropium Respimat® add-on to at least ICS in adolescent patients with moderate or severe symptomatic asthma; P57) discuss screening of at-risk asthma populations in regards to availability of smartphone and internet access in order to target app-based personalized preventative strategies; P58) evaluate readmission risks associated with hospitalization for asthma; identify potential strategies to improve care coordination of asthma patients at discharge in order to address readmission risk in pediatric urban asthma cohort; identify barriers to patient care within daily practice; P59) recognize the viral etiology, atopic characteristics, and illness severity, as well as their interrelation, in children with bronchiolitis; P60) identify MAC as an unusual presentation of wheezing in an immunocompetent host; P61) analyze the advantages and disadvantages of using smartphones to help identify environmental triggers of asthma and allergies; P62) discuss long-term quality of life data for reslizumab in patients with inadequately controlled asthma and elevated blood eosinophils; P63) describe the Asp299Gly polymorphism of TLR-4 gene in adult patients with corticosteroid-sensitive and refractory bronchial asthma in Crimea, Ukraine; P64) summarize the impact of roflumilast in asthma-COPD overlap syndrome on systemic inflammation and humoral anti-endotoxin immunity; P65) identify clinical features of MPO-positive and MPO-negative patients with eosinophilic granulomatosis with polyangiitis in Lviv Region of Ukraine; P66) summarize the outcomes of pharmaceutical trials of omalizumab therapy; and P67) identify the effect of multiple systemic corticosteroid bursts in asthmatic children on their immune systems - more specifically, B and T cell count and function.

Basic Science Allergy and Immunology

P68 **Multisystem Organ Failure Secondary to Exacerbation of Idiopathic Systemic Capillary Leak Syndrome**
H.J. Park*, B.W. Sadowski, Y.A. Ogai, S.M. Gada, *Bethesda, MD.*

P69 **An Unusual Case of High IgE**
P. Savjani*, *New Orleans, LA.*

P70 **Immunological Predictors of Prolonged Illness in Patients With Infectious Mononucleosis From Minsk, Belarus**
A. Hancharou*[1], G. Davidovich[1], L.M. DuBuske[2], *1. Minsk, Belarus; 2. Gardner, MA.*

Poster Session

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P71 **H1 Histamine Receptor Agonists Influence Production of Cytokines, Growth Factors and Chemokines Differently in PBMC and Dendritic Cells**
R. Khanferyan*[1], V. Evstratova[1], N. Riger[1], L.M. DuBuske[2], *1. Moscow, Russian Federation; 2. Gardner, MA.*

P72 **DNA Microarray-Based Expression Profile of Neurotransmitter Receptors and Second Messengers by Peripheral Blood Mononuclear Leukocytes**
L. Titov*[1], K. Pavlov[1], A. Kapitau[1], L.M. DuBuske[2], *1. Minsk, Belarus; 2. Gardner, MA.*

P73 **Helicobacter Pylori Infection Prevalence in Patients With Atopic Diseases in Kiev, Ukraine**
L. Romaniuk[1], A.R. Levchenko[1], I.V. DuBuske[2], L.M. DuBuske*[3], *1. Kiev, Ukraine; 2. Harvard, MA; 3. Gardner, MA.*

P74 **Complement Blockade: A Potential Option to Preserve Blood-Brain Barrier Integrity in Neurodegenerative Disorders**
N. Parikh*[1], S. Mahajan[2], S.A. Schwartz[2], R. Quigg[2], J. Alexander2, *1. Amherst, NY; 2. Buffalo, NY.*

Upon completion of this session, participants should be able to: P68) identify the rare condition Idiopathic Systemic Capillary Leak Syndrome, its complications, and available treatments; P69) identify both T-cell and B-cell malignancies as potential, if rare, diagnoses in patients with unusually high levels of IgE in the absence of other etiologies; P70) identify immunological predictors of prolonged illness in patients with infectious mononucleosis; P71) contrast how H1 histamine receptor agonists influence production of cytokines, growth factors and chemokines differently in PBMC and dendritic cells; P72) describe the DNA microarray-based expression profile of neurotransmitter receptors and second messengers by peripheral blood mononuclear leukocytes; P73) report Helicobacter pylori infection prevalence in patients with atopic diseases in Kiev, Ukraine; and P74) describe novel mechanisms of blocking the complement system and its protective effects

Clinical Case Reports

P75 **Risk Stratification for Carboplatin Desensitization in Recurrent Metastatic Ovarian Carcinoma**
J.S. Minhas*, N.H. Fine, D. Gruenberg, *Burlington, MA.*

P76 **Unusual Presentation of Anaphylaxis Following Subcutaneous Allergen Immunotherapy**
T. Batty*[1], L. Debber[2], L. Yao[2], *1. Glendale, AZ; 2. Phoenix, AZ.*

P77 **A Patient With Dedicator of Cytokinesis 8 (Dock8) Deficiency**
S.A. Leeds*, C. Cunningham-Rundles, *New York, NY.*

P78 **Noninfectious Enterocolitis as Initial Presentation of Chronic Granulomatous Disease**
J. Toh*, J. Dara, A. Rubinstein, L. Bernstein, *New York, NY.*

P79 **Rituximab in a Patient With Splenic Marginal Zone Lymphoma and Acquired Angioedema**
M. Motosue*, J. Butterfield, *Rochester, MN.*

P80 **Laronidase Desensitization in an 11-Month-Old Boy With Hurler's Syndrome During Hematopoietic Stem Cell Transplant**
J. Rosenberg*, P. Jhaveri, T. Kelbel, *Hershey, PA.*

P81 **Eosinophilic Gastrointestinal Disorder in a Child Presenting With Failure to Thrive**
S. Joychan*, *Kalamazoo, MI.*

P82 **A Case of Primary Ciliary Dyskinesia With Negative Biopsy**
A.T. Philipp*, J. Yusin, M. Braskett, *Los Angeles, CA.*

P83 **TRAPS: A Rare Cause of Recurrent Fever**
S. Joychan*, *Kalamazoo, MI.*

P84 **A Severe Case of Minocycline-Induced Dress Resulting in Liver Transplant and Autoimmune Sequelae**
J. Lan*, D. Lew, A. Lahoti, *Memphis, TN.*

P85 **Case Report: Management of Chronic Thromboembolic Pulmonary Hypertension (CTEPH) by Pulmonary Endarterectomy**
C.C. Randolph*, *Waterbury, CT.*

P86 **A Case of Vibratory Anaphylaxis**
M.L. Alpern*[1], R.L. Campbell[2], M.A. Rank[2], M.A. Park[2], J.B. Hagan[2], *1. Minneapolis, MN; 2. Rochester, MN.*

P87 **"Polymorphous" Allergic Rhinitis**
A. Patel*, S.L. Bahna, *Shreveport, LA.*

P88 **Fixed Drug Eruption and Fluconazole in a Young Woman**
S. Swain*, S. Samant, *Los Angeles, CA.*

P89 **Rabies Prophylaxis for a Neomycin Allergic Patient**
E.P. Chea*[1], J.Y. Kim[2], *1. Mount Laurel, NJ; 2. Medford, NJ.*

P90 **Hemophagocytic Syndrome Associated With Hepatitis: Case Report**
P. De Baro-Alvarez*, I. Camacho-Meza, E. Sandoval-Ramirez, *Mexico City, Mexico.*

P91 **A Pediatric Case of IgE-Mediated Systemic Reaction to Corn**
V.C. Nanagas*[1], J.C. Rabbat[2], *1. Oak Park, IL; 2. Maywood, IL.*

Poster Session

3:30 – 4:30 pm, Saturday and 7:30 – 8:30 am, Sunday
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P92 **Mold Hypersensitivity as an Etiology for Chronic Urticaria**
J. Kelley*[1], K.C. Sokol[2], S. Sur[3], *1. Friendswood, TX; 2. Boston, MA; 3. Galveston, TX.*

P93 **Response to Rituximab in Acquired C1 Inhibitor Deficiency (AC1D)**
A. Doshi*, K. Tse, M. Riedl, B. Zuraw, S. Christiansen, *San Diego, CA.*

P94 **Omalizumab: Healing the Hands of a Surgeon**
M.H. Park*[1], C.P. Mikita[2], *1. Silver Spring, MD; 2. Bethesda, MD.*

P95 **Initial Presentation of Lupus as End Stage Liver Disease in an 18-Year-Old Male**
K. Winkler*, R. Joks, *New York, NY.*

P96 **Successful Oral Challenge to Dexamethasone Following Severe Tixocortol Contact Sensitization**
M.P. Henao*[1], T. Kelbel[2], G. Ghaffari[2], *1. Philadelphia, PA; 2. Hershey, PA.*

P97 **Hemophagocytic Lymphohistiocytosis Due to Herpes Simplex Virus: A True Emergency**
S. Joychan*, *Kalamazoo, MI.*

P98 **Covert Toxocariasis as a Rare Cause of Hypereosinophilia**
M. Shtessel*, D. Ferastraoaru, G. Hudes, *New York, NY.*

P99 **Rare Cause of Peripheral Eosinophilia**
M.N. Pham*, *Fountain Valley, CA.*

P100 **Cd8+ T Cell Large Granular Lymphocyte Leukemia in Good Syndrome**
C.V. Caperton*, S. Agrawal, S. Gupta, *Irvine, CA.*

P101 **S. Pneumoniae Sepsis, Atopic Asthma and Selective IgM Deficiency**
S. Alvarez Arango*, J. Toh, M. Ramesh, *New York, NY.*

P102 **Chronic Mucocutaneous Candidiasis and Metaphyseal Dysplasia in the Absence of Endocrinopathy Due to Deletion in AIRE**
E. Schussler*, C. Cunningham-Rundles, *New York, NY.*

P103 **Alpha Gal Allergy Diagnosis Made by Listening to Patient's Family: A Case Report**
S. Hess*[1], D. O'Leary[2], *1. South Miami, FL; 2. Miami, FL.*

P104 **Successful Treatment of Epstein-Barr Infection With Rituximab in a Patient With X-Linked Lymphoproliferative Disease**
M. Korah-Sedgwick*, V. Dimitriades, L. Wall, *New Orleans, LA.*

P105 **High Dose Intravenous Immunoglobulin Therapy in Refractory Pulmonary Capillaritis**
Y.M. Kim*[1], J. Casselman[2], A. Saad[2], H. Tcheurekdjian[2], R. Hostoffer[3], *1. Bedford Heights, OH; 2. Mayfield Heights, OH; 3. Cleveland, OH.*

P106 **Tolerance to Aspirin and Alcohol Following Omalizumab Treatment in a Patient With Chronic Urticaria**
K.M. Dazy*[1], A.A. White[2], *1. Ann Arbor, MI; 2. San Diego, CA.*

P107 **Tongue Angioedema: An Unusual Manifestation of Acromegaly**
M. Rodriguez-Roa*, S. Nazario, C. Ramos, *San Juan, PR.*

P108 **Management of Mast Cell Activation Syndrome (MCAS) With Imatinib and Aspirin**
P. Oza*, S. Georgiana, C. Holland, R. Khoriarty, *Ann Arbor, MI.*

P109 **A Case of Probable Gleich Syndrome and Subclinical Strongyloides Infection Causing Marked Hypereosinophilia in a Chicago Native With No Travel History**
M.C. Dispenza*, S.E. Chiarella, L.C. Grammer, *Chicago, IL.*

P110 **Anaphylactic Reactions Caused by a Premedication Agent in a Patient Receiving Taxol Chemotherapy**
S. Waqar*, B. Kaplan, *Great Neck, NY.*

P111 **15-Month-Old Male With Recurrent Infections and Abnormal DHR: Is It Chronic Granulomatous Disease?**
J. McCracken*[1], J. Kelley[2], K. Sokol[3], *1. League City, TX; 2. Friendswood, TX; 3. Galveston, TX.*

P112 **Regional Anaphylaxis: Not So Regional? A Case of IgE Antibodies to Alpha-Gal After Tick Bite in California**
A. Arroyo*[1], L. Tourangeau[2], *1. Stanford, CA; 2. Menlo Park, CA.*

P113 **Successful Management of a Cutaneous Reaction to Octreotide**
J.K. Kim*, J.A. Bird, *Dallas, TX.*

P114 **Severe Allergic Reaction to Allspice: Case Report**
D. Edelman*, D. Ferastraoaru, G. Hudes, *New York, NY.*

P115 **β_2-Agonist Induced Takotsubo Cardiomyopathy**
M.F. Goldstein*, G.J. Hilditch, D.J. Dvorin, G.A. Belecanech, *Philadelphia, PA.*

Poster Session

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P116 **Ludwig's Angina Masquerading as Angioedema After Tongue Piercing**
S. Vethachalam*[1], S. Krishna[1], E. Kwesiga[1], A. Abraham[2], Y.K. Persaud[1], *1. New York, NY; 2. Garden City, NY.*

P117 **A Case of X-Linked Hyper IgM Syndrome With Disseminated Cryptococcal Neoformans Infection**
S. Bose*, P. Avila, *Chicago, IL.*

P118 **Peripheral B Cell Counts Are Poorly Correlated With Tissue B Cell Reconstitution in GLILD (Granulomatous Lymphocytic Interstitial Lung Disease) Associated With CVID (Common Variable Immunodeficiency)**
B. Patel*, T. Boyce, A. Joshi, *Rochester, MN.*

P119 **Management of Nickel Hypersensitivity in Essure Sterilization Candidates and Recipients**
G. Imperato*, J. Kiehm, B. Navetta, A. Jongco, *Great Neck, NY.*

P120 **Pulmonary Cavitary Lesion in a Patient With Cystic Fibrosis: A Case of Aspergillus Overlap Syndrome**
S. Joychan*, M. Akers, M. Gregoire-Bottex, *Kalamazoo, MI.*

P121 **Large B Cell Lymphoma as Initial Presentation of CVID**
M. Shtessel*, J. Toh, A. Rubinstein, *New York, NY.*

P122 **Zinc Deficiency Presenting as Diarrhea and Diffuse Erythroderma**
R. Eisenberg*, J. Toh, R.M. Aviva Semach, S. Khanna, S.P. Jariwala, *New York, NY.*

P123 **Hypogammaglobulinemia Due to the Combined Effect of Oral and Inhaled Corticosteroids With Concomitant Use of Nefazodone, a Potent Inhibitor of CYP3a4**
J.M. Dorn*[1], J.B. Hagan[2], *1. Minneapolis, MN; 2. Rochester, MN.*

P124 **A Case of Chronic Contact Dermatitis Secondary to Blue Hair Dye**
G.K. Soffer*, J. Toh, S.P. Jariwala, *New York, NY.*

P125 **Duration and Choice of Prophylactic Regimen in Preventing Contrast-Induced Hypersensitivity Reactions**
H. Khalid*[1], S. Gierer[2], *1. Overland Park, KS; 2. Kansas City, KS.*

P126 **Allergic Bronchopulmonary Mycosis in a 71-Year-Old Otherwise Healthy Smoker**
E. Atkinson*[1], L. Wild[2], *1. Covington, LA; 2. New Orleans, LA.*

P127 **Asthma Associated With Strongyloides Infection in Two Patients From the Bronx**
S. Alvarez Arango*, V. Reddy, S.P. Jariwala, *New York, NY.*

P128 **Follicular Bronchiolitis in an Adult Male With Common Variable Immune Deficiency**
M.K. Ford*[1], A.B. Kekevian[2], J.R. Cohn[1], *1. Philadelphia, PA; 2. Wilmington, DE.*

P129 **Ischemic Stroke in a 12-Year-Old Boy**
S. Burke-McGovern*, R. Joks, *New York, NY.*

P130 **Successful Desensitization to Hydroxychloroquine for Delayed Hypersensitivity Skin Eruption**
J. Kiehm*, *Great Neck, NY.*

P131 **Vulvovaginal Symptoms Induced by Seasonal Environmental Allergies**
J. Lee*[1], J. Heimall[2], A. Cianferoni[2], L. Gober[2], *1. Cherry Hill, NJ; 2. Philadelphia, PA.*

P132 **DRESS Syndrome in an HIV Positive Child After Initiation of Raltegravir and Abacavir With Negative HLB*5701 Testing**
E.L. Palmisano*, F.A. Scaggs, L.K. Logan, M.S. Aziz, S.S. Raikar, M. Mahdavinia, *Chicago, IL.*

P133 **Effective Treatment of Recurrent Angiotensin-Converting Enzyme (ACE) Inhibitor-Induced Angioedema With C1 Esterase Inhibitor Concentrate (Berinert®)**
J. Wheeler*, E. Timmer, T. Pongdee, *Jacksonville, FL.*

P134 **Erythema Multiforme Induced by Oxycodone**
T. Kane*, M. Alexander, *Niagara Falls, ON, Canada.*

P135 **A Case of Salt-Dependent Aquagenic Urticaria**
J.D. Waldram*[1], K. Woessner[2], *1. La Jolla, CA; 2. San Diego, CA.*

P136 **Management of Cutaneous Mastocytosis With Systemic Tacrolimus**
M.L. Curtiss[1], S.P. Hopper*[2], P. Atkinson[1], *1. Birmingham, AL; 2. Jackson, MS.*

P137 **Isolated Uvular Angioedema (Quincke's Disease) Secondary to Corn Allergy**
P.K. Gleeson, T. Kelbel*, T. Craig, *Hershey, PA.*

P138 **Evaluation for Colonic IgG4-Related Disease in a Young Child**
V.S. Packianathan*[1], H. Lehman[2], *1. Getzville, NY; 2. Buffalo, NY.*

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P139 Chronic Eosinophilic Leukemia Presenting With 20Q Deletion as the Sole Cytogenetic Abnormality
A. Pham*[1], A. Patel[1], S. Gupta[2], J. Yusin[1], *1. Los Angeles, CA; 2. Dallas, TX.*

P140 Hypogammaglobinemia in a Patient Presenting With Nephrotic Syndrome Due to Lupus Nephritis
J. Regan*, A. Peters, *Chicago, IL.*

P141 Successful Desensitization to Epoetin-α
E. Willits*[1], M.A. Park[1], M. Castells[2], M. Rank[3], *1. Rochester, MN; 2. Boston, MA; 3. Scottsdale, AZ.*

P142 Rush Therapy for Venom Anaphylaxis Is Effective at Preventing ID Skin Reaction
J.T. Lanning*, G.D. Kubicz, *El Paso, TX.*

P143 Compartment Syndrome Requiring Fasciotomy in a Patient With HAE Type 1: A Case Report
M. Tallar*, W. Chen, J.L. Gallagher, R. Gedeit, H. Zafra, *Milwaukee, WI.*

P144 Primary Peritoneal Cancer Masquerading as Hereditary Angioedema in a 48-Year-Old Woman
A. Rudert[1], T. Kelbel*[2], T. Craig[2], *1. Grand Rapids, MI; 2. Hershey, PA.*

P145 Successful Graded Challenge to Adalimumab Following Infliximab Anaphylaxis Refractory to Desensitization in a 15-Year-Old Girl With Severe Crohn's Disease
F.F. Ansary*[1], T. Kelbel[2], N. Bhardwaj[2], T. Craig[2], *1. Hummelstown, PA; 2. Hershey, PA.*

P146 Acetaminophen-Induced Bullous Pemphigoid in a 75-Year-Old Woman: A Case Report
V.M. Luceno*, M. Patrimonio, J. Bernardo, *Iloilo City, Philippines.*

P147 A Case of Mistaken Identity: Congenital Frey Syndrome
G.S. Dooley*, G.D. Kubicz, *El Paso, TX.*

P148 A Case of Unresolving Angioedema
P. Savjani*, *New Orleans, LA.*

P149 Delayed Pressure Urticaria Treated With Omalizumab
N.L. Hartog*, A. Kulczycki, *Saint Louis, MO.*

P150 Acquired Angioedema as Initial Manifestation of Systemic Lupus Erythematosus
A. Odhav*, D. Jara, N. Raje, *Kansas City, MO.*

P151 Successful Treatment of Acquired C1 Esterase Inhibitor Deficiency With Icatibant
L. Fu*[1], S. Betschel[2], K.E. Binkley[2], *1. Aurora, ON, Canada; 2. Toronto, ON, Canada.*

P152 A Case of Nissen Fundoplication in the Treatment of Severe Persistent Asthma
M.B. Reddy*, R. Covar, N. Rabinovitch, *Denver, CO.*

P153 Eosinophilic Chronic Rhinosinusitis and Adult-Onset Non-Allergic Asthma
E. Atkinson*[1], L. Wild[2], *1. Covington, LA; 2. New Orleans, LA.*

P154 Chronic Mucocutaneous Candidiasis Presenting as Food Impaction in An Adolescent
E. Atkinson*[1], W.E. Davis[2], L. Wild[2], *1. Covington, LA; 2. New Orleans, LA.*

P155 High Dose C1 Inhibitor Used for Prophylaxis for Estrogen-Worsened Hereditary Angioedema
J. Brooks*[1], T. Kelbel[2], V. Nguyen[3], T. Craig[2], *1. Lititz, PA; 2. Hershey, PA; 3. Lancaster, PA.*

P156 Unexplained Dermopathy and Delusional Parasitosis: A Curious Case of Morgellons
S.M. Patel, M. Blain*, S. Shah, A.E. Perez-Mercado, S.S. Shah, *Dublin, OH.*

P157 Allergy to Benzalkonium Chloride Eye Drop Preservatives
N. Thota*[1], J. Toh[2], K. Ahuja[2], D. Rosenstreich[2], *1. Yonkers, NY; 2. New York, NY.*

P158 Positive Skin Testing Followed by Negative Graded Challenge to Fluorescein Dye After Premedication: A Case Report
N. Thota*[1], D. Ferastraoaru[2], G. De Vos[2], *1. Yonkers, NY; 2. New York, NY.*

P159 Angiotensin Converting Enzyme Inhibitor Induced Angioedema in a Patient With Systemic Lupus Erythematosus: Case Report
S. Gonzalez-Flores*, J.C. Fernandez de Cordova-Aguirre, C.I. Urquiza-Ramirez, M.E. Arroyo-Cruz, A.A. Velasco-Medina, G. Velazquez-Samano, *Mexico City, DF, Mexico.*

P160 Ipex (Immune Dysregulation, Polyendocrinopathy, Enteropathy, X-Linked) Syndrome With Normal FOXP 3 Protein Expression
S. Seghezzo*[1], J. Ker[1], J. Bleesing[2], *1. Nashville, TN; 2. Cincinnati, OH.*

P161 A Rare Case of Garlic Allergy in a Young Child
Z. Li*, M. Pasha, *Albany, NY.*

P162 Bridging the Divide: Omalizumab and Allergen Immunotherapy in an Asthmatic With Inhaled Corticosteroid-Induced Adrenal Suppression
J.T. Forbush*, T. Banks, *Bethesda, MD.*

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P163 **Tumor Necrosis Factor Receptor Superfamily Member 13B Mutation in a Family With Natural Killer Cell Dysfunction and Variable Clinical Presentations of Immune Dysregulation**
V. Bundy*, M. Garcia-Lloret, *Los Angeles, CA.*

P164 **Wells Syndrome: A Rare Disease**
N. Patel*, T. Bingemann, *Rochester, NY.*

P165 **Elevated Il-10 Level in a Patient With Il-10 Receptor Deficiency**
S. LaBarba*[1], V. Bonagura[2], A. Jongco[2], B. Sahn[3], C.E. Lim[3], E. Glocker[4], *1. Massapequa Park, NY; 2. Great Neck, NY; 3. New Hyde Park, NY; 4. Freiburg, Germany.*

P166 **Drug-Induced Psoriasis in a Patient With Rheumatoid Arthritis**
R. Geliebter*[1], S. Abbassi[2], E. Capitle[2], A. Wolff[2], *1. Teaneck, NJ; 2. Newark, NJ.*

P167 **A Case of Lymphocytic Variant Hypereosinophilic Syndrome**
B. Navetta*[1], R. Sporter[2], B. Kaplan[3], *1. Manhasset, NY; 2. New York, NY; 3. Great Neck, NY.*

P168 **Nice Syndrome: Nafcillin-Induced Cholestasis With Eosinophilia: Report of a Case and Review of the World Literature**
A. Nasir*[1], M.V. Guido[2], S.E. Atwater[2], G.E. Parks[2], G. Krishnaswamy[2], *1. Clemmons, NC; 2. Winston-Salem, NC.*

P169 **An Unusual Cause of Periorbital Swelling**
E. Mullaney*, C. Adkins, J. Bonner, *Birmingham, AL.*

P170 **Dogged Persistence of Childhood Eosinophilic Esophagitis**
R. Azmeh*, J. Vitale, B. Becker, *Saint Louis, MO.*

P171 **Primary Immunodeficiency Due to Mutations in PIK3CD: A Follow-Up of a Patient With Combined Immunodeficiency and Lymphoproliferative Disease**
B. Sundquist*[1], S. Rosenzweig[2], M. Pasha[1], *1. Albany, NY; 2. Bethesda, MD.*

P172 **A Rare Case of Nocardia Asciatica Infection Leading to Consideration of Underlying CVID**
T. Patel*[1], J.W. Tripple[2], J. Kelley[3], R. Bonds[1], M. Gupta[1], *1. Galveston, TX; 2. Houston, TX; 3. Friendswood, TX.*

P173 **An Unusual Case of Bronchiectasis and Hypogammaglobulinemia**
J. Jin*, M. Baqir, R. Divekar, *Rochester, MN.*

P174 **Loss of Anaphylaxis Protection in Immunotherapy After Discontinuation of Omalizumab**
A. Harish*[1], A. Dao[2], M. Sands[2], *1. Williamsville, NY; 2. Buffalo, NY.*

P175 **Extremely Low Dose Prednisone-Induced Adrenal Suppression**
C. Cui*[1], J. Yusin[1], I. Randhawa[2], *1. Los Angeles, CA; 2. Long Beach, CA.*

P176 **Ongoing Type 1 Allergic Reaction to Depot Medroxyprogesterone Acetate in a 34-Year-Old Woman**
Y. Chen*, S. Burke-Mcgovern, E. Faber, R. Joks, *New York, NY.*

P177 **Management of Refractory Recurrent Pericarditis and Familial Mediterranean Fever With IVIG and Anakinra**
R. Mehta*, A. Rubinstein, *New York, NY.*

P178 **A Case of Massive Splenomegaly and Lymphadenopathy in a Patient With Common Variable Immunodeficiency**
S. Feldman*, S. Bose, P.A. Greenberger, *Chicago, IL.*

P179 **Diagnosis of Relapsing Polychondritis in a 54-Year-Old Presenting With Nasal Discomfort**
A. Zelig*, J. Shliozberg, *New York, NY.*

P180 **Not All Lip Swelling is Angioedema: A Case of a Rare Cause of Lip Swelling**
D.D. Patadia*, K.J. Wada, K. Strothman, P. Ogbogu, *Columbus, OH.*

P181 **Allergy to Multiple Unrelated Drugs Containing FD&C No 2: The Importance of Excipients**
E.R. Rafferty*, M. Gharfeh, T. Humlicek, S. Denfield, A. Jeewa, W. Dreyer, S.K. Nicholas, *Houston, TX.*

P182 **Is Ecallantide Beneficial in Life-Threatening Ace Inhibitor-Induced Angioedema?**
A. Nasir*[1], S.E. Atwater[2], M.V. Guido[2], S. Suresh[2], G. Krishnaswamy[2], *1. Clemmons, NC; 2. Winston-Salem, NC.*

P183 **Hydroxychloroquine: An Unlikely Treatment of Solar Urticaria**
R. Gupta*, M. Aquino, L. Fonacier, M. Davis-Lorton, *Mineola, NY.*

P184 **Treatment of Esophageal Dysmotility in Patients Diagnosed With EOE**
S.S. Virani*[1], P. Govender[2], *1. Cambridge, MA; 2. Boston, MA.*

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P185 **Allergen Immunotherapy in a Patient With Hereditary Hemorrhagic Telangiectasia and Allergic Rhinitis**
Y. Hamzavi Abedi*, B. Kaplan, *Great Neck, NY.*

P186 **Angioedema Following TPA: An Overlooked But Significant Reaction**
C. James*, J. Kannan, D.I. Bernstein, *Cincinnati, OH.*

P187 **Long Term Cardiac and Renal Insufficiency Associated With Prolonged and Undiagnosed Drug Reaction With Eosinophilia and Systemic Symptoms (DRESS)**
L.P. Banka*, S. Thobani, M. Li, L. Scott, K. Kwong, *Los Angeles, CA.*

P188 **Accelerated Nodulosis From Everolimus in a Female With Stable Rheumatoid Arthritis**
S.J. Patel*[1], S. Patel[2], A. Wolff[3], E. Capitle[3], *1. New York, NY; 2. Summit, NJ; 3. Newark, NJ.*

P189 **Arimidex Desensitization in a Patient With Invasive Lobular Carcinoma of the Breast**
K. Shah*[1], R. Rishi[2], J. Tracy[2], Z. Shah[1], S. Fatteh[2], *1. Sunrise, FL; 2. Plantation, FL.*

P190 **Occupational Contact Dermatitis: Police Officers Are Not Exempt**
E. Arroyo-Flores*, S. Nazario, *San Juan, PR.*

P191 **A Presentation of Hereditary Angioedema and Crohn's Disease**
J. Van De Graaff*, M.B. Fasano, Iowa City, IA.

P192 **Decreased IgG and Suboptimal Pneumococcal Response: Remission of Cryptogenic Organizing Pneumonia (COP) With Subcutaneous Immunoglobulin (SCIG) and Mycophenolate Mofetil (MMF)**
R.C. Oriel*[1], B. Kaplan[2], *1. New York, NY; 2. Great Neck, NY.*

P193 **Iatrogenic Hypogammaglobulinemia: The Rituximab Conundrum**
J.G. Ghably*[1], S.E. Atwater[2], M.V. Guido[2], S. Suresh[2], G. Krishnaswamy[2], *1. Birmingham, AL; 2. Winston-Salem, NC.*

P194 **IgG4 Related Disease and Its Protean Respiratory-Allergic Manifestations**
J.G. Ghably*[1], M.V. Guido[2], S.E. Atwater[2], S. Suresh[2], G. Krishnaswamy[2], *1. Birmingham, AL; 2. Winston-Salem, NC.*

P195 **Successful Use of Methotrexate in Improvement of Acquired Angioedema Symptoms in a Patient With Psoriatic Arthritis**
S.A. Patel*, K. Sekhon, T. Carr, *Tucson, AZ.*

P196 **A Mild Presentation of Immune Dysregulation Polyendocrinopathy Enteropathy X-Linked**
S. Kartan*[1], C. Spaulding[2], J. Khlevner[2], M. Kim[2], *1. Bayonne, NJ; 2. New York, NY.*

P197 **Using Fractional Exhaled Nitric Oxide to Guide Treatment in Systemic Diseases With Airway Eosinophilia**
L. Livingston*, L. Schwartz, *Richmond, VA.*

Upon completion of this session, participants should be able to: P75) describe the difficulty of risk stratifying and reliably predicting outcomes for skin testing in order to desensitize patients with ovarian carcinomas; P76) identify an uncommon presentation of anaphylaxis; P77) discuss the presenting symptoms of DOCK8 deficiency, as well as the testing used for diagnosis; P78) identify unique non-infectious gastrointestinal features of chronic granulomatous disease; P79) describe the tight relationship between acquired angioedema and lymphoproliferative disorders; P80) discuss a Laronidase desensitization protocol used in a child with Hurler's Syndrome undergoing stem cell transplantation; P81) describe the presentation and appropriate medical and dietary treatment options for eosinophilic gastrointestinal disorders; P82) diagnose primary ciliary dyskinesia with the use of ciliary biopsy, molecular genetics, nasal nitric oxide levels and clinical phenotype; P83) discuss the most common manifestations of Tumor Necrosis Factor Receptor-Associated Periodic Syndrome; describe the importance of a thorough history and physical examination in making the diagnosis; P84) identify late autoimmune complications that can occur in patients after Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS); P85) discuss chronic thromboembolism pulmonary hypertension (CTEPH) diagnosis and therapy, particularly surgery, for thromboembolism intractable to pharmacotherapy; P86) describe the evidence for vibration as a primary trigger and co-factor of anaphylaxis; P87) identify red flag symptoms of rhinitis and consider malignancy as part of the differential for rhinitis; P88) identify fixed drug eruption as potential adverse side effect of fluconazole; discuss potential utility of patch testing for cross-reactivity with topical azoles for future treatment of recurrent vaginal candidiasis; P89) acknowledge that the rabies vaccination contains neomycin; analyze the decision to administer this vaccine in patients with a documented neomycin allergy, who, though at low risk for an adverse reaction, should be counseled on the risks and benefits for vaccination; P90) identify hemophagocytic syndrome characteristics, diagnosis criteria, evolution, and clinical and biochemical presentation to improve prognosis; P91) investigate the natural history of corn allergy; create new evidence-based recommendations for corn allergy patients; P92) identify mold sensitization as a treatable cause of chronic urticarial; P93) identify acquired angioedema as a paraneoplastic syndrome of hematopoietic malignancies; describe the fundamentals of treatment and prevention of episodes of acquired angioedema; P94) develop a differential for hand dermatitis and identify predictive factors that may assist in guiding treatment; evaluate omalizumab as a potential addition to the treatment arsenal for patients with underlying atopic conditions; P95) describe autoantibodies as they relate to the diagnosis of systemic lupus erythematosus (SLE), autoimmune hepatitis (AIH),

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and their role in distinguishing AIH in SLE patients with significant liver involvement; P96) identify different steroid groups' cross-reactivity to predict safe steroids for future use in patients with a known steroid reaction; P97) discuss the diagnostic criteria for hemophagocytic lymphohistiocytosis, and describe the approach to treatment; P98)]identify covert toxocariasis as a cause of hypereosinophilia, and discuss its treatment; P99) describe workup and differential diagnosis for peripheral eosinophilia; P100) discuss the analysis of terminally-differentiated cells in T-cell large granular lymphocyte leukemia which presented in a patient with Good Syndrome; P101) assess selective IgM deficiency as a possible cause in patients with allergy and/or asthma who have had recurrent and/or severe infections; P102) summarize why AIRE mutations should be considered in patients with CMC and metaphyseal dysplasia even in the absence of endocrinopathy; P103) describe the symptoms and basic management of alpha gal allergy; P104) assess rituximab as a treatment option for acute EBV infection in X-Linked lymphoproliferative disease patients; P105) evaluate intravenous immunoglobulin as a treatment option for patients with refractory pulmonary capillaritis; P106) discuss use of omalizumab for treatment of chonic urticaria and aspirin intolerance; P107) examine endocrinopathies in the differential diagnosis of tongue angioedema, including acromegaly; P108) contrast clinical and diagnostic differences between mastocytosis and mast cell activation syndrome; P109) identify the major risk factors for Strongyloides infection; better formulate differential diagnoses for hypereosinophilia; P110) assess premedication agents for chemotherapy as potential triggers for allergic reactions; P111) identify reasons for abnormal DHR testing in patients who do not have chronic granulomatous disease; P112) discuss how tick bites are associated with elevated IgE antibodies to alpha-gal and result in delayed sensitivity to mammalian meats; identify the ticks that have been implicated with this clinical entity in different geographic regions; P113) manage cutaneous reactions caused by octreotide; P114) identify the source and impacts of allspice as an allergen; P115) evaluate the potential of takotsubo cardiomyopathy in patients having excessive β2 agonist stimulation; consider takotsubo cardiomyopathy in the differential diagnosis of paradoxical dyspnea in response to β2 agonists; P116) discuss the differential for angioedema, including an interesting case of Ludwig's Angina; P117) discuss the mechanistic defect in X-linked hyper IgM syndrome and the clinical manifestations of this rare primary immunodeficiency; P118) describe the discrepancy that can exist between peripheral and tissue B cells after Rituximab therapy; explain the importance of obtaining a lung biopsy after treatment of GLILD; P119) manage nickel hypersensitivity in Essure sterilization candidates and recipients; P120) discuss the pathophysiology, diagnosis, and treatment of allergic bronchopulmonary aspergillosis and chronic pulmonary aspergillosis; P121) identify lymphoma as a possible presentation of CVID; P122) state ways that zinc deficiency may be associated with cutaneous findings as well as acquired immunodeficiency; P123) discuss the importance of potential interactions between inhaled corticosteroids and cytochrome P450 3A4 inhibitors and the systemic effects of corticosteroids that may result; P124) explain that disperse blue 106 may trigger hair dye-related contact dermatitis, especially in patients exposed to blue hair dye; P125) discuss breakthrough reactions and regimens for prophylaxis; P126) diagnose and effectively treat allergic bronchopulmonary mycosis; P127) assess Strongyloides infection as a possible cause of eosinophilia and asthma, even in patients without any previous exposure to an endemic region; P128) diagnose follicular bronchiolitis and acknowledge its association with common variable immune deficiency; P129) treat and follow children with possible lupus, even in the absence of fulfillment of the ACR criteria for lupus; P130) identify a delayed hypersensitivity rash due to hydroxychloroquine and initiate a desensitization protocol; P131) interpolate that seasonal vulvovaginal symptoms can be a manifestation of environmental allergies; P132) discuss DRESS in relation to several antiretroviral agents; P133) assess the potential use of C1 esterase inhibitor concentrate to treat ACE inhibitor-induced angioedema; P134) evaluate adverse drug reactions and urticarial skin rashes and recognize that a common drug can provoke an adverse reaction; a photo journal depicting evolution of the skin reaction, with associated pathology, will be shown; P135) diagnose salt-dependent aquagenic urticarial; P136) discuss current treatments available for cutaneous mastocytosis; explain the rationale supporting the applicability of immunomodulatory agents in refractory disease; P137) identify allergic and nonallergic causes of uvular angioedema; P138) identify IgG4 related disease as a differential diagnosis in pediatric patients with colitis; P139) identify the cytogenetic abnormalities and target organs commonly affected in chronic eosinophilic leukemia; P140) identify secondary causes of hypogammaglobulinemia, including lupus nephritis; P141) utilize a multi-day Epoetin desensitization protocol for select patients who have previously developed hypersensitivity reactions to the medication; P142) identify ID reactions in patients undergoing VIT; evaluate the risks and benefits of using RUSH therapy for these patients; P143) identify compartment syndrome as a clinical presentation of hereditary angioedema; P144) state the importance of considering the differential diagnoses for abdominal pathology in hereditary angioedema patients presenting with abdominal complaints; P145) describe a successful graded challenge to adalimumab following infliximab anaphylaxis refractory to desensitization; P146) identify medications that can cause immunologic dysfunction such as the development of a bullous pemphigoid; differentiate drug induced bullous pemphigoid from drug induced bullous pemphigus; discuss the management of the disease process; P147) identify Frey (Auriculotemporal nerve) syndrome as a potential differential diagnosis of food allergy in infancy; P148) discuss the appropriate pathologies to consider when angioedema does not resolve or is atypical; discuss the modalities to use in the investigation; P149) discuss the use of omalizumab as a therapeutic alternative to treat delayed pressure urticarial; P150) discuss workup and differential for acquired angioedema; P151) describe treatment options related to acquired angioedema (AAE); P152) discuss the unique role of the nissen fundoplication for the treatment of reflux in severe persistent asthma; P153) identify and effectively manage eosinophilic chronic rhinosinusitis; P154) identify and effectively manage chronic or recurrent esophageal candidiasis; P155) identify triggers and treatment options for patients with hereditary angioedema; P156) identify and discuss the presentation of Morgellons disease;

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P157) identify the potential allergic reaction to the preservatives in ophthalmic solutions; discern that people with atopic conditions have increased sensitivity to such reactions; P158) assess whether premedication may prevent allergic reactions in potentially sensitized subjects; P159) identify predisposing factors of angioedema induced by IECA in female patients who are predisposed to autoimmunity; P160) identify the clinical presentation and diagnostic testing for IPEX syndrome; P161) identify the immediate hypersensitivity reaction to garlic and formulate treatment options; P162) discuss alternative treatment approaches for asthma in patients who have inhaled corticosteroid-induced side effects; P163) identify TACI mutations associated with CVID and discuss potential clinical implications of these genetic variants; P164) identify one possible cause of Wells' syndrome and discuss differential diagnoses for new onset rash; P165) restate the importance of monitoring IL-10 levels in patients with suspected IL-10 receptor deficiency; describe the negative feedback loop in IL-10 signaling that becomes dysfunctional in these individuals; P166) identify an important cutaneous reaction associated with adalimumab; P167) discuss an uncommon diagnosis of L-HES with an uncommon presentation; P168) after viewing this poster and presentation, participants should be able to discuss, recognize nafcillin induced cholestasis With eosinophilia; additionally be able to thoughtfully discuss treatment strategies; P169) identify causes of facial swelling that may mimic angioedema; P170) identify unconventional triggers of eosinophilic esophagitis symptoms in pediatric patients; P171) recognize that mutations in PIK3CD leads to primary immunodeficiency characterized by recurrent oto-sino-pulmonary infections, lymphadenopathy and hyper IgM but phenotypic variations are still being recognized; P172) consider fully evaluating humoral immunodeficiency in addition to innate immunodeficiency in patients with nocardia infection; P173) recognize basic clinical features of Mounier-Kuhn syndrome as a rare cause of tracheomegaly and central bronchomegaly presenting as recurrent pneumonias; P174) appreciate the importance of loss of protection against anaphylaxis with subcutaneous immunotherapy use when concurrent Omalizumab therapy is discontinued; P175) identify HPA axis suppression induced by extremely low dose corticosteroids; P176) identify the rare but serious allergic reactions to depot medroxyprogesterone acetate and the various allergens implicated in causing the allergic responses; P177) discuss diagnosis and management options for patients with familial Mediterranean fever and recurrent refractory pericarditis; P178) discuss common manifestations of patients with common variable immunodeficiency; P179) discuss the diagnosis and management of relapsing polychondritis; P180) generate a broad differential diagnosis for lip swelling; P181) express the ramifications of ruling out a medication as drug allergy prior to further investigating the exact cause of the reaction, including excipients; P182) identify and discuss challenges with ACE-induced angioedema and discuss two novel therapies that are currently being tried; additionally, they should be able to discuss the physiology behind the medications; P183) distinguish solar urticaria and be able to discuss the available and potential novel treatment options; P184) consider treatment of esophageal spasm to help With dysphagia in patients with Eosinophilic Esophagitis; P185) recognize the importance of screening HHT patients with nasal congestion for environmental triggers, 2) 2) discuss treatment options for allergic rhinitis in patients with HHT and epistaxis, 3) consider allergen immunotherapy as an important treatment option; P186) identify characteristics unique to angioedema as a result of tPA administration and the mechanisms behind this reaction; P187) recognize DRESS syndrome early to prevent long term complications from a delay in diagnosis; P188) identify which medications may cause accelerated nodulosis in patients with stable rheumatoid arthritis; P189) use a desensitization protocol for aromatase inhibitor which is the first line agent for hormone positive breast cancer prior to initiating a second line therapy; P190) recognize that inquiring about the occupation of adult patients is important and may guide the clinician to the diagnosis; P191) recognize a diagnostic dilemma involving hereditary angioedema and Crohn's disease; P192) discuss a potential therapy for patients With cryptogenic organizing pneumonia and decreased IgG with suboptimal pneumococcal response; P193) identify hypogammaglobulinemia as a potential adverse effect of rituximab therapy and the need to screen potential patients; P194) discuss the allergic and pulmonary manifestations of IgG4-related disease; P195) discuss available treatments options for acquired angioedema associated with psoriatric arthritis; P196) identify a mild presentation of IPEX and have a high index of suspicion in future cases; and P197) define what the fractional exhaled nitric oxide test measures and describe its current uses in clinical practice.

Clinical Immunology, Immunodeficiency

P198 **When the Good Turns Bad: Good's Syndrome**
A.S. Pascual*, M. Ang, *Davao City, Philippines.*

P199 **Autoimmunity and Malignancy in an Adolescent Patient With CVID**
E. Wisner*[1], V. Dimitriades[2], *1. Metairie, LA; 2. New Orleans, LA.*

P200 **Early Onset of Immune Dysregulation Due to CTLA 4 Mutation**
D.A. Andreae*, C. Cunningham-Rundles, *New York, NY.*

P201 **A Case of Recurrent Sinusitis and Periodontal Abscess in a Patient With Selective Immunoglobulin M Deficiency, Non-Protective Pneumococcal Titers, and T Cell Lymphopenia Responsive to Subcutaneous Immunoglobulin Treatment**
S.S. Patel*, J. Fergeson, M.C. Glaum, *Tampa, FL.*

P202 **Hypogammaglobulinemia in Maffucci Syndrome**
S. Patel*[1], S. Narisety[2], *1. Summit, NJ; 2. Newark, NJ.*

P203 **Immunodeficiency Secondary to Monoclonal Gammopathy of Undetermined Significance: A Case Series**
E. Balraj[1], T. Kelbel*[2], F. Ishmael[2], *1. Hummelstown, PA; 2. Hershey, PA.*

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P204 **Hypomorphic Mutation in FOXP3 as a Presentation of Immune Dysregulation Polyendocrinopathy Enteropathy X-Linked (IPEX)**
H.N. Hartman*, B. Buelow, J. Verbsky, J. Routes, *Milwaukee, WI.*

P205 **A Case of Hypogammaglobulinemia Associated With 14Q32.33 Micro-Duplication**
S. Spriet*[1], R. Wu[2], T. Banks[2], *1. Rockville, MD; 2. Bethesda, MD.*

P206 **A Case of Hypogammaglobulinemia Following Belimumab Therapy**
M. Egan*, New York, NY.

P207 **Need for Penicillin Testing and Better Documentation of Antibiotic Reactions in Patients With Humoral Immunodeficiency**
K.M. Lutzkanin*[1], F. Ishmael[2], *1. Hummelstown, PA; 2. Hershey, PA.*

P208 **Diagnosis of Il 10 Receptor and Mannose-Binding Lectin Deficiency (MBL) in a 15-Year-Old With History of Very Early Onset Inflammatory Bowel Disease (Veoibd) and Bronchiectasis**
L. Rampur*[1], D. Shouval[2], A. Loizides[1], J. Shliozberg[1], L. Bernstein[1], A. Rubinstein[1], *1. New York, NY; 2. Boston, MA.*

P209 **Good's Syndrome Diagnosed in an Unusual Case of Septic Arthritis and Bacteremia**
T. Tran*[1], C. Adkins[2], J. Bonner[2], P. Atkinson[2], V. Johnson[2], *1. Hoover, AL; 2. Birmingham, AL.*

P210 **The Impact of Treatment With IVIGg on Infections and Hospitalization in Patients With Humoral Immunodeficiency**
C. Hernandez-Ramirez*, R. Canseco-Raymundo, A. Alaniz-Flores, A. Granados-Gomez, D. Mogica-Martinez, E. Mendieta-Flores, M. Nuñez-Velazquez, H. Gonzalez-Marquez, M. Becerril-Angeles, *Mexico City, DF, Mexico.*

P211 **Cytidine 5' Triphosphate Synthetase Deficiency Presenting With Hodgkin's Lymphoma and Recurrent Pneumonia**
S. Dinetz*, A. Shahlaee, M. Toscano, A. Ameri, D. Murray, C. Lovell, W. Dolen, *Augusta, GA.*

P212 **The First Case of Specific Granule Deficiency, 40 Years Later**
M.A. Barcena*, J. Fernandez, *Cleveland, OH.*

P213 **Dysgammaglobulinemia, Lymphoproliferation, and Recurrent Sinopulmonary Infections Associated With E1021k Mutation in the P110δ Pi(3) Kinase Catalytic Subunit: A Report of Two Cases**
E.J. Feuille*, L. Radigan, P.J. Maglione, C. Cunningham-Rundles, *New York, NY.*

P214 **Transient Lymphopenia in the Setting of Maternal Immunosuppression Therapy Detected by Newborn TREC Screening: Case Report**
T.D. Smith*, C. Cunningham-Rundles, *New York, NY.*

P215 **Severe Hyperbilirubinemia as a Presenting Symptom of Severe Combined Immunodeficiency**
A. Patel*[1], N. Chen[2], J. Tam[2], *1. Morgantown, WV; 2. Los Angeles, CA.*

P216 **Diagnosis of X-Linked Agammaglobulinemia in a 15-Year-Old: Missed Opportunities for Diagnosis**
J. Franklin*, L. Kobrynski, *Atlanta, GA.*

P217 **X-Linked Hyper IgM Syndrome Presenting as Pulmonary Alveolar Proteinosis**
J.L. Gallagher*[1], J. Verbsky[1], M. Hintermeyer[1], H. Ochs[2], T. Torgerson[2], J.A. Adams[3], J. Routes[1], *1. Milwaukee, WI; 2. Seattle, WA; 3. Greendale, WI.*

P218 **Jacobsen's Syndrome: A Spectrum of Immune Deficiency**
K. Akuete*, I.C. Hanson, J.S. Orange, S.K. Nicholas, *Houston, TX.*

P219 **Cytomegalovirus Infection From Breastfeeding in Infants With Severe Combined Immunodeficiency and Infants Treated With Hematopoietic Stem Cell Transplant**
S. Wu*[1], C. Martinez[2], G.J. Demmler-Harrison[2], I.C. Hanson[2], C. Davis[2], *1. Lexington, KY; 2. Houston, TX.*

P220 **Disease Burden in Primary Immunodeficiency Diseases At Reference and High Specialty Hospitals in Guanajuato State, Mexico**
E. Guaní-Guerra*[1], A. Jiménez-Romero[1], U. García-Ramírez[1], R. Román-Jerónimo[2], F. Escobar-Ferrer[2], *1. León, GT, Mexico; 2. Villa Hermosa, TB, Mexico.*

P221 **A Novel Targeted Screening Tool for Hypogammaglobulinemia: Measurement of Serum Immunoglobulin G, M, and A Levels From Dried Blood Spots**
L. Yel*[1], C. Rabbat[1], C. Cunningham-Rundles[2], J.S. Orange[3], T. Torgerson[4], J. Verbsky[5], M. Fu[6], T. Robins[6], Y. Wang[1], M.S. Edwards[6], J. Nymann-Andersen[6], *1. Westlake Village, CA; 2. New York, NY; 3. Houston, TX; 4. Seattle, WA; 5. Milwaukee, WI; 6. Valencia, CA.*

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P222 **Long-Term Efficacy of Recombinant Human Hyaluronidase (Rhuph20)-Facilitated Subcutaneous (SC) Infusion of Immunoglobulin G (IgG) (IGHY; Hyqvia) in Patients With Primary Immunodeficiencies (PID): Infection Rates Over the Course of Treatment**
R.L. Wasserman*[1], M. Stein[2], L. Kobrynski[3], S. Gupta[4], J. Grant[5], A. Rubinstein[6], W. Engl[7], B. McCoy[7], H. Leibl[7], L. Yel[8], *1. Dallas, TX; 2. North Palm Beach, FL; 3. Atlanta, GA; 4. Irvine, CA; 5. Galveston, TX; 6. New York, NY; 7. Vienna, Austria; 8. Westlake Village, CA.*

P223 **The Immunoglobulin Diagnosis Evaluation, and Key Learnings (IDEAL) Patient Registry: Clinical Profiles, Dosing, and Quality of Life Measures in the Primary Immune Deficiency Population**
S. Kearns*[1], L. Kristofek[1], B. Bolgar[1], L. Seidu[2], *1. Denver, CO; 2. Atlanta, GA.*

P224 **Use of IVIG in Long-Term Management of Shwachman-Diamond Syndrome**
J. Zibert*, M. Scotten, S. Gierer, *Kansas City, KS.*

P225 **Long-Term Safety, Efficacy, and Tolerability of Recombinant Human Hyaluronidase-Facilitated Subcutaneous Infusion of Immunoglobulin G in Patients Aged ≥16 Years With Primary Immunodeficiencies**
R.L. Wasserman*[1], M. Stein[2], L. Kobrynski[3], S. Gupta[4], J. Grant[5], A. Rubinstein[6], W. Engl[7], B. McCoy[7], H. Leibl[7], L. Yel[8], *1. Dallas, TX; 2. North Palm Beach, FL; 3. Atlanta, GA; 4. Irvine, CA; 5. Galveston, TX; 6. New York, NY; 7. Vienna, Austria; 8. Westlake Village, CA.*

P226 **Long-Term Safety of Recombinant Human Hyaluronidase (Rhuph20)-Facilitated Subcutaneous (SC) Infusion of Immunoglobulin G (IgG) (IGHY) in Patients With Primary Immunodeficiencies (PID): Adverse Reactions (ARS)**
R.L. Wasserman*[1], M. Stein[2], L. Kobrynski[3], S. Gupta[4], J. Grant[5], A. Rubinstein[6], W. Engl[7], B. McCoy[7], H. Leibl[7], L. Yel[8], *1. Dallas, TX; 2. North Palm Beach, FL; 3. Atlanta, GA; 4. Irvine, CA; 5. Galveston, TX; 6. New York, NY; 7. Vienna, Austria; 8. Westlake Village, CA.*

P227 **Primary Immunodeficiency in Baraitser-Winter Syndrome**
I.R. Bachove*[1], M.L. DeFelice[2], *1. Philadelphia, PA; 2. Wilmington, DE.*

P228 **Hospital Discharges and Mortality for PID in Mexico From 2014 to 2014**
M. Becerril-Angeles*, M. Nuñez-Velazquez, I. Medina-Reyes, A. Rascon-Pacheco, *Mexico City, DF, Mexico.*

P229 **Infant, School-Age and Teenage Patients With G6PC3 Deficiency**
P. Delgado*[1], T. Hirschmugl[2], E. Lopez[1], G. Chaia[1], M. Yamazaki[1], S. Espinoza[1], K. Boztug[2], S. Lugo[1], *1. Mexico City, DF, Mexico; 2. Vienna, Austria.*

P230 **Immune Status Assessment in Young Professional Athletes in Kazan, Russia**
V. Tsybulkina*[1], R. Yakubov[1], N. Tsybulkin[1], L.M. DuBuske[2], *1. Kazan, Russian Federation; 2. Gardner, MA.*

P231 **Hereditary Angioedema and Gastrointestinal Complications: An Extensive Review of Literature**
N. Patel*[1], L.D. Suarez[2], L. Bielory[3], *1. Morrisville, PA; 2. Summit, NJ; 3. Springfield, NJ.*

P232 **Assessment of Serum TNF-α, Ifn-γ, Il-4, TGF-β in Patients With Oral Lichen Planus**
A. Kurchenko*[1], G. Drannik[1], R. Rehuretska[1], L.M. DuBuske[2], *1. Kiev, Ukraine; 2. Gardner, MA.*

P233 **Idiopathic Pancreatitis in a Patient With Known STAT3 Mutation**
C. Michaud*[1], J. Frith[2], B. Peppers[3], R. Hostoffer[4], *1. University Heights, OH; 2. Solon, OH; 3. Bratenahl, OH; 4. Cleveland, OH.*

P234 **A Case of Tumor Necrosis Factor Receptor-Associated Periodic Syndrome**
Y. Gernez*, D.A. Andreae, C. Cunningham-Rundles, *New York, NY.*

Upon completion of this session, participants should be able to: P198) identify Good's syndrome by recognizing its diverse presentation, the criteria for diagnosis, work-up and expected laboratory results; P199) identify commonly associated manifestations of CVID, such as autoimmunity and malignancy; P200) analyze the role of CTLA4 mutations in patients with mixed features of immunodeficiency and autoimmunity; P201) evaluate why patients with selective immunoglobulin M deficiency and poor pneumococcal responses may experience a significant decrease in recurrent infections with IgG-replacement therapy; P202) describe Maffucci's syndrome and immunodeficiency secondary to lymphatic pooling of T cells; P203) discuss immune deficiency related to monoclonal gammopathy of undetermined significance and the potential role of intravenous immunoglobulin therapy in management of this clinical scenario; P204) identify the classic features of IPEX and the varied clinical presentations now recognized with various FOXP3 mutations; P205) identify the location of the immunoglobulin heavy chain locus (IGH+), and describe potential clinical manifestations associated with micro-duplication at this site; P206) identify belimumab as a potential

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cause of hypogammaglobulinemia; P207) acknowledge the need for better allergy documentation in the electronic medical record for patients with humoral immunodeficiency; P208) diagnose IL 10 pathway defect as one of the diseases presenting as neonatal onset severe IBD; P209) discuss the common immunodeficiency that can be found in Good's syndrome; list the proposed mechanisms for the pathogenesis of Good's syndrome; investigate for underlying immunodeficiency when atypical pathogens are found, even in otherwise healthy patients; P210) contrast the difference in the number of infections, lost days and days of hospitalization in a group of patients with humoral immunodeficiencies, before and after treatment with ivIgG; P211) recognize and evaluate a rare form of immunodeficiency; P212) identify clinical and morphologic findings of patients with specific granule deficiency; P213) describe clinical features associated with E1021K mutation in the p110δ PI(3) kinase catalytic subunit in 2 patients; P214) identify current state newborn screen protocols for severe combined immunodeficiency, methods for diagnostic evaluation, treatment and management; P215) discuss the clinical presentations of severe combined immunodeficiency; P216) advocate the importance of establishing a medical home to maintain appropriate continuity of care; promote the continuing need for education of other specialists on the recognition of primary immune deficiencies in patients of all ages; P217) identify the classic presentation of hyper-IgM syndrome, as well as the unique comorbid conditions that can accompany the diagnosis; P218) describe the spectrum of immunodeficiency in Jacobsen's Syndrome; P219) assess the risk of CMV infection in breastfeeding SCID infants; P220) identify primary immunodeficiency diseases as a burden for the patient and their relatives, as they cause impairment in their physical function and activities; P221) utilize a novel dried blood spot assay to quantify serum immunoglobulins as a targeted screening approach for hypogammaglobulinemia; P222) describe the efficacy (ie, infection rates over time) of HYQVIA in pediatric and adult patients with primary immunodeficiencies who were treated for up to 3 years; P223) discuss patient populations receiving immunoglobulin therapy in the home for primary immune deficiency and health and quality of life assessment tools and outcomes; P224) discuss Schwachmann-Diamond Syndrome and the potential role of IV immunoglobulin to possibly decrease the rate of hospitalizations for infections in this patient population; P225) describe the efficacy, safety and tolerability of HYQVIA in adult patients with primary immunodeficiencies who were treated for up to 3 years; P226) discuss the long-term safety of HYQVIA in pediatric and adult patients with primary immunodeficiencies who were treated for up to 3 years; P227) describe Baraitser-Winter syndrome and associated primary immunodeficiency; P228) discuss PIDs as a cause of hospital discharges and deaths in a Latin American country; P229) identify and describe GP6C3 deficiency; P230) discuss immune status assessment in young professional athletes; P231) promote the use of C1 esterase inhibitor in acute HAE attacks to avoid unnecessary procedures; P232) discuss the assessment of Serum TNF-α, IFN-γ, IL-4, TGF-β in patients with oral lichen planus; P233) express the association between STAT3, pancreatitis and pancreatic carcinogenesis; and P234) discuss an autoinflammatory disease.

Food Allergy

P235 **Diagnosis of Food-Induced Anaphylaxis Is Barrier to Appropriate Management in Pediatric Emergency Department**
J. Yonkof*[1], M. Rafeeq[2], *1. Marblehead, OH; 2. Toledo, OH.*

P236 **An Infant With Severe Anemia and Respiratory Distress**
H. Parekh*, A.A. Mourad, S.L. Bahna, *Shreveport, LA.*

P237 **Quality Improvement: Implementing a Standardized Food Allergy Protocol in a Tertiary Pediatric Allergy Clinic**
A. Kourosh*[1], S. Hasan[1], N. Chokshi[2], D. Guffey[1], C. Minard[1], C. Davis[1], *1. Houston, TX; 2. New York, NY.*

P238 **The Role of Food Allergy in Migraine Headaches: A Challenge for the Allergist**
S.M. Nsouli*, D. Nsouli, T.S. Nsouli, *Danville, CA.*

P239 **Retrospective Review of the Association Between Clinical Tolerance in Oral Food Challenges and Skin Prick to Prick Testing of Baked Egg and Baked Milk**
S. Hasan*[1], C. Minard[1], D. Guffey[1], N. Chokshi[2], C. Davis[1], *1. Houston, TX; 2. New York, NY.*

P240 **Asian Indian Food Allergy Survey: Unique Ethnic Food Allergens**
C. Dinakar[1], O. Kamdar*[2], M. Yarbrough[2], R. Gupta[2], *1. Kansas City, MO; 2. Chicago, IL.*

P241 **Infant Food Challenges: An Application of the LEAP Study**
C.H. Baloh*, J. Broyles, H. Chong, A. Larkin, D. Nash, T. Green, *Pittsburgh, PA.*

P242 **The Health and Economic Impact of Delaying Oral Food Challenges**
C. Couch*[1], T.J. Franxman[2], M. Greenhawt[1], *1. Ann Arbor, MI; 2. Florence, KY.*

P243 **Extent and Profile of Food Sensitization in Patients With Irritable Bowel Syndrome and Atopic Symptoms**
M.C. Tobin*, J. van den Berg, M. Mahdavinia, S. Fox, E. Azimi Nekoo, H.G. Roosevelt, S.L. Mikolaitis, H. Rasmussen, M.T. DeMeo, A. Keshavarzian, *Chicago, IL.*

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P244 **Oral Allergy Syndrome: Epidemiology in Adults and Children in Mexico City**
S. Gonzalez-Flores*, J.C. Fernandez de Cordova-Aguirre, C.I. Urquiza-Ramirez, M.E. Arroyo-Cruz, A.A. Velasco-Medina, G. Velazquez-Samano, *Mexico City, DF, Mexico.*

P245 **The Wrath of Grapes**
A.B. Kekevian*, Wilmington, DE.

P246 **Characterization of Food Allergies Among Children Attending An Overnight Summer Camp**
M. Redmond*, R. Scherzer, K.J. Wada, K. Strothman, E. Kempe, B. Galantowicz, D. Stukus, *Columbus, OH.*

P247 **Development of An Electronic Registry to Determine Prevalence and Characteristics of Anaphylaxis in the Emergency Department (ED)**
R. Gupta*, M. Yarbrough, B. Smith, C. Cochran, J. Trainor, *Chicago, IL.*

P248 **Non-Atopic Eosinophilic Esophagitis: A Subgroup of Disease With Possible Different Etiology**
J. van den Berg*, M.C. Tobin, A. Ditto, M. Mahdavinia, *Chicago, IL.*

P249 **Designing Patient Education on Food Allergy Based on Patient Questions Ranked by Google Algorithm**
V. Dimov[1], A. Shahid[2], M. Dimova*[2], *1. Omaha, NE; 2. Fort Lauderdale, FL.*

P250 **Epinephrine Ordering and Utilization for in-Office Oral Food Challenges: Standardization of Practice**
A.T. Dang*, P. Chundi, L. Perez Ramirez, D. Morris, M. Goodman, A.H. Assa'ad, *Cincinnati, OH.*

P251 **A Unique Case of Anaphylaxis to Tomatillo**
S. Melethil*[1], T. Patel[2], S. Sur[2], *1. Houston, TX; 2. Galveston, TX.*

P252 **C-Care: Evaluation of Risk Factors Associated With Food-Induced Anaphylaxis in Children With a Known Food Allergy Treated at the Emergency Department**
S. De Schryver*[1], A. Clarke[2], S. La Vieille[3], R. Alizadehfar[1], A. Dery[1], C. Mill[4], L. Jospeh[1], H. Eisman[1], J. Morris[1], E. Hochstadter[5], J. Gravel[1], R. Lim[5], M. Ben-shoshan[1], *1. Montreal, QC, Canada; 2. Calgary, AB, Canada; 3. Ottawa, ON, Canada; 4. Vancouver, BC, Canada; 5. London, ON, Canada.*

Upon completion of this session, participants should be able to: P235) define the NIAID/FAAN diagnostic criteria for anaphylaxis to improve recognition of food-induced anaphylaxis; P236) diagnose Heiner syndrome in children fed milk who have unexplained pulmonary infiltrates; P237) analyze the advantages and drawbacks of implementing a standardized food allergy management protocol in a clinic with many providers at varying levels of experience; study the possible methods for measuring the success of a standardized food allergy management proposal; P238) control migraines successfully by using a safe and effective strategy to eliminate offending foods without the need for pharmacological agents, which have potential side effects; P239) analyze the usefulness of skin prick testing of baked milk and baked egg to the outcomes of oral food challenge; P240) identify some unique ethnic food allergens in individuals of Asian Indian heritage; P241) describe one method of implementing the results of the LEAP study in clinical practice; P242) identify proposed quality measures of food allergy management in regards to optimal timing of oral food challenges; assess the direct medical costs of delaying oral food challenges; P243) assess the importance of irritable bowel symptoms in allergic patients; evaluate food triggers which may be contributing to the gastrointestinal symptoms; P244) discuss the epidemiology of oral allergy syndrome in Mexico; P245) identify grape as a potential antigen causing IgE-mediated allergy in the United States; P246) discuss the prevalence of food allergy at a summer camp for medically fragile children and how many of these children have appropriate measures in place in case of accidental food ingestion; and P247) review the process of creating a registry between a hospital and academic institution; P248) describe the possible differences between allergic and non-allergic eosinophilic esophagitis; P249) design patient education on food allergy based on patient questions ranked by Google algorithm; P250) discuss the benefits of targeted educational intervention in increasing rates of epinephrine ordered prior to oral food challenges; P251) discuss the potential for anaphylaxis to tomatillo and the need for identification of possible allergens in commonly consumed foods; and P252) identify circumstances of inadvertent food-induced anaphylactic reactions and to increase awareness of caregivers increasing the awareness of care-givers to the risk of accidental reactions in patients with known food allergy.

Immunotherapy, Immunizations

P253 **Safety of the 300IR and 500IR Doses of Sublingual Tablet of House Dust Mite Allergen Extracts (STG320) in Subjects With House Dust Mite-Associated Allergic Rhinitis**
R.K. Zeldin*[1], K. Bergmann[2], Y. Okamoto[3], T. Nagata[4], J. Cognet-Sicé[1], M. Roux[1], *1. Antony, France; 2. Berlin, Germany; 3. Chiba, Japan; 4. Osaka, Japan.*

P255 **Sublingual Immunotherapy for Peanut Allergy**
M. Morris*[1], R. Gupta[2], J. Blumenstock[2], J. Kessler[1], E. Dolan[1], D.S. Theodoropoulos[3], B. Smith[2], *1. La Crosse, WI; 2. Chicago, IL; 3. Onalaska, WI.*

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P256 **Sequential Treatment Initiation Followed by Simultaneous Timothy Grass and Ragweed Tablet Immunotherapy is Well Tolerated**
J. Maloney[1], G. Berman[2], R. Gagnon[3], D.I. Bernstein[4], H.S. Nelson[5], J. Kleine-Tebbe[6], A. Kaur[1], Q. Li[1], H. Nolte*[1], *1. Kenilworth, NJ; 2. Minneapolis, MN; 3. Quebec City, QC, Canada; 4. Cincinnati, OH; 5. Denver, CO; 6. Berlin, Germany.*

P257 **Effect of 12 Sq House Dust Mite Sublingual Immunotherapy Tablet on Asthma Symptoms Using an Environmental Exposure Chamber**
H. Nolte*[1], J. Maloney[1], H.S. Nelson[2], D.I. Bernstein[3], Z. Li[1], H. Jacobi[4], J. Andersen[4], B. Riis[4], P. Zieglmayer[5], R. Zieglmayer[5], P. Lemell[5], F. Horak[5], *1. Kenilworth, NJ; 2. Denver, CO; 3. Cincinnati, OH; 4. Horsholm, Denmark; 5. Vienna, Austria.*

P258 **Systemic Reactions to Immunotherapy During Mountain Cedar Season: Implications for Seasonal Dose Adjustment**
P.H. Wong*[1], C.N. Webb[2], J.M. Quinn[2], *1. Lackland AFB, TX; 2. San Antonio, TX.*

P259 **Adherence and Systemic Reactions to Allergen Immunotherapy Among Veterans**
J.T. Ellenburg*, D. Pattanaik, *Memphis, TN.*

P260 **Safety of Intravenous Immunoglobulin Therapy in Patients With Probable Alzheimer's Disease: A Randomized, Placebo-Controlled Clinical Study**
D. Gelmont*[1], R.G. Thomas[2], J.A. Dyck-Jones[1], S. Fritsch[3], P. Aisen[2], N. Relkin[4], *1. Westlake Village, CA; 2. La Jolla, CA; 3. Vienna, Austria; 4. New York, NY.*

P261 **Acceptance and Perceptions of Influenza Vaccination in a Single Ambulatory Primary Care Center**
E.A. Abou-Jaoude*[1], A. Chana[2], J. Aranez[2], A. Sapple[2], R. Khan[2], G. Gudleski[2], *1. Williamsville, NY; 2. Buffalo, NY.*

P262 **Modulation of Antibody Response After Sublingual Immunotherapy in Respiratory Allergic Patients From Minsk, Belarus**
L. Titov*[1], L. Maslova[1], L.M. DuBuske[2], *1. Minsk, Belarus; 2. Gardner, MA.*

P263 **Enhanced Efficacy Employing an Immune Adjuvant Derived From Shigella Sonnei Together With a Monomeric Allergoid as Immunotherapy in a Murine Model of Atopic Dermatitis**
A. Babakhin*[1], N. Shershakova[1], A. Laskin[1], P. Aparin[1], V. Lvov[1], O. Kamishnikov[1], M. Khaitov[1], L.M. DuBuske[2], *1. Moscow, Russian Federation; 2. Gardner, MA.*

Upon completion of this session, participants should be able to: P253) assess the safety of two doses of house dust mite sublingual immunotherapy tablet; P255) describe the treatment protocol for sublingual immunotherapy and express the potential of this therapy to treat children with food allergy; P256) describe the tolerability observed with dual treatment of SLIT-tablets; P257) summarize the effect of SQ-HDM SLIT-tablet on asthma symptoms; P258) utilize data on the occurrence of systemic reactions (SRs) during mountain cedar season to inform understanding of factors associated with SRs and the need for seasonal dose adjustment; P259) identify factors associated with adherence and systemic reactions with allergen immunotherapy among veteran patient populations; P260) discuss the safety and tolerability of intravenous gammaglobulin in patients with probable Alzheimer's disease who were treated for 18 months; P261) summarize patient acceptance and perception regarding influenza immunization and the barriers to immunization; P262) discuss the modulation of antibody response after sublingual immunotherapy in respiratory allergic patients from Minsk, Belarus; and P263) describe the enhanced efficacy of employing an immune adjuvant derived from Shigella sonnei together with a monomeric allergoid as immunotherapy in a murine model of atopic dermatitis.

Other

P264 **Reinjection of Icatibant for the Treatment of Hereditary Angioedema Attacks: Results From An Analysis of More Than 2000 Attacks**
I. Andresen*[1], H.J. Longhurst[2], W. Aberer[3], L. Bouillet[4], T. Caballero[5], V. Fabien[1], A. Zanichelli[6], M. Maurer[7], *1. Zug, Switzerland; 2. London, United Kingdom; 3. Graz, Austria; 4. Grenoble, France; 5. Madrid, Spain; 6. Milan, Italy; 7. Berlin, Germany.*

P265 **In Vitro Determination of the Robustness of the Emitted Dose of Flunisolide HFA PMDI**
D. Skoner*[1], D. Brautegam[2], E.O. Meltzer[3], *1. Pittsburgh, PA; 2. Gauting, Germany; 3. San Diego, CA.*

P266 **The Correlation Between the Number of Days From Initial Contact With a New Patient to the Appointment Date and the Possibility of the Patient Never Presenting for an Office Visit**
P. Rihal*, A. Stevens, M.S. Rihal, S.S. Rihal, *Katy, TX.*

Poster Session

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P267 **Improving Quality of Oral Food Challenges**
A.T. Coleman*[1], J.E. Gern[2], S. Kakumanu[2], *1. Middleton, WI; 2. Madison, WI.*

P268 **Effect of an Online Educational Intervention in Hereditary Angioedema Among Allergists and Emergency Medicine Physicians**
E. Jackson*[1], K. Hanley[1], S. Williams[1], R. Gower[2], *1. New York, NY; 2. Spokane, WA.*

P269 **Association Between Prevalence of Aeroallergen and Food Allergen Citations in Published Books Between Year 1920 and 2000 and the Allergy Epidemic**
V. Dimov*[1], M. Dimova[2], A. Shahid[2], S. Randhawa[2], *1. Omaha, NE; 2. Fort Lauderdale, FL.*

P270 **The Influence of Breastfeeding on the Development of Atopic Disease in Children**
T.A. Saadia*, Y. Chen, C. Rosenberg, J. Moallem, R. Joks, *New York, NY.*

Upon completion of this session, participants should be able to: P264) list the reinjection characteristics of hereditary angioedema attacks treated with icatibant; P265) evaluate the in vitro methods used to determine the robustness of the aerosol characteristics of commercially available pMDIs (Aerospan and QVAR); P266) provide guidance to clinical staff about when to schedule new patients; P267) state the importance of standardization of oral food challenges to improve quality of patient care; P268) discuss the effect of a CME educational intervention on knowledge in diagnosing hereditary angioedema; P269) summarize historical aspects of the allergy epidemic and predict future trends in the field; and P270) recall several risk factors for development of atopy related to infant feeding practices and family history of atopy.

Rhinitis, Other Upper Airway and Ocular Disorders

P271 **Real-World Effects of Beclomethasone Dipropionate Nasal Aerosol in Patients With Perennial Allergic Rhinitis: 6-Month Results**
D. Bukstein*[1], R. Parikh[2], S. Eid[2], T. Ferro[2], J. Morello[2], *1. Milwaukee, WI; 2. Frazer, PA.*

P272 **Responder Analysis Demonstrates That Cetirizine 10 Mg Daily Improves Seasonal Allergic Rhinitis Symptoms in More Adults Than Placebo**
E. Urdaneta*[1], K.B. Franklin[1], Q. Du[2], M. Wu[3], M. Patel[1], *1. Fort Washington, PA; 2. Shanghai, China; 3. Morris Plains, NJ.*

P273 **Efficacy and Preference for Dymista vs Prior Treatments in Rhinitis Patients**
M.A. Kaliner[1], M.V. White*[2], C. Ward[3], M. Scarupa[4], A. Economides[5], T. Johnson[6], C. Wheling[6], H. Li[7], *1. Bethesda, MD; 2. Wheaton, MD; 3. Germantown, MD; 4. Chevy Chase, MD; 5. Potomac, MD; 6. Silver Spring, MD; 7. Columbia, MD.*

P274 **Is There a Role for Recombinant Anti-Immunoglobulin E Therapy in the Management of Nasal Polyposis?**
T.M. Nsouli*[1], J.A. Bellanti[2], N.Z. Diliberto[2], C.M. Davis[2], S.T. Nsouli[2], *1. Burke, VA; 2. Washington, DC.*

P275 **Efficacy of MP-Azeflu (Dymista) in the Treatment of Seasonal Allergic Rhinitis (SAR) Patients With Nasal Congestion or Ocular Itch as the Most Bothersome Symptom**
W. Howland*[1], J. Van Bavel[1], P. Ratner[2], *1. Austin, TX; 2. San Antonio, TX.*

P276 **Efficacy of MP-Azeflu (Dymista) by Allergy Season and Symptom Severity**
B. Prenner*[1], W. Berger[2], S. Shah[3], E. Sher[4], *1. San Diego, CA; 2. Mission Viejo, CA; 3. College Town, PA; 4. Ocean, NJ.*

P277 **Formulation Effect of MP-Azeflu in Clinical Trials in Patients With Seasonal Allergic Rhinitis**
E. Sher*[1], W. Berger[2], S. Gawchik[3], E.O. Meltzer[4], *1. Ocean, NJ; 2. Mission Viejo, CA; 3. Upland, PA; 4. San Diego, CA.*

P278 **Breastfeeding and IgE Sensitization in Children With Rhinitis**
Q. Cook*, C. Ciaccio, R. Wolf, *Chicago, IL.*

P279 **A Pilot Study Investigating Dymista for Treatment of Non-Allergic Rhinitis (NAR) Using a Cold Dry Air (CDA) Environmental Exposure Chamber (EEC) Model**
V. Nelson*[1], H. Lorentz[1], T. Sadoway[1], P. Patel[1], P. Couroux[1], A. Salapatek[1], J.A. Bernstein[2], *1. Mississauga, ON, Canada; 2. Cincinnati, OH.*

P280 **Clinical Validation of Controlled Birch Pollen Challenge in the Environmental Exposure Unit**
M. Soliman, L. Steacy, D. Adams, T. Walker, A.K. Ellis*, *Kingston, ON, Canada.*

P281 **Reduction of Substance P in Nasal Lavage Fluid by Dymista After Cold Dry Air Challenge Using a Non-Allergic Rhinitis Environmental Exposure Chamber (EEC)**
J.A. Bernstein*[1], U. Singh[1], H. Lorentz[2], T. Sadoway[2], V. Nelson[2], P. Patel[2], A. Salapatek[2], *1. Cincinnati, OH; 2. Mississauga, ON, Canada.*

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P282 **Up-Regulation of TLR2 and TLR4 in Chronic Rhinosinusitis With Nasal Polyps**
X. Cui, L. Cheng*, Nanjing, China.

P283 **Calcium Glycerophosphate Nasal Spray Reduces Rhinitis Symptoms**
E. Schulman*[1], M. Hendry[1], M. Sherman[1], M.T. Weis[2], *1. Philadelphia, PA; 2. Amarillo, TX.*

P284 **Mold Allergy in Chronic Rhinosinusitis Patients in the Silesia Region of Poland**
R. Gawlik*[1], E. Czecior[1], W. Scierski[1], L.M. DuBuske[2], *1. Katowice, Poland; 2. Gardner, MA.*

Upon completion of this session, participants should be able to: P271) discuss the benefits of beclomethasone dipropionate nasal aerosol for improving symptoms of perennial allergic rhinitis, as well as measures of quality of life and work- and school-related activities when administered in a real-world setting; P272) assess seasonal allergic rhinitis symptom response in five randomized, double-blind, placebo-controlled studies of adults taking cetirizine 10 mg daily, based on cumulative response curve data; P273) use Dymista in the treatment of a variety of rhinitis patients; compare the efficacy of Dymista to intranasal corticosteroids and oral antihistamines, alone and in combination; P274) describe the potential role of recombinant anti-immunoglobulin E in the management of nasal polyposis; P275) compare the efficacy of combination therapy with an intranasal corticosteroid and intranasal antihistamine to the single agents alone; P276) compare the consistent efficacy of combination therapy with intranasal azelastine and fluticasone to the individual agents alone, regardless of allergy season or symptom severity; P277) evaluate the contribution of the Dymista nasal spray formulation to its clinical efficacy; P278) discuss the effects of infant feeding practices on the development of IgE sensitization in children; P279) identify the effects of cold dry air on non-allergic rhinitis symptoms; describe the trend towards improvement following treatment with Dymista versus placebo; P280) describe the role of the Environmental Exposure Unit for studies of allergic rhinitis, including birch allergic participants; P281) describe approaches for investigating and discussing mechanisms of non-allergic rhinitis and therapeutic options for this condition; P282) explain the role of Toll-like receptors in pathogenesis of chronic rhinosinusitis with and without nasal polyps; P283) describe the efficacy of calcium glycerophosphate nasal spray to alleviate the symptoms of allergic rhinitis symptoms; and P284) discuss mold allergy in chronic rhinosinusitis patients in the Silesia Region of Poland.

Skin Disorders

P285 **Socioeconomic and Sociodemographic Risk Factors in Adolescent Atopic Dermatitis in South Korea**
H. Park*, Y. Rha, K. Lee, *Seoul, Republic of Korea.*

P286 **Linear IgA Bullous Dermatosis in a 2-Year-Old Boy With Ocular Involvement**
E. Akl*, W. Zhao, *Richmond, VA.*

P287 **Findings in Pediatric Patients With Suspected Inducible Urticaria**
V. Gonzalez-Uribe*, B.E. Del Rio-Navarro, E.M. Navarrete-Rodriguez, J.M. Del Rio-Chivardi, C.F. Pozo-Beltran, *Mexico City, DF, Mexico.*

P288 **Everything That Swells - Is Not Angioedema**
R. Patel*[1], A. Wolff[2], *1. Long Island City, NY; 2. Newark, NJ.*

P289 **Contact Dermatitis Caused by Kissing a Corpse**
A. Saad*[1], M. Bogordoskaya[2], Y.M. Kim[3], J. Casselman[1], C. Harwell[2], R. Hostoffer[2], H. Tcheurekdjian[1], *1. Mayfield Heights, OH; 2. Cleveland, OH; 3. Bedford Heights, OH.*

P290 **Myhivesdiary: An IOS App to Track Urticaria Symptoms**
E. Antonova*, K. Raimundo, J. Zazzali, *South San Francisco, CA.*

P291 **Papular, Profuse and Precocious: An Atypical Presentation of a Common Disease**
E.M. Lomasney*[1], K.G. Ganacias[2], L. Green[3], M. Petersen[2], K. Waibel[3], *1. Falls Church, VA; 2. Bethesda, MD; 3. Landstuhl, Germany.*

P292 **Persistent Patch Test Reaction to Gold Sodium Thiosulfate in An Asymptomatic Patient**
R. Vaswani*[1], A. Garg[1], S. Guma[2], S. Vaswani[3], *1. New York, NY; 2. Baltimore, MD; 3. Columbia, MD.*

P293 **Exploring the Real World Profile of Refractory and Non-Refractory Chronic Idiopathic Urticaria Patients in the U.S.**
S. Gabriel[1], M. Mendelson[1], B. Hoskin*[2], A. Gillespie[2], *1. East Hanover, NJ; 2. Manchester, United Kingdom.*

P294 **Vitamin D Deficiency Is a Risk Factor of Atopic Dermatitis in Korean Female Adolescents**
Y. Rha*, K. Lee, S. Choi, *Seoul, Republic of Korea.*

P295 **Prevalence and Clinical Manifestations of Hereditary Angioedema in Blood Relatives of the Hereditary Angioedema Patients in a City of Duzce Province, Yigilca, Turkey**
O. Ozdemir*, B. Elmas, *Adapazarı, Sakarya, Turkey.*

P296 **Para-Phenylenediamine Induced Angioedema**
E.M. Lomasney*[1], M.H. Park[2], C.P. Mikita[3], *1. Falls Church, VA; 2. Silver Spring, MD; 3. Bethesda, MD.*

Upon completion of this session, participants should be able to: P285) identify socioeconomic and sociodemographic risk factors of adolescent atopic dermatitis to establish prevention and management strategies; P286) discuss linear IgA disease, a rare disease and mucosal involvement might lead to scarring

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and loss of vision; acknowledge that early recognition is very important to prevent such catastrophic sequelae of an otherwise benign disease; P287) assess the clinical findings, symptoms, and comorbidity associated with the diagnosis of inducible urticaria in pediatrics patients; design a patient clinical approach or diagnosis plan for inducible urticaria in children; P288) differentiate between angioedema and other diseases that mimic angioedema; P289) explain the importance of history-taking involved in the diagnosis of contact dermatitis, as well as describe the appropriate diagnostic work-up involved in such a case; P290) explain how MyHivesDiary can help urticaria patients track their symptoms and how they affect patients' daily lives and sleep; list what kind of reports MyHivesDiary can generate; P291) identify and treat a clinical variant of keratosis pilaris seen in young infants; P292) describe the prolonged persistent reactions From Gold Sodium Thiosulfate; P293) contrast the differences in diagnosis, management and the clinical/quality of life burden between refractory and non-refractory Chronic Idiopathic Urticaria (CIU) patients; P294) analyze the relationship between Vit D deficiency and AD as a possible risk factor for AD; P295) state the importance of testing untested family members and blood relatives of HAE patients to discover this hereditary condition; and P296) diagnose angioedema From para-phenylenediamine.

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Disclosures

ACAAI 2015 Annual Scientific Meeting
November 5-9, 2015, San Antonio, Texas

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Jerald W. Koepke, MD, FACAAI
Supported/Contracted Research: Sanofi

David M. Lang, MD, FACAAI
Consultant/Advisor: Genentech, GlaxoSmithKline, Meda, Merck; Speaker: Genentech; Supported/Contracted Research: Genentech, Merck

• **Bob Lanier, MD, FACAAI**
Supported/Contracted Research: Merck, Novartis, Teva; Speaker: Genentech, Merck

•§ **Phillip L. Lieberman, MD, FACAAI**
Consultant/Advisor: Genentech, Mylan, Teva, Valeant; Speaker: Meda

Peter A. Lio, MD
Consultant/Advisor: Anacor, Galderma, Johnson & Johnson, Pierre Fabre, Valeant

William R. Lumry, MD, FACAAI
Consultant/Advisor: Biocryst, CSL Behring, Dyax, Shire; Speaker: CSL Behring, Dyax, Shire, Teva; Supported/Contracted Research: ADMA Biologics, Biocryst, Circassia, CSL Behring, Dyax, Kedrion, Mylan, Novartis, Roche, Shire, Teva

Todd A. Mahr, MD, FACAAI
Speaker: Aerocrine, Genentech, GlaxoSmithKline, Meda, Merck, Mylan, Sanofi, Teva

Michael E. Manning, MD, FACAAI
Consultant/Advisor: Dyax, Shire; Speaker: Baxter, CSL Behring, Dyax, Genentech, Merck, Shire; Supported/Contracted Research: Amgen, AstraZeneca, Biocryst, Dyax, Genentech, Janssen, Johnson & Johnson, Merck, Novartis, Sanofi, Shire, Teva

§ **Kelly M. Maples, MD, FACAAI**
Speaker: Teva

Gailen D. Marshall, MD, PhD, FACAAI
Supported/Contracted Research: Amgen, AstraZeneca, National Institutes of Health (NIH)

• **Santiago E. Martinez, MD, FACAAI**
Speaker: Mylan, Nutricia, Thermo Fisher Scientific

•§ **Kevin P. McGrath, MD FACAAI**
Speaker: Teva

J. Allen Meadows, MD, FACAAI
Consultant/Advisor: Pfizer; Stocks: Johnson & Johnson

Eli O. Meltzer, MD, FACAAI
Consultant/Advisor: AstraZeneca, Boehringer Ingelheim, Circassia, GlaxoSmithKline, Greer, Johnson & Johnson, McNeill, Meda, Merck, Regeneron, Sanofi, Sunovion, Teva, Takeda, Valeant; Speaker: Alcon, Greer, Meda, Mylan, Sunovion, Teva, Takeda

Anthony Montanaro, MD, FACAAI
Supported/Contracted Research: Circassia, Genentech, GlaxoSmithKline, Merck, Teva

Harold S. Nelson, MD, FACAAI
Consultant/Advisor: AstraZeneca, Circassia, Merck, Pearl Therapeutics; Supported/Contracted Research: Circassia

Lois M. Nora, MD, JD, MBA
Employee: American Board of Medical Specialties

Anna H. Nowak-Wegrzyn, MD, FACAAI
Consultant/Advisor: Merck, Nestle; Speaker: Sanofi; Supported/Contracted Research: DBV Technologies, Food Allergy Research & Education, NIH/NIAID, ITN, Nutricia

Talal M. Nsouli, MD, FACAAI
Consultant/Advisor: Teva; Speaker: Perrigo, Thermo Fisher Scientific

•§ **Maeve E. O'Connor, MD, FACAAI**
Consultant/Advisor: Novartis; Speaker: Aerocrine, Baxter, Dyax, Greer, Meda, Merck, Mylan, Teva, Thermo Fisher Scientific

Mark T. O'Hollaren, MD, FACAAI
Consultant/Advisor: WebMD

§ **John J. Oppenheimer, MD, FACAAI**
Consultant/Advisor: GlaxoSmithKline, Meda, Mylan; Supported/Contracted Research: AstraZeneca, MedImmune, Novartis

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Consultant/Advisor: ADMA Biologics, ASD Healthcare, Baxter, CSL Behring, Walgreens

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Consultant/Advisor: AstraZeneca, Johnson & Johnson; Supported/Contracted Research: Gilead, Johnson & Johnson, Merck, Roche, Sanofi

Anju T. Peters, MD, FACAAI
Consultant/Advisor: Baxter, Greer, Meda; Speaker: Celgene

Stephen P. Peters, MD, PhD
Consultant/Advisor: AstraZeneca, Boehringer Ingelheim, CSL Behring, Gilead, Merck, Novartis, Pfizer, Teva, PPD Development, Quintiles, Theron

Thomas A. E. Platts-Mills, MD, FACAAI
Research Grant: Phadia/Thermo Fisher

• = Planner §= Moderator

Disclosures

Jay M. Portnoy, MD, FACAAI
Speaker: Mylan, Thermo Fisher Scientific

• **Christopher C. Randolph, MD, FACAAI**
Consultant/Advisor: AstraZeneca, Genentech, Mylan, Sanofi, Teva; Supported/Contracted Research: AstraZeneca, Circassia, Genentech, GlaxoSmithKline, Merck, Sanofi, Teva; Speaker: AstraZeneca, Baxter, Genentech, GlaxoSmithKline, Meda, Merck, Mylan, Sanofi, Shire, Teva

Marc A. Riedl, MD, MS
Consultant/Advisor: Baxter, BioCryst, CSL Behring, Dyax, Salix, Shire: Speaker: Baxter, CSL Behring, Dyax, Salix, Shire: Supported/Contracted Research: Amgen, Biocryst, CSL Behring, Dyax, Shire

§ **Deidra H. Sanders, MSN, APRN, FNP-BC**
Consultant/Advisor: Meda; Stock: AllergyZone

§ **Charles J. Siegel, MD, FACAAI**
Consultant/Advisor: Meda; Speaker: Meda, Teva

§ **William S. Silvers, MD, FACAAI**
Speaker: Teva

Roland Solensky, MD
Supported/Contracted Research: AstraZeneca, Merck

§ **Brett Stanaland, MD, FACAAI**
Speaker: Alcon, Meda, Merck, Teva

•§ **James L. Sublett, MD, FACAAI**
Consultant/Advisor: Boston Scientific, Greer; Speaker: Genentech, GlaxoSmithKline, Meda, Merck, Sunovion, Teva; Supported/Contracted Research: Array BioPharma, AstraZeneca, Boehringer Ingelheim, Forest, Mylan, Sanofi: Stock: AllergyZone

§ **James W. Sublett, MD**
Consultant/Advisor: Genentech, GlaxoSmithKline, Greer, Meda, Merck, Sunovian, Teva; Research Grant: AstraZeneca, Genentech, Forest, Asthmapolis; Stocks: AllergyZone

James S. Taylor, MD
Consultant/Advisor: Johnson & Johnson; Supported/Contracted Research: Kao Brands; Stocks: Johnson & Johnson, AstraZeneca, Merck, Express Scripts, Opko Health

•§ **Stephen A. Tilles, MD, FACAAI**
Supported/Contracted Research: Amgen, Astellas, AstraZeneca, Biota, Circassia, DBV Technologies, Genentech, Merck, Mylan, Novartis, Perrigo, Teva

James M. Tracy, DO, FACAAI
Consultant/Advisor: Johnson & Johnson, Pfizer; Stock: Johnson & Johnson

•§ **Janna M. Tuck, MD, FACAAI**
Stocks: CEL-SCI, Advanced Tech, ContraVir, Synergy, InvenSense, Airstar

Carina Venter, PhD, RD
Consultant/Advisor: Mead Johnson, Nestle; Speaker: Nutricia; Supported/Contracted Research: Thermo Fisher Scientific

• **Christine W. Wagner, MSN, RN, CPNP, AE-C**
Speaker: Teva

Julie Wang, MD, FACAAI
Consultant/Advisor: JDP Therapeutics, Merck

Richard L. Wasserman, MD, PhD, FACAAI
Consultant/Advisor: ADMA Biologics, Baxter, Bio Products Lab, CSL Behring, Grifols, Kedrion, ProMetic, Therapure Biopharma; Speaker: Baxter, CSL Behring; Supported/Contracted Research: ADMA Biologics, Baxter, Bio Products Labs, CSL Behring, Kedrion, Merck, Perrigo, Sanofi, Teva

Stephen I. Wasserman, MD, FACAAI
President: ABAI; Consultant (spouse): Pathway Genomics

• **Richard W. Weber, MD, FACAAI**
Consultant/Advisor: Genentech; Speaker: AstraZeneca, Meda, Merck

§ **Myron Zitt, MD, FACAAI**
Consultant/Advisor: Integrity, Sanofi, McNeil, Boehringer Ingelheim; Speaker: Integrity, Mylan, Meda, Boston Scientific

Bruce L. Zuraw, MD, FACAAI
Consultant/Advisor: BioCryst, CSL Behring, Dyax, Genentech, Isis, Novartis, Sanofi, Shire

The following have no financial relationships to disclose:

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§ **Sami L. Bahna, MD, DrPH, FACAAI**
Aleena Banerji, MD
Charles Barnes, PhD
Rachel Bean, MD
Avraham Beigelman, MD
Joseph A. Bellanti, MD, FACAAI
•§ **Cheryl K. Bernstein, BSN, RN, CCRC**
§ **Theresa A. Bingemann, MD, FACAAI**
Cheryl Blackwell, BSN, RN, AE-C
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Paula Busse, MD
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Mariana C. Castells, MD, PhD, FACAAI
§ **Helen Hei-ling Chan, MD, FACAAI**

• = Planner §= Moderator

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•§ William K. Dolen, MD, FACAAI
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§ Theodore M. Freeman, MD, FACAAI
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Malike Gupta, MD
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Jill Hanson, MD
• Curtis Hedberg, MD, FACAAI
Alice Hoyt, MD
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Jaison Jose, DO
Robert J. Karman, MD
Michael D. Keller, MD
John M. Kelso, MD, FACAAI
Rebecca Koransky, MD
• Tao T. Le, MD, MHS, FACAAI
§ Gerald B. Lee, MD
Robert F. Lemanske, MD, FACAAI
§ James T. Li, MD, PhD, FACAAI
Samantha Lin, MD
Baojuan Liu
•§ Bryan L. Martin, DO, FACAAI
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Victoria Nelson
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Michael Sherenian, MD
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Mili Shum, MD
David P. Skoner, MD, FACAAI
Raymond S. Slavin, MD, FACAAI
Jonathan M. Spergel, MD, PhD, FACAAI
§ Sarah Spriet, DO
Whitney Stevens, MD, PhD
Patricia H. Stewart, MD
§ James W. Sublett, MD, FACAAI
Michael S. Tankersley, MD, FACAAI
§ Mary C. Tobin, MD, FACAAI
Stephen K. Tsui, PhD
Joseph C. Turbyville MD, FACAAI
•§ Kay Tyler, BS, BA, MBA
Peter Vadas, MD, PhD
•§ Dana V. Wallace, MD, FACAAI
Kathryn R. Wessell, DO
C. Ross Westley, MD, FACAAI
Martha White, MD, FACAAI
P. Brock Williams, PhD, FACAAI (SC)
Andrew Winslow, MD
Priscilla Wong, MD
Shijun Xi, MD
Kenneth Yeager, PhD
•§ Cherie Y. Zachary, MD, FACAAI

• = Planner §= Moderator

Social Events

24th Annual FIT Bowl Competition

5:00 – 7:00 pm • Saturday
Ballroom B • Henry B. Gonzalez Convention Center

Test your knowledge, sharpen your wits and join in the fun at the dynamic, fast-paced FIT Bowl!

Participating teams from training programs around the country will compete to answer a variety of serious (and, not so serious) questions posed by an expert panel. In 2014, 26 teams from the U.S. and Mexico participated at this popular game show.

Supported by Sanofi US

Alliance International Reception

6:00 – 7:00 pm • Saturday
Bowie ABC (2nd Floor) • Grand Hyatt Hotel

International attendees are cordially invited to attend the International Reception hosted by the ACAAI Alliance.

Awards Ceremony

7:00 – 7:45 pm • Saturday
Lone Star Ballroom AB (2nd Floor) • Grand Hyatt Hotel

Supported by Meda Pharmaceuticals Inc.

The College invites all registrants to the ACAAI Awards Ceremony on Saturday at the Grand Hyatt Hotel. The Awards Ceremony will begin at 7:00 pm and will be held in the Lone Star Ballroom AB (2nd floor) of the Grand Hyatt Hotel. ACAAI will formally welcome our newly-approved Fellows and recognize the recipients of the 2015 Distinguished Fellow, International Distinguished Fellow, Distinguished Service, Clemens von Pirquet and Woman in Allergy awards. Finally, we'll introduce this year's recipient of the College's prestigious Gold Headed Cane Award.

President's Welcome Reception

7:45 – 9:00 pm • Saturday
Texas Ballroom (4th Floor) • Grand Hyatt Hotel

Supported by Meda Pharmaceuticals Inc.

All attendees can join us at the President's Welcome Reception on Saturday, held in the Texas Ballroom (4th Floor) of the Grand Hyatt Hotel, from 7:45 – 9:00 pm. It's the perfect place to catch up with old friends, make new acquaintances and meet the ACAAI President, President-Elect and the Alliance President.

Fundraising Event

6:45 – 10:30 pm • Sunday
Texas Ballroom (4th Floor) • Grand Hyatt Hotel

Don't miss this year's fundraising event featuring the Grammy Award-winning band, **Blood, Sweat & Tears**. Tickets are still available at $250 each (includes reception and dinner) or $55 for the performance only. The program will also feature a live auction where some fantastic items will be auctioned off to the highest bidders with the proceeds going to the ACAAI Foundation. Tickets are required to attend the event.

6:45 pm	Reception
7:45 pm	Dinner
9:00 pm	Doors Open for "show only" Ticket Holders
9:20 pm	Auction
9:30 pm	Blood, Sweat & Tears performance

See the inside front cover for additional details.

Tribute to Our Past Presidents

• Bernard J. Efron, MD	1942–43	ACA
• French K. Hansel, MD	1943–45	ACA
• Harry L. Rogers, MD	1945–46	ACA
• Leon Unger, MD	1946–47	ACA
• Hal M. Davison, MD	1947–48	ACA
• George E. Rockwell, MD	1948–49	ACA
• Johnathan Forman, MD	1949–50	ACA
• John H. Mitchell, MD	1950–51	ACA
• Harold A. Abramson, MD	1951–52	ACA
• J. Warrick Thomas, MD	1952–53	ACA
• M. Murray Peshkin, MD	1953–54	ACA
• Homer E. Prince, MD	1954–55	ACA
• Lawrence J. Halpin, MD	1955–56	ACA
• Ethan Allan Brown, M.R.C.S.	1956–57	ACA
• Orval R. Withers, MD	1957–58	ACA
• Merle W. Moore, MD	1958–59	ACA
• Cecil M. Kohn, MD	1959–60	ACA
• Giles M. Koelsche, MD	1960–61	ACA
• Philip M. Gottlieb, MD	1961–62	ACA
• Mayer A. Green, MD	1962–63	ACA
• Morris A. Kaplan, MD	1963–64	ACA
• Boen Swinny, Sr., MD	1964–65	ACA
• Stanislaus H. Jaros, MD	1964–67	AACIA
• M. Coleman Harris, MD	1965–66	ACA
• Lowell L. Henderson, MD	1966–67	ACA
• Howard G. Rapaport, MD	1967–68	ACA
• James E. Stroh, MD	1967–68	AACIA
• John P. McGovern, MD	1968–69	ACA
• Johnny A. Blue, MD	1968–69	AACIA
• Paul F. deGara, MD	1969–70	ACA
• Mason I. Lowance, MD	1969–70	AACIA
• G. Frederick Hieber, MD	1970–71	ACA
• Alex S. Friedlaender, MD	1970–71	AACIA
• Ralph Hale, MD	1971–72	ACA
• Boen Swinny, Jr., MD	1971–72	AACIA
• Lamar B. Peacock, MD	1972–73	ACA
• Richard H. Jackson, MD	1972–73	AACIA
• Wm. Sawyer Eisenstadt, MD	1973–74	ACA
• Robert J. Brennan, MD	1973–74	AACIA
• Bernard A. Berman, MD	1974–75	ACA
• John L. Dewey, MD	1974–75	AACIA
• Ben C. Eisenberg, MD	1975–76	ACA
• Lester W. Mittelstaedt, MD	1975–76	AACIA
• Nathan Ernest Silbert, MD	1976–77	ACA
• Alexander McCausland, MD	1976–77	AACIA
• Orville C. Thomas, MD	1977–78	ACA
• Gustav J. Beck, MD	1977–78	AACIA
• Albert E. Hensel, Jr., MD	1978–79	ACA
Stanley L. Goldman, MD	1978–79	AACIA
• T. Reed Maxson, MD	1979–80	ACA
William H. Wilson, MD	1979–80	AACIA
• Solomon D. Klotz, MD	1980–81	ACA
• Walter R. MacLaren, MD	1980–81	AACIA
Robert J. Dockhorn, MD	1981–82	ACA
• Warren J. Raymer, MD	1981–82	AACIA
• Gilbert D. Barkin, MD	1982–83	ACA
• Sidney Friedlaender, MD	1982–83	AACIA
Rufus E. Lee, Jr., MD	1983–84	ACA
Burton M. Rudolph, MD	1983–84	AACIA
• John G. Leonardy, MD	1984–85	ACA
• Albert G. Corrado, MD	1984–85	AACIA
Charles H. Banov, MD	1985–86	ACA
Donald L. Unger, MD	1985–86	AACIA
Peter B. Boggs, MD	1986–87	ACA
Donald C. McLean, MD	1986–87	AACIA
• Robert J. Becker, MD	1987	ACA
• R. Faser Triplett, MD	1987–88	ACAI
Donald W. Aaronson, MD, JD, MPH	1988–89	ACAI
Dale B. Sparks, MD	1989–90	ACAI
Edward J. O'Connell, MD	1990–91	ACAI
Joseph A. Bellanti, MD	1991–92	ACAI
• John C. Selner, MD	1992–93	ACAI
• Robert T. Scanlon, MD	1993–94	ACAI
Diane E. Schuller, MD	1994–95	ACAAI
Ira Finegold, MD	1995–96	ACAAI
Betty B. Wray, MD	1996–97	ACAAI
• Jean A. Chapman, MD	1997–98	ACAAI
Robert M. Miles, MD	1998-99	ACAAI
Don Q. Mitchell, MD	1999-00	ACAAI
Emil J. Bardana, Jr., MD	2000-01	ACAAI
Bobby Q. Lanier, MD	2001-02	ACAAI
William E. Berger, MD, MBA	2002-03	ACAAI
Michael S. Blaiss, MD	2003-04	ACAAI
Myron J. Zitt, MD	2004-05	ACAAI
William K. Dolen, MD	2005-06	ACAAI
Daniel Ein, MD	2006-07	ACAAI
Jay M. Portnoy, MD	2007-08	ACAAI
Richard G. Gower, MD	2008-09	ACAAI
Sami L. Bahna, MD, DrPH	2009-10	ACAAI
Dana V. Wallace, MD	2010-11	ACAAI
Stanley M. Fineman, MD, MBA	2011-12	ACAAI
Richard W. Weber, MD	2012-13	ACAAI
Michael B. Foggs, MD	2013-14	ACAAI
James L. Sublett, MD	2014-15	ACAAI

• Deceased

2015 Distinguished Fellows

ACAAI will award its "Distinguished Fellow" title to **Warner W. Carr, MD, FACAAI**, **Kevin P. McGrath, MD, FACAAI**, and **J. Allen Meadows, MD, FACAAI** during the Awards Ceremony, 7:00 pm, Saturday, in the Lone Star Ballroom AB (2nd Floor) of the Grand Hyatt Hotel. At the same time, ACAAI will award its "International Distinguished Fellow" title to **Nelson A. Rosario-Filho, MD, PhD**.

Distinguished Fellow Recipients

1971
John P. McGovern, MD

1972
M. Coleman Harris, MD

1973
Howard Rapaport, MD

1974
J. Warrick Thomas, MD

1975
William Browning, MD
Jerome Glaser, MD
French K. Hansel, MD
Merle W. Moore, MD
M. Murray Peshkin, MD
Leon Unger, MD
Orval R. Withers, MD

1976
Eloi Bauers, JD
Paul F. deGara, MD
John D. Gillaspie, MD
Giles A. Koelsche, MD
Stephen D. Lockey, MD
Homer E. Prince, MD

1977
Harold Abramson, MD
Bernard A. Berman, MD
Ethan Allan Brown, MD
Ben C. Eisenberg, MD
Sawyer Eisenstadt, MD
Philip M. Gottlieb, MD
Mayer A. Green, MD
Ralph Hale, MD
Lowell Henderson, MD
G. Frederick Hieber, MD
Lamar B. Peacock, MD
George E. Rockwell, MD
Nathan E. Silbert, MD
Boen Swinny, Sr., MD

1978
Susan C. Dees, MD
William C. Grater, MD
Frank Perlman, MD
Frederick Speer, MD

1979
Cecil Collins–Williams, MD
Meyer B. Marks, MD
Orville C. Thomas, MD

1980
Albert E. Hensel, Jr., MD
Melvin Newman, MD

1981
Joseph A. Bellanti, MD
T. Reed Maxson, MD

1982
Robert J. Becker, MD
G. Everett Gaillard, MD
Solomon D. Klotz, MD

1983
Robert J. Dockhorn, MD
William T. Kniker, MD

1984
Gilbert D. Barkin, MD
James C. Breneman, MD

1985
Joseph E. Ghory, MD
Rufus E. Lee, Jr., MD
Roland B. Scott, MD

1986
Robert Hamburger, MD
John G. Leonardy, MD
Harold S. Nelson, MD

1987
Charles H. Banov, MD
Peter B. Boggs, MD
Robert J. Brennan, MD
Lloyd V. Crawford, MD
Joel D. Teigland, MD
Gerald Vanderpool, MD

1988
Donald C. McLean, MD
Robert Moore, MD
Warren Richards, MD

1989
Jean A. Chapman, MD
Bernard T. Fein, MD
R. Faser Triplett, MD

1990
Donald Aaronson, MD
Martin J. Kaplan, MD
Betty B. Wray, MD

1991
Burton M. Rudolph, MD
Sheldon L. Spector, MD
Dale B. Sparks, MD

1992
Emil J. Bardana, Jr., MD
Allan T. Luskin, MD
Edward O'Connell, MD
Warren Raymer, MD

1993
Herbert Mansmann, Jr., MD
Eli O. Meltzer, MD
R. Michael Sly, MD

1994
Arnold A. Gutman, MD
John C. Selner, MD

1995
Hyman Chai, MD
Bob Q. Lanier, MD
Robert M. Miles, MD
Stuart L. Rusnak, MD
Robert T. Scanlon, MD

1996
Michael S. Blaiss, MD
Douglas S. Heiner, MD
Don Q. Mitchell, MD
Diane E. Schuller, MD

1997
Ira Finegold, MD
John M. O'Loughlin, MD

1998
Susan Rudd Bailey, MD
William E. Berger, MD
Alexander McCausland, MD
William W. Storms, MD

1999
Linda B. Ford, MD
Bettina C. Hilman, MD
Richard Nicklas, MD

2000
Stanley M. Fineman, MD
Lawrence S. Mihalas, MD

2001
William K. Dolen, MD
Jay Portnoy, MD
Nathan Segall, MD

2002
Phillip Lieberman, MD
Anthony Montanaro, MD
Suellyn S. Rossman, MD

2003
Charles J. Siegel, MD
Richard W. Weber, MD

2004
Sami L. Bahna, MD, DrPH
Lawrence DuBuske, MD
Jorge A. Quel, MD

2005
John Andrew Grant, MD
Mark T. O'Hollaren, MD

2006
Richard D. de Shazo, MD
Marianne Frieri, MD, PhD

2007
Ernest Charlesworth, MD

2008
John E. Moffitt, MD

2009
Michael B. Foggs, MD
Gailen D. Marshall, Jr., MD, PhD

2010
Kathleen R. May, MD
James L. Sublett, MD

2011
Bryan L. Martin, DO

2012
Myron J. Zitt, MD

2013
Daniel Ein, MD
Richard G. Gower, MD

2014
David A. Khan, MD
Todd A. Mahr, MD

2015
Warner W. Carr, MD
Kevin P. McGrath, MD
J. Allen Meadows, MD

2015 International Distinguished Fellows

International Distinguished Fellow Recipients

1989
Jose Luis Cortes, MD
Angel Marchand, MD

1990
Felicidad Cua–Lim, MD
Jose Huerta Lopez, MD

1991
Israel Glazer, MD
Samuel Malka, MD

1992
Sami Bahna, MD, DrPH
Attilio Boner, MD
Luisa Businco, MD

1993
Antero Palma–Carlos, MD
Sten Dreborg, MD

1994
Julio Croce, MD
Moises Zebede, MD

1995
Charles K. Naspitz, MD

1996
Mario La Rosa, MD
Hugo E. Neffen, MD

1997
Giuliana Baldini, MD
Natalio Salmun, MD

1998
Giovanni Cavagni, MD
Cassim Motala, MD

1999
Sebastiano Guarnaccia, MD
João Ferreira Mello, MD

2000
Sergio Bonini, MD

2001
Anthony Frew, MD
Maurizio Miraglia
Del Giudice, MD
Marek Kowalski, MD

2002
Alessandro Fiocchi, MD
Constance Katerlaris, MD

2003
Helen Hei-ling Chan, MD
Pakit Vichyanond, MD

2004
Daniel Aguilar, MD
Kamal M. Hanna, MD
S.G.O. Johansson, MD, PhD

2005
Carlos Baena-Cagnani, MD
Todo A. Popov, MD
Paul van Cauwenberge, MD

2006
Ruby U. Pawankar, MD
Daphne Tsitoura, MD, PhD

2007
Ignacio Ansotegui, MD
Desiree L. Larenas-Linnemann, MD
Noel Rodriguez Perez, MD

2008
Alejandro Escobar-Gutierrez, MD

2009
G. Walter Canonica, MD
Yehia M. El-Gamal, MD, PhD

2010
Yin Jia, MD
Sang-Il Lee, MD, PhD

2011
Giovanni Pajno, MD
Fares Zatoun, MD

2012
Bee Wah Lee, MD
Revaz Sepiashvili, MD

2013
Sandra N. Gonzalez Diaz, MD, PhD

2014
Mario Sanchez-Borges, MD
Tatiana Slavyanskaya, MD, PhD

2015
Nelson A. Rosario-Filho, MD, PhD

Alliance of the ACAAI Program

As in previous years, the Alliance of the American College of Allergy, Asthma & Immunology will be hosting a Hospitality Suite for registered spouses/guests from 8:00 – 10:30 am, Friday, November 6 through Monday, November 9 at the Grand Hyatt Hotel. The following presentations will take place in the Hospitality Suite and are complimentary to registered spouses/guests and families.

Friday

8:00 – 10:30 am
Texas Ballroom A (4th Floor) • Grand Hyatt Hotel
Alliance Hospitality Suite Open

8:30 – 9:30 am
The History of San Antonio

A tour guide's overview of the history of San Antonio and the must-see attractions while you're here – the second most populated city in Texas contains a rich history including the Battle of the Alamo in 1836.

Saturday

8:00 – 10:30 am
Texas Ballroom A (4th Floor) • Grand Hyatt Hotel
Alliance Hospitality Suite Open

8:30 – 9:30 am
Garcia Art Glass Presentation

Guests from local art gallery Garcia Art Glass showcase some of their one-of-a-kind blow glass lighting and sculptures as well as speak on their technique. These creations range from the functional to the whimsical for homes, corporate offices, restaurants, and hospitals.

9:30 – 10:30 am
ACAAI KIDS – Let's Learn about Bats

We are pleased to be "Spotlighting our Own" by having Alliance member Bonnie Miles offer a fun and informative presentation about bats for children. Kids will learn about the importance of these tiny helpers, make their own bat puppets and discover how bats are fun and not scary.

6:00 – 7:00 pm
Bowie ABC (2nd Floor) • Grand Hyatt Hotel
Alliance International Reception

International attendees are cordially invited to attend the Alliance International Reception.

Sunday

8:00 – 10:30 am
Texas Ballroom A (4th Floor) • Grand Hyatt Hotel
Alliance Hospitality Suite Open

8:30 – 9:30 am
Cooking Demonstration with Chef Wirebaugh

Executive Chef David Wirebaugh has worked with Hyatt for the past 30 years in numerous different concept restaurants. From the French cuisine of the Peppercorn Duck at the Nashville, Tennessee property to the "Floribbean" seafood concept at Key West, Florida. Learn some tricks of the trade as Chef Wirebaugh whips up a specialty risotto.

12:30 – 3:00 pm
Alliance Annual Business Meeting and Luncheon
The Menger Hotel
Registration Required • Fee $15 • Limit 75

Active members of the Alliance are invited to attend the Annual Business Meeting and Luncheon.

Monday

8:00 – 10:30 am
Texas Ballroom A (4th Floor) • Grand Hyatt Hotel
Alliance Hospitality Suite Open

ACAAI Foundation

ACAAI Foundation "20K Club"

The following donors have met or exceeded their pledge of $20,000 to the ACAAI Foundation:

Lawrence M. DuBuske, MD
Nathan Segall, MD
David Bruce Engler, MD

ACAAI Foundation "10K Club"

The following donors have met or exceeded their pledge of $10,000 to the ACAAI Foundation:

Sami L. Bahna, MD, DrPH
Emil J. Bardana, Jr., MD
Joseph A. Bellanti, MD
Bradley E. Chipps, MD
John E. Erffmeyer, MD
Stanley M. Fineman, MD, MBA
Luz Sison Fonacier, MD
Linda B. Ford, MD, AE-C
Richard Glen Gower, MD
John Andrew Grant, Jr., MD
Bobby Q. Lanier, MD
Joe Bruno LaRussa, MD
Phillip L. Lieberman, MD
Chao I. Lin, MD
Alnoor A. Malick, MD
Gailen D. Marshall, Jr., MD, PhD
Bryan Leslie Martin, DO
Kathleen R. May, MD
J. Allen Meadows, MD
Don Quinton Mitchell, MD
Edward J. O'Connell, MD
James Lee Sublett, MD
Dana V. Wallace, MD
Richard W. Weber, MD
Betty B. Wray, MD

Alliance of the ACAAI
New England Society of Allergy
Texas Allergy, Asthma & Immunology Society

ACAAI Foundation "5K Club"

The following donors have met or exceeded their pledge of $5,000 to the ACAAI Foundation:

Donald W. Aaronson, MD, JD, MPH
Suresh C. Anand, MD
Suresh Anne, MD
Eric S. Applebaum, MD
Robert J. Becker, MD
William E. Berger, MD, MBA
Michael S. Blaiss, MD
Larry Borish, MD
David Allen Brown, MD
Jean A. Chapman, MD
Ernest N. Charlesworth, MD
Susan H. Chua Apolinario, MD
James R. Claflin, MD
Joanne F. Domson, MD
Daniel Ein, MD
Andrew Cherner Engler, MD
John E. Erffmeyer, MD
Jafar Farnam, MD
Ira Finegold, MD
Gary N. Gross, MD
Mary Brandt Hudelson, MD
Bobby Zachariah Joseph, MD
Martin J. Kaplan, MD
Roger M. Katz, MD
David A. Khan, MD
Kenneth Tongchul Kim, MD
Jerald W. Koepke, MD
Phillip Erwin Korenblat, MD
William R. Lumry, MD
Lyndon E. Mansfield, MD
Kevin Peter McGrath, MD
Lawrence S. Mihalas, MD
Robert Milton Miles, MD
Mark W. Minor, MD
John Ellis Moffitt, MD
Anthony Montanaro, MD
David L. Morris, MD
Robert Alan Nathan, MD
Harold S. Nelson, MD
David Samuel Pearlman, MD
Hobert L. Pence, MD
Jay M. Portnoy, MD
Bruce Michael Prenner, MD
Gullapalli R. Krishna Rao, MD
Jeffrey Bryan Raub, MD
Russell R. Roby, MD
Anthony Robert Rooklin, MD
Diane E. Schuller, MD
John C. Selner, MD
Dennis Lee Spangler, MD
Dale B. Sparks, MD
Sheldon Laurence Spector, MD
Dexter Winn Walcott, MD
Myron Joseph Zitt, MD

IEINE
Whitehall-Robins

Saturday Product Theaters

These are commercial presentations conducted by exhibiting companies in specially constructed theaters on the exhibit floor. This year we will have **two Product Theaters located in Halls A & B** where a limited number of 25-minute and 55-minute sessions will be presented each day during the refreshment and lunch breaks. Product Theaters are non-CME forums organized by industry and designed to enhance your learning experience.

NOT FOR CREDIT

10:35 – 11:00 am

Product Theater 1

A Voyage Through the Lungs: Cytokines and Effector Cells in Asthma

Supported by Genentech

Presented by: Bradley Chipps, MD

Join us for an interactive exploration of the pathophysiology of moderate-to severe asthma. Discover the origins of hallmark signs such as airway hyperreactivity and mucus overproduction, explore the role of important Th2 cytokines such as IL-13, IL-5 and IL-4.

Also, visit Genentech at Booth #329

Product Theater 2

CAPS: A Family of Rare Genetic Diseases: Could You Be Missing the Diagnosis?

Supported by Novartis Pharmaceuticals Corporation

Presented by: Robert C. Cartwright, MD

This presentation will begin with a review of CAPS symptomatology and the pathophysiologic mechanism leading to overproduction of IL-1β. It will then discuss the efficacy, safety, dosing and administration of the IL-1β blocker, ILARIS® (canakinumab), and present the results from the clinical pivotal trial that led to its approval.

Also, visit Novartis Pharmaceuticals Corporation at Booth #109

12:35 – 1:30 pm

Product Theater 1

Learn About a Treatment That Improves Lung Function in Asthma Patients

Supported by Boehringer Ingelheim

Presented by: William E. Berger, MD, MBA

Join us for an expert discussion on how you can improve lung function in your patients with asthma.

Also, visit Boehringer Ingelheim at Booth #134

Product Theater 2

An update on ORALAIR®, a 5 Grass Sublingual Immunotherapy Tablet.

Supported by GREER®

Presented by: Philippe Moingeon, PhD and Robert Nathan, MD

(1) An assessment of cross-reactivity in grass allergen immunotherapy, and (2) A clinical introduction to ORALAIR, a 5 grass mixed pollens allergen extract, and the prevalence of polysensitization and treatment approaches with ORALAIR

Also, visit GREER® at Booth #115

3:05 – 3:30 pm

Product Theater 1

A Voyage Through the Lungs: Cytokines and Effector Cells in Asthma

Supported by Genentech

Presented by: Bradley Chipps, MD

Join us for an interactive exploration of the patho-physiology of moderate-to severe asthma. Discover the origins of hallmark signs such as airway hyperreactivity and mucus overproduction, explore the role of important Th2 cytokines such as IL-13, IL-5 and IL-4.

Also, visit Genentech at Booth #329

Sunday Product Theaters

These are commercial presentations conducted by exhibiting companies in specially constructed theaters on the exhibit floor. This year we will have **two Product Theaters located in Halls A & B** where a limited number of 25-minute and 55-minute sessions will be presented each day during the refreshment and lunch breaks. Product Theaters are non-CME forums organized by industry and designed to enhance your learning experience.

NOT FOR CREDIT

10:05 – 10:30 am

Product Theater 2

FeNO Let's Clear the Air

Supported by Aerocrine, Inc.

Presented by: Maeve O'Connor, MD

The American Thoracic Society has published official guidelines on how FeNO measurements should be used and interpreted in clinical practice. At this session, learn how you may reduce asthma exacerbations by utilizing FeNO measurements obtained with the NIOX VERO® device. An expert will be on hand to provide an overview of the clinical application of FeNO and provide a live demonstration of the device.

Also, visit Aerocrine at Booth #423

12:35 – 1:30 pm

Product Theater 1

Targeting IgE in the Management of Moderate to Severe Persistent Allergic Asthma: A Modular Speaker Program

Supported by Genentech | Novartis

Presented by: H. James Wedner, MD

Allergic asthma is a heterogeneous disease. You are cordially invited to join us for an engaging and actionable discussion about the heterogeneity and complexity of allergic asthma, as well as the clinical assessment of its control.

Also, visit Genentech | Novartis at Booths #329, 109

Product Theater 2

RUCONEST® (C1 esterase inhibitor [recombinant]) A Recombinant C1INH Treatment Option

Supported by Salix Pharmaceuticals, wholly-owned subsidiary of Valeant International, Inc.

Presented by: Marc Riedl, MD

Also, visit Salix Pharmaceuticals at Booth #523

Exhibits

Exhibit Halls AB • Henry B. Gonzalez Convention Center
Exhibit Hours:
3:00 – 6:00 pm, Friday
9:45 am – 4:30 pm, Saturday
9:45 am – 2:00 pm, Sunday

Aerocrine, Inc. — Booth 423

5151 McCrimmon Pkwy, Ste 260
Morrisville, NC 27560
Phone: (919) 655-7135 x135
Website: www.aerocrine.com
Contact Name: Laura Lee Merritt
Contact Email: laura.merritt@aerocrine.com

Aerocrine is a medical technology company focused on improving the treatment of patients with inflamed airways. Measuring airways inflammation helps doctors diagnose, monitor and optimize therapy for people with inflammatory airway diseases. The founders of Aerocrine emerged from the highly prestigious Karolinska Institute in Sweden where they were the first to identify nitric oxide (NO) as a marker of inflammation. Aerocrine has taken this significant discovery from laboratory to listed company and is now established in some of the worldís largest markets. Aerocrine, markets the NIOX MINO and the NIOX VERO, the only FDA approved FeNO monitors for clinical use.

Silver Partner

Alcon Laboratories, Inc. — Booth 308

6201 South Freeway
Fort Worth, TX 76134-2099
Phone: (800)862-5266
Website: www.alcon.com
Contact Name: Jennifer Carroll
Contact Email: jennifer.carroll@alcon.com

As the global leader in eye care, Alcon offers an extensive breadth of products serving the full lifecycle of patient needs across eye diseases, vision conditions and refractive errors, as well as ear infections. For more information, visit www.alcon.com.

ALK — Booth 108

1700 Royston Ln
Round Rock, TX 78660
Phone: (512) 252-4465

ALK is a research driven, global pharmaceutical company focusing on allergy treatment, prevention and diagnosis. As the world leader in allergy immunotherapy, a treatment given to increase immunity to substances causing allergic symptoms, ALK is devoted to improving the quality of life for people and their pets with allergies by creating products that treat the cause of allergies. ALK is also committed to supporting the business of allergy by providing diagnostic tools, automation software and customized business, technical and clinical consulting services.

Allergy & Asthma Network — Booth 114

8229 Boone Blvd Ste 260
Vienna, VA 22182-2661
Phone: (703) 641-9595
Website: www.allergyasthmanetwork.org
Contact Name: Beth Gannett

Patient-centered organization whose mission is to end needless death and suffering due to allergies, asthma and related conditions through advocacy, education, outreach and research.

Allergy & Asthma Proceedings — Booth 131

450 Veterans Memorial Parkway, Bldg #15
East Providence, RI 02914
Phone: (401) 331-2510
Fax: (401) 331-5138
Website: www.oceansidepubl.com
Contact Name: Ginny Loiselle
Contact Email: ginnyloiselle@oceansidepubl.com

The primary focus of Allergy & Asthma Proceedings is directed to the publication of articles with the highest degree of clinical relevance for the practicing allergist/immunologist. Additionally the Proceedings is committed to medical education and encourages the submission of manuscripts by Allergy/Immunology Fellows In Training. Academically, the Proceedings has established a 36 year reputation as a National Library of Medicine/PubMed indexed journal with print circulation at 5000 and impact factor of 3.061.

The Proceedings, together with *American Journal of Rhinology & Allergy and Allergy & Rhinology* (open access) are published by Oceanside Publications, Providence, RI.

Exhibits

Allergy Control Products — Booth 534

1620-D Satellite Blvd
Duluth, GA 30097
Phone: (770) 495-3360
Fax: (800) 395-9303
Website: www.allergycontrol.com
Contact Name: Laura Rispin
Contact Email: lrispin@allergypreventionteam.

For almost 30 years, Allergy Control Products has been a trusted source for helpful allergen avoidance information and effective allergy relief products. We value our relationship with ACAAI physicians and look forward to seeing physicians who have supported us throughout the years and to meeting new physicians who wish to learn more about environmental controls and how they can benefit patients.

Allergy Guardian — Booth 431

9525 Monroe Road, Suite 100
Charlotte, NC 28270
Phone: (704) 910-8075
Website: www.allergyguardian.com
Contact Name: Anne Patrick
Contact Email: apatrick@allergyguardian.com

Welcome to Allergy Guardian! Please stop by booth #431 to learn about our company, and our teaching tools for your office. Our "Ready, Set, Guard!" program will assist your patients in "Taking Action Against Allergens" and help identify the best allergen avoidance program for their condition. You can be assured your patients will receive the highest quality products at unbeatable manufacturer direct prices!

Allergy Laboratories, Inc. — Booth 627

1005 SW Second St
Oklahoma City, Oklahoma 73109
Phone: (800) 654-3971
Fax: (800) 811-3389
Website: www.allergylabs.com
Contact Email: sales@allergylabs.com

Allergy Laboratories, Inc. is proud to be the oldest American owned allergenic extract manufacturer. We produce a full range of diagnostic and therapeutic allergens, as well as sterile empty vials and pre-filled vials of allergenic extract diluting solutions. We invite your inquires.

Allergy Partners — Booth 433

1978 Hendersonville Road, Suite 130
Asheville, NC 28803
Phone: (828) 277-1300
Fax: (828) 277-2499
Website: www.allergypartners.com
Contact Name: Melody Interlicchia
Contact Email: melody@allergypartners.com

Allergy Partners, P.A. is the nation's largest allergy, asthma and immunology practice. Our network of 54 main practice locations spans 22 states and encompasses over 126 total locations of care. We currently have 117 allergists, 25 mid-level providers and over 850 employees providing care to more than 750,000 patients. As our reputation continues to grow, we are committed to our vision and to bringing only the best physicians and practices into our network.

Want to know more? Visit with us at our booth or contact Melody Interlicchia by email melody@allergypartners.com, or phone 828-277-1300.

American Board of Allergy & Immunology (ABAI) — Booth 112

111 S Independence Mall E, Ste 701
Philadelphia, PA 19106-2515
Phone: (215) 592-9466
Fax: (215) 592-9411
Website: www.abai.org
Contact Name: Gina Capozzoli

The ABAI was established in 1971 as a Conjoint Board of the ABIM and ABP. The internal medicine subspecialty existed from 1936-1971 and the pediatric subspecialty existed from 1944-1971. The ABAI is committed to working closely with its parent boards to maintain the highest educational and clinical standards in the specialty of allergy/immunology. The ABAI currently has 5, 440 Diplomats who are board-certified in Allergy and Immunology.

American Latex Allergy Association — Booth 120

63334 Lohmann Ln
Eastman, WI 54626-8725
Phone: (608) 874-4044
Website: www.latexallergyresources.org
Contact Name: Sue Lockwood
Contact Email: alert@latexallergyresources.or

The American Latex Allergy Association is the leading national, non-profit, latex allergy educational, advocacy and support organization, founded in 1993. ALAA's mission is to create awareness of latex allergy through education, and to provide support to allergists and their patients who have developed latex allergy. ALAA is one of the Lay Organizations that works closely with the ACAAI. We emphasize the reinforcement of the doctor-patient relationship through the provision of our educational materials. Our website provides alternative product lists, educational support, news updates and links. Follow us on Facebook and Twitter. Visit us at booth #120 to see our Latex Allergy 101 program, and other educational resources that are available. Including the booklet Living with Latex Allergy.

American Partnership for Eosinophilic Disorders (APFED) — Booth 536

PO Box 29545
Atlanta, GA 30359
Phone: (713) 493-7749
Website: www.apfed.org
Contact Name: Lisa Brunet
Contact Email: lisa@apfed.org

Founded in 2001, The American Partnership for Eosinophilic Disorders (APFED) is a 501c3 nonprofit organization whose mission is to passionately embrace, support, and improve the lives of patients and families affected by eosinophil-associated diseases through education and awareness, research, support, and advocacy. Please stop by our booth in the exhibit hall or visit apfed.org to learn about the programs, services, and resources we have available for providers and for patients.

Annals of Allergy, Asthma & Immunology — Booth 603

2500 North State St N416
Jackson, MS 39216
Phone: (601) 815-4871
Fax: (601) 815-4770
Website: www.annallergy.org

Asthma and Allergy Foundation of America (AAFA) — Booth 234

8201 Corporate Drive #1000
Landover, MD 20785
Phone: (202) 466-7643
Fax: (202) 466-8943
Website: www.aafa.org
Contact Name: Sanaz Eftekhari
Contact Email: sanaz@aafa.org

The Asthma and Allergy Foundation of American (AAFA) is dedicated to improving the quality of life for people with asthma and allergies by providing free patient education, advocating on behalf of patients, and supporting ongoing medical research. Kids With Food Allergies (KFA), a division of AAFA, offers free educational resources, recipes and monthly webinars. Please visit www.aafa.org or www.kidswithfoodallergies.org for more information.

Baxalta Medical Affairs — Booth 623

1 Baxter Parkway
Deerfield, IL 60015
Phone: (805) 416-6350
Website: www.baxalta.com
Contact Name: Chris Rabbat
Contact Email: christopher.rabbat@baxalta.com

The Baxalta Medical Affairs booth will be staffed by Baxalta Medical Affairs representatives who are able to answer medical and scientific questions about Baxalta's immune globulin products. For more information on the Immunology therapeutic area, please visit www.baxalta.com.

Gold Partner

Baxalta US, Inc. — Booth 217

1200 Lakeside Drive
Bannockburn, IL 60015
Phone: (224) 948-2000
Website: www.baxalta.com
Contact Name: Diane Evans
Contact Email: diane.evans@baxalta.com

Baxalta Incorporated is a global biopharmaceutical leader developing, manufacturing and commercializing transformative, market-leading therapies to treat orphan and underserved disease conditions in hematology, immunology and oncology. Our targeted innovation strategy and cutting-edge science, combined with strategic partnerships, come together to spark discovery and deliver innovation for patients with limited treatment options. Come visit Baxalta's booth, where our specialists will be available to answer your questions about Baxalta products and our commitment to the field of immunology. For more information on Baxalta's products and services, please visit www.baxalta.com.

BioRx Specialty Pharmacy — Booth 335

7167 East Kemper Road
Cincinnati, OH 45249
Phone: (801) 946-1072
Website: www.biorx.net
Contact Name: Jason Caywood
Contact Email: jcaywood@biorx.net

BioRx is a national specialty pharmacy and home infusion services provider of immunoglobulin therapy for primary immune deficiencies and auto immune related disorders. We provide personalized support and attention to the needs of patients and their treating physicians. BioRx specializes not only in pharmacy, but also nursing and education services to our patients. We are dedicated to providing exceptional service.

Silver Partner

Boehringer Ingelheim Pharmaceuticals, Inc. — Booth 134

900 Ridgebury Rd
Ridgefield, CT 06877
Phone: (203) 798-4346
Fax: (203) 794-1623
Website: www.boehringer-ingelheim.com
Contact Name: Heather Dubrosky

Boehringer Ingelheim Pharmaceuticals, Inc., the US subsidiary of Boehringer Ingelheim, headquartered in Germany, operates globally with more than 44,000 employees. The company is committed to researching, developing, manufacturing and marketing novel products of high therapeutic value for human and veterinary medicine. Visit http://us.boehringer-ingelheim.com. Follow us on twitter at @boehringerus.

Silver Partner

Boston Scientific Corporation — Booth 229

100 Boston Scientific Way
Marlboro, MA 01752
Phone: (508) 683-4597
Fax: (508) 683-5071

Boston Scientific is dedicated to transforming lives through innovative medical solutions and multi-disciplinary approaches that improve the health of patients around the world. We partner with Allergist asthma experts to advance the management and treatment of severe asthma. Bronchial Thermoplasty (BT) delivered by the Alair™ System is a safe, one-time, non-drug intervention for adult patients with severe asthma – clinically proven to provide long-lasting reduction in exacerbations. 79% of patients treated with BT report experiencing a significant improvement in their asthma-related quality of life. Visit us at booth #229 and at www.BTforAsthma.com.

Chiggy & N — Booth 125

83-09 Talbot Street #4C
Kew Gardens, NY 11415
Phone: (917) 690-1465
Website: www.chiggyandn.com
Contact Email: chadhamanish@hotmail.com

Chiggy & N specialize in allergen-blocking sunglasses for kids that are 98% effective at keeping out irritants including pollen, dust, dander, smog and sand. Bright colors and a modern design keep things fun, while adjustable, moldable rubber provides a customized and comfortable fit.

CLn Skin Care — Booth 122

100 Highland Park Village, #200
Dallas, TX 75205
Phone: (877) 992-7425
Fax: (877) 571-0037
Website: www.clnwash.com
Contact Name: Keaton Lawson
Contact Email: klawson@clnwash.com

CLn® Skin Care provides innovative, gentle, non-drying washes that effectively cleanse skin prone to eczema, infection, acne, folliculitis, and other conditions. The patented CLn® BodyWash has been through two clinical studies, conducted by internationally recognized dermatologists, for the treatment of staph bacteria colonized eczema, each demonstrating symptom improvement, exceptional safety, and tolerability in children as young as 6 months. www.clnwash.com

Crowell Systems — Booth 123

4235 South Stream Blvd, #100
Charlotte, NC 28217-3535
Phone: (704) 665-2000
Fax: (704) 665-2080
Website: www.medformixvue.com
Contact Name: Susan Burris
Contact Email: susan@crowellsystems.com

CSL Behring — Booth 323

1020 First Ave
King of Prussia, PA 19406
Phone: (610) 878-4322
Website: www.cslbehring.com
Contact Name: Lindsay Chelius
Contact Email: lindsay.chelius@cslbehring.com

CSL Behring is a global leader in plasma protein therapeutics. The company manufactures safe and effective plasma-derived and recombinant therapies for treating coagulation disorders, primary immune deficiencies, hereditary angioedema and inherited respiratory disease, and neurological disorders in certain markets. The company's products are also used in cardiac surgery, organ transplantation, burn treatment and to prevent hemolytic disease of the newborn. CSL Behring is a subsidiary of CSL Limited (ASX:CSL), a biopharmaceutical company with headquarters in Melbourne, Australia. For more information: www.cslbehring-us.com.

Dyax Corp. — Booth 509

55 Network Dr
Burlington, MA 01803
Phone: (617) 250-5842
Fax: (617) 453-5023
Website: www.kalbitor.com
Contact Name: Phil Herman
Contact Email: pherman@dyax.com

Dyax is a biopharmaceutical company focused on developing and commercializing novel therapeutics for patients with rare diseases. The Company is developing DX-2930, an investigational antibody for the prevention of hereditary angioedema (HAE) attacks. Dyax currently markets KALBITOR® (ecallantide) for the treatment of acute attacks of HAE in patients 12 years of age and older. To find out more and to see Important Safety Information and Full Prescribing Information, including Boxed Warning and Medication Guide, visit www.KALBITOR.com. For additional information about Dyax, please visit www.dyax.com.

eClinicalWorks — Booth 336

2 Technology Drive
Westborough, MA 01581
Phone: (508) 836-2700
Fax: (508) 836-4466
Website: www.eclinicalworks.com
Contact Name: Bhakti Shah
Contact Email: sales@eclinicalworks.com

Edge Pharmaceuticals, LLC — Booth 629

1181 S. Rogers Circle #14
Boca Raton, FL 33487
Phone: (877) 580-3343
Fax: (877) 581-3343
Website: www.edgepharmaceuticals.com
Contact Name: Richard Aloi
Contact Email: sales@edgepharmaceuticals.com

ELSEVIER, INC. — Booth 601

1600 JFK Blvd, Ste 1800
Philadelphia, PA 19103-2899
Phone: (215) 239-3900
Fax: (215) 239-3990
Website: www.elsevierhealth.com
Contact Name: Nicole Zuxman

Food Allergy & Anaphylaxis Connection Team (FAACT) — Booth 437

PO Box 511
West Chester, OH 45071
Phone: (815) 276-3015
Fax: (513) 342-1239
Website: www.foodallergyawareness.org
Contact Name: Eleanor Garrow-Holding
Contact Email: eleanor.garrow@foodallergyawareness.org

FAACT's mission is to educate, advocate, and raise awareness for all individuals and families affected by food allergies and life-threatening anaphylaxis. FAACT is the voice for food allergy awareness in communities across the country, speaking out on issues such as keeping children safe at school, dealing with workplace issues, or enabling families to simply go out for a bite to eat. FAACT educates families living with food allergies about their children's rights to safely and equally participate at school alongside non-allergic individuals. We can help families across the country live with food allergies and life-threatening anaphylaxis – today, tomorrow, and into the future.

Exhibits

Gold Partner

Genentech
Booth 329

1 DNA Way
South San Francisco, CA
Phone: (650) 238-8040
Website: www.gene.com
Contact Name: Sue Garcia
Contact Email: sgarcia@gene.com

Considered the founder of the industry, Genentech, now a member of the Roche Group, has been delivering on the promise of biotechnology for over 35 years. At Genentech, we use human genetic information to discover, develop, manufacture and commercialize medicines to treat patients with serious or life-threatening medical conditions. Today, we are among the world's leading biotech companies, with multiple products on the market and a promising development pipeline

GlaxoSmithKline
Booth 535

Five Moore Drive
Research Triangle Park, NC 27709
Phone: (888) 825-5249
Website: www.gsk.com

GlaxoSmithKline is a leading research-based pharmaceutical company with a powerful combination of skills to discover and deliver innovative medicines. We offer a number of program resources to support effective health management strategies and improve patient care. Please visit our exhibit to learn more about our products and resources.

Greer
Booth 115

PO Box 800
639 Nuway Circle NE
Lenoir, NC 28645-0800
Phone: (828) 754-5327
Fax: (828) 754-5320
Website: www.greerlabs.com
Contact Email: humanallergy@greerlabs.com

GREER® is a leading developer and provider of allergy immunotherapy products and services for treating humans and animals. As part of its commitment to allergy immunotherapy innovation, GREER's clinical development programs are focused on sublingual allergy immunotherapy liquid (SAIL)™. GREER also markets ORALAIR®, a sublingual allergy immunotherapy tablet with a mix of five grass allergen extracts, in the United States through its partnership with STALLERGENES. Sublingual immunotherapy is an extension of GREER's allergy immunotherapy products and provides another treatment option for allergy specialists to offer patients.

GREER was founded in 1904 and is located in Lenoir, North Carolina. For more information, visit www.greerlabs.com.

Healix Infusion Therapy
Booth 628

14140 SW Freeway, Suite 400
Sugar Land, TX 77478
Phone: (281) 295-4000
Website: www.healix.net

As a national leader in managing Office Infusion Centers, Healix® offers customizable infusion therapy solutions for medications administered in the physician's office or self-administered at home. The Healix immunology program is a flexible suite of clinical and business services created to help in-source patient care and related billing for our client's patient population. Additionally, we provide clinical staffing, inventory management, drug procurement and revenue cycle management. To learn more, visit us online at www.healix.net.

HollisterStier Allergy — Booth 309

3525 N Regal St
Spokane, WA 99207
Phone: (800) 992-1120
Fax: (800) 752-6258
Website: www.hsallergy.com
Contact Name: Customer Service
Contact Email: customerservice@jhs.jubl.com

In 1921, after watching family members suffer from allergies, chemist Guy Hollister and pathologist Robert Stier came together to develop a treatment. Today, we continue our mission to improve the lives of allergy sufferers. At HollisterStier Allergy, we provide allergists with tools for comprehensive allergy testing and treatment by offering a complete line of immunotherapy supplies such as diagnostic devices and sterile empty vials, as well as allergen extracts, and positive and negative controls. We continually strive to improve the treatment of allergies, a dedication that has led to some unique products like multiple skin test devices and phenol free antigens.

Immune Deficiency Foundation — Booth 613

110 West Road, Suite 300
Towson, MD 21204-4803
Phone: (410) 321-6647
Fax: (410) 321-9165
Website: www.primaryimmune.org
Contact Email: info@primaryimmune.org

The Immune Deficiency Foundation is the national patient organization dedicated to improving the diagnosis, treatment and quality of life of persons with primary immunodeficiency diseases through advocacy, education and research.

Infinite Therapeutics — Booth 614

68 Rt 125
Kingston, NH 03848
Phone: (603) 347-6006
Fax: (603) 642-9291
Website: www.infinitymassagechairs.com
Contact Email: info@infinitymassagechairs.com

The Infinity Riage, the most advanced therapeutic massage chair available. Covering 35% more of your body with the first glute massage, the Riage delivers stress relief like no other. State of the art roller foot reflexology, sensors for customized massage, lumbar heat and Bluetooth music streaming, endless luxury, ULTIMATE MASSAGE!

Inspirotec, Inc. — Booth 605

2516 Waukegan Road
Glenview, IL 60025
Phone: (847)508-8222
Website: www.inspirotec.com
Contact Name: Frank Bart
Contact Email: fbart@inspirotec.com

Inspirotec provides environmental data to help people take control of their health. The company's first product provides consumers affected by allergies and asthma with an aeroallergen assessment of their homes and other indoor environments. It leverages a proprietary technology and lab service to collect, identify, and quantify aeroallergens. The data generated empowers consumers with information that can potentially reduce their symptoms and long-term medication need.

Lauren's Hope Medical ID — Booth 124

4823 NW Gateway Ave
Riverside, MO 64150
Phone: (800) 360-8680
Website: www.laurenshope.com
Contact Name: LeAnn Carlson
Contact Email: leann@laurenshope.com

Lauren's Hope Medical ID Jewelry is an international e-commerce retailer based just outside Kansas City, Missouri. Since the company's original innovation of stylish, interchangeable medical ID bracelets in 2001, LH has retained its position as the industry leader in fashionable medical alert jewelry. With consistent innovations, high quality products, handcrafted jewelry, outstanding custom engraving, the industry's best customer service, and an unparalleled warranty, Lauren's Hope is proud to provide both stylish and traditional medical IDs that people with all manner of medical concerns enjoy wearing every day.

Lincoln Diagnostics, Inc. — Booth 515

PO Box 1128
Decatur, IL 62525
Phone: (800) 537-1336
Fax: (217) 877-5645
Website: www.lincolndiagnostics.com
Contact Name: John J. Lenski, Jr.
Contact Email: jlenski@lincolndiagnostics.com

Lincoln Diagnostics is displaying state of the art, safety-engineered skin testing devices manufactured under ISO 13485 quality standards; Multi-Test® PC (Pain Control), UniTest® PC (Pain Control), Multi-Test® II, Multi-Test®, Duotip-Test® II, and Duotip-Test®. Please visit our exhibit to learn about the economic value of using Lincoln's devices and why they are the most widely used and most extensively published on devices available.

Exhibits

Locallogy Digital Marketing — Booth 436

PO Box 4088
Dublin, OH 43016
Phone: (614) 602-5200
Fax: (877) 580-5202
Website: www.locallogy.com
Contact Name: Bryan Sirak
Contact Email: bryan@locallogy.com

Locallogy is a digital marketing agency based in Columbus, OH. We work with local businesses to provide the most efficient, cost effective online marketing solutions that are designed and managed to fit our clients' budgets and get them more customers. From website design to paid ads management and search engine optimization, we are a digital marketing one-stop-shop. Whatever we do is backed by money back guarantee as well as our extensive experience in local business marketing and in-depth knowledge of online technology.

Lupin Pharmaceuticals, Inc — Booth 607

111 South Calvert Street 21st Floor
Baltimore, MD 21202
Phone: (410) 576-2000
Fax: (443) 478-1040
Website: www.lupinpharmaceuticals.com
Contact Name: Shantiera Williams

Matrix GPO — Booth 435

255 Technology Park
Lake Mary, FL 32746
Phone: (407) 444-5304
Fax: (877) 268-1330
Website: www.matrixgpo.com
Contact Name: Evette Rivera
Contact Email: erivera@curascript.com

As a provider focused, multi-disciplinary GPO, the membership of Matrix spans the continuum of disease state specialties. Designed with the intentional goal of supporting the long-term viability of the community-based specialist, the services provided through Matrix GPO affords its members a range of practice resources and access to competitive pricing across a broad portfolio of specialty pharmaceuticals. Aggregating the volume and capabilities of many equates to greater value and contracting leverage for the individual. Matrix GPO harnesses the purchasing strength of its members, collectively, to offer products and services that support the independent practitioners and clinics that serve patients at the local and regional level. https://matrixgpo.com/

Mayo Clinic — Booth 227

200 First St SW
Rochester, MN 55905
Phone: (507) 284-4873
Website: www.mayoclinic.org
Contact Name: Rose Cuenta
Contact Email: Cuenta.Rose@mayo.edu

Mayo Clinic is ranked number one in more specialties than any other hospital in the nation for 2015-2016 by U.S. News and World Report. We are the largest integrated, not-for-profit medical group practice in the world with approximately 3,800 physicians and scientists across all locations working in a unique environment that brings together the best in patient care, groundbreaking research and innovative medical education. We offer a highly competitive compensation package, which includes exceptional benefits, and have been recognized by FORTUNE magazine as one of the top 100 "Best Companies to Work For". For more information visit www.mayoclinic.org/physician-jobs

Diamond Partner

Meda Pharmaceuticals — Booth 315

265 Davidson Ave
Somerset, NJ 08873
Phone: (732) 564-2421
Fax: (732) 564-2421
Website: www.symbiotix.com
Contact Name: Rachel Kenney
Contact Email: rkenney@symbiotix.com

Meda is a leading international specialty pharma company with a broad product portfolio and its own sales organizations in almost 60 countries. Including those markets where sales are managed by distributors, Meda's products are sold in more than 120 different countries. Meda's product portfolio is divided into three main areas: specialty products, OTC (nonprescription products) and branded generics. In the United States, Meda has a strong history in respiratory innovation, with a focus in allergy and asthma.

Meditab Software, Inc. – Allergy EHR — Booth 328

100 Century Parkway, Suite 150
Mt. Laurel, NJ 08054
Phone: (510) 913-3969
Fax: (510) 259-9731
Website: www.allergyehr.com

Empowering our clients with cutting-edge technology to meet future health care needs today. Meditab, a leading software solutions company, founded in 1998 has been continuously changing the landscape of health care delivery through forward thinking, innovative collaborations, exceptional service and best in class technology. Our mission: to create the most advanced, intuitive technology solutions that enable health care providers to practice better medicine.

We are unyielding in our effort to develop superior products that remain relevant and diversify the way health care is delivered. At Meditab, we live to invent a new age of health care where technology fuels better quality of care for patients.

Gold Partner

Merck & Co., Inc. — Booth 201

2000 Galloping Hill Road
Kenilworth, NJ 07033
Phone: (908) 423-1000
Website: www.merck.com
Contact Name: Cynthia P. Sucro

Today's Merck is a global health care leader working to help the world be well. Merck is known as MSD outside the United States and Canada. Through our prescription medicines, vaccines, biologic therapies, and consumer care and animal health products, we work with customers and operate in more than 140 countries to deliver innovative health solutions. We also demonstrate our commitment to increasing access to health care through far-reaching policies, programs and partnerships that donate and deliver our products to the people who need them. For more information, visit www.merck.com.

Micro Direct, Inc. — Booth 237

803 Webster St
Lewiston, ME 04240
Phone: (207) 786-7808
Fax: (207) 786-7280
Website: www.mdspiro.com

Micro Direct is pleased to offer Total Spirometry Solutions with five models priced from $650 to $2,295, all designed to meet your needs; and each with your choice of inexpensive cardboard mouthpieces, one-way mouthpieces or full protection pulmonary filters. Micro Direct also offers an inexpensive peak flow meter and a finger pulse oximeter. Stop by our booth to see the complete Micro Direct product line and ask about our show specials!

At Micro Direct, our mission is clear, to provide innovative, high-quality respiratory products at a fair price and the customer support and great service you expect.

Mission: Allergy, Inc. — Booth 222

28 Hawleyville Rd
Hawleyville, CT 06440
Phone: (203) 364-1570 x2000
Fax: (203) 426-5607
Website: www.missionallergy.com

Leading allergists and allergy divisions recommend Mission: Allergy for its scientific accuracy and high quality products for allergen avoidance. We manufacture our own microfiber pillow and mattress encasings and comforters, and distribute other effective products including AD RescueWear garments for wet-wrap therapy of atopic dermatitis. Please stop by our booth to request your free supply of our informative Allergy Self-Help Guide for patients, and to view an unusual display of live Dust Mites.

ModuleMD, LLC — Booth 228

8359 Office Park Dr
Grand Blanc, MI 48439
Phone: (877) 347-7978
Fax: (810) 695-5720
Website: www.modulemd.com
Contact Email: info@modulemd.com

For over 15 years, ModuleMD has been a leader in EHR Cloud Technology solutions. ModuleMD WISE™ delivers peak clinical, operational and financial performance to physician practices. When you select ModuleMD WISE™ for your practice, you receive more than just a product or a service, you have a dedicated partner with an interest in your practice's success. In addition to technology, ModuleMD offers billing and revenue management services, which enhances ModuleMD's leadership in the area of Practice Management. Solutions – not just software.

MotherToBaby — Booth 126

9500 Gilman Dr, MC 0828
La Jolla, CA 92093
Phone: (877) 311-8972
Fax: (858) 246-1710
Website: www.pregnancystudies.org
Contact Name: Diana Johnson
Contact Email: otisresearch@ucsa.edu

MotherToBaby, a non-profit service of the Organization of Teratology Information Specialists (OTIS), is dedicated to providing evidence-based information to mothers, health care professionals, and the general public about medications and other exposures during pregnancy and while breastfeeding. MotherToBaby's research division is conducting an observational research study to evaluate the effects to the fetus from asthma and the safety of medications and vaccinations used during pregnancy.

Gold Partner

Mylan Inc. — Booth 501

1000 Mylan Blvd
Canonsburg, PA 15317
Phone: (724) 514-1800
Website: www.mylan.com

Mylan is a global pharmaceutical company committed to setting new standards in health care. We offer a growing portfolio of ~1,400 generic pharmaceuticals and several brand medications. Our Specialty business focuses on the development, manufacturing and marketing of prescription drug products for respiratory diseases, life-threatening allergic reactions, general anesthesia and psychiatric disorders.

National Allergy Supply, Inc. — Booth 233

1620-D Satellite Blvd
Duluth, GA 30097
Phone: (770) 495-3360
Fax: (800) 395-9303
Website: www.nationalallergy.com
Contact Name: Laura Rispin
Contact Email: lrispin@allergypreventionteam.com

Just like you, National Allergy believes that avoiding airborne allergens can help improve patient outcomes. We are firmly established as the leader in the allergen avoidance products market having sold to hundreds of thousands of customers through the referrals of thousands of doctors since our start in 1988. Our colorful patient flyers are super easy to use as compared to bulky catalogs and offer your patients a generous discount on their first order with us. Our BedCare barrier encasings are made in the USA and set the standard for comfort, quality, and affordable allergen protection.

ndd Medical Technologies — Booth 618

300 Brickston Square
Andover, MA 01810
Phone: (978) 470-0923
Fax: (978) 470-0924
Website: www.nddmed.com
Contact Name: Cathy Harris
Contact Email: customerservices@nddmed.com

ndd Medical Technologies is committed to setting new standards in pulmonary function testing by offering innovative, easy to use products and excellent customer support. Our newest product, The EasyOne Pro® LAB offers all the benefits of the EasyOne Pro® – Single Breath CO Diffusion in one square foot - with Multiple-Breath Nitrogen Washout for the measurement of FRC and LCI. The EasyOne® Plus series of spirometers are based on the best technology, packed with features and easy to use; while the Easy on-PC offers real time curves and pediatric incentives.

NeilMed Pharmaceuticals, Inc. — Booth 213

601 Aviation Blvd
Santa Rosa, CA 95404
Phone: (707) 525-3784
Fax: (707) 525-3785
Website: www.neilmed.com
Contact Email: tradeshow@neilmed.com

The mission of the company is to create and maintain safe, affordable and effective products to sustain long-term growth and create drug free and effective nasal/sinus, ear and wound care devices for millions of consumers worldwide. Please visit the website www.neilmed.com for more details.

Novartis Pharmaceuticals Corporation **Booth 109**

1 Health Plaza
East Hanover, NJ 07936
Phone: (888) 669-6682
Website: www.us.novartis.com

Novartis Pharmaceuticals is dedicated to discovering, developing, manufacturing and marketing prescription drugs that help meet our customers' medical needs and improve their quality of life.

nSpire Health, Inc. **Booth 429**

1830 Lefthand Circle
Longmont, CO 80501
Phone: (800) 574-7374
Fax: (800) 574-7373
Website: www.nspirehealth.com

nSpire Health™ is a global respiratory information systems software developer and medical device manufacturing company. We are the exclusive provider and developer of Iris™, the world's first Integrated Respiratory Information System, and KoKo® pulmonary function, diagnostic spirometry, and respiratory home monitoring devices. Together, our expert, scalable software solutions and sophisticated data collection products empower health care providers to advance respiratory diagnostic processes, and improve patient outcomes while meeting the demanding clinical and business objectives of thought leaders in respiratory care.

Perrigo Company **Booth 633**

490 Eastern Ave
Allegan, MI 49010
Phone: (800) 827-2296
Website: www.perrigo.com
Contact Name: Kelly Smallegan-Maas
Contact Email: kelly.smallegan-maas@perrigo.com

Perrigo Company plc is a leading global health care supplier that develops, manufactures and distributes over-the-counter (OTC) and prescription (Rx) pharmaceuticals, nutritional products, and active pharmaceutical ingredients (API), as well as receives royalties from Multiple Sclerosis drug Tysabri®. The company is the world's largest manufacturer of OTC pharmaceutical products for the store brand market and an industry leader in pharmaceutical technologies.

Pharmaceutical Specialties, Inc. **Booth 230**

1620 Industrial Dr NW
Rochester, MN 55901
Phone: (507) 288-8500
Fax: (507) 288-7603

We develop and manufacture skin care products for people who need, or want, to avoid many of the common chemical irritants found in ordinary skin care products. Our products are free of: dyes, fragrance, masking fragrance, lanolin, parabens, and formaldehyde. These include Vanicream™, Vaniply™, and Free & Clear™ lines of skin and hair care products.

Protein Sciences Corporation **Booth 617**

1000 Research Pkwy
Meriden, CT 06450
Phone: (203) 686-0800
Fax: (203) 686-0268
Website: www.proteinsciences.com
Contact Name: Dan Adams
Contact Email: danadams@proteinsciences.com

Flublok® influenza vaccine is the only flu vaccine made without eggs. It contains three times more active ingredients than traditional vaccines, is highly purified and unlike other flu vaccines does not contain influenza virus, antibiotics, formaldehyde, preservatives, latex, gluten or gelatin.

Results of a field study during the 2014/15 flu season of subjects aged 50+ comparing Flublok to a licensed influenza vaccine produced in eggs showed that Flublok recipients were about 45% less likely to contract the flu than egg-derived vaccine recipients. When infection by the most dangerous H3N2 virus was isolated the protection by Flublok was over 50% better.

PulmOne Advanced Medical Devices **Booth 135**

31240 Prairie Ridge Road
Libertyville, IL 60048
Phone: (847) 275-8873
Fax: (847) 367-5938
Website: www.pulm-one.com

PuraCap Pharmaceutical **Booth 616**

1001 Durham Ave, Suite 300
South Plainfield, NJ 07080
Phone: (908) 941-5456
Fax: (908) 941-5457
Website: www.spiceram-us.com
Contact Name: Natalia Carbajal
Contact Email: natalia.carbajal@puracappharma.com

EpiCeram® Controlled Release Skin Emulsion is a ceramide-dominant emulsion for the treatment of atopic dermatitis (Rx only). EpiCeram® is a steroid-free, fragrance-free, con-comedogenic, paraben-free, propylene glycol-free and available in a 90g tube and a 225g airless pump. To learn more about EpiCeram®, please visit www.epiceram-us.com.

Exhibits

Rabbit Air

Booth 434

125 N Raymond Ave, Ste 308
Pasadena, CA 91103
Phone: (888) 866-8862
Fax: (626) 396-9170
Website: www.rabbitair.com
Contact Name: Wei Chen
Contact Email: Customerservice@rabbitair.com

Our Los Angeles-based company is dedicated to improving quality of life through clean air. Rabbit Air's purifiers have a HEPA filter so advanced that it not only traps but also reduces buildup of common allergens for optimum efficiency and performance. Certified asthma & allergy friendly™ by the Asthma and Allergy Foundation of America, our MinusA2 air purifier offers a choice of filters to target specific contaminantsópet dander, germs, chemical toxins, and odorsóand defends even the most sensitive respiratory systems. Our products are portable and customized filters are interchangeable to grow with families and their environments.

Rosch Visionary Systems, Inc.

Booth 529

501 Howard Ave, Ste A204
Altoona, PA 16601
Phone: (800) 307-3320
Fax: (814) 941-1115
Website: www.roschvisionary.com
Contact Name: RVS Sales Team
Contact Email: rvssales@roschvisionary.com

Rosch Visionary Systems is the leading provider of allergy software. Rosch Immunotherapy, our shot room automation software, designed to safely and effectively manage allergy extract mixing, injections and reactions. Not only is our system lined with multiple safety features, but our system complies with all new regulations involving the 2013 Compounding Allergenic Extract Rule, 95165 Renewal Checklist, ICD-10 billing, and much more.

Our newest addition, Rosch Skin Testing, electronically records all prick and intradermal using the results to quickly and easily build the patient's immunotherapy prescription, which is integrated with Rosch Immunotherapy.

Patient compliance is a must for a successful allergy practice. Visionary Allergy Tracker (VAT) will remind patients when they are due for their next injection via text, email, and push notifications as well as tracking their immunotherapy history via our state-of-the-art phone app.

Use the Rosch Allergy Software suite as a standalone system or interface with your existing PM / EMR.

Salix Pharmaceuticals, Inc.

Booth 523

8510 Colonnade Center Drive
Raleigh, NC 27615
Phone: (919) 862-1000
Website: www.salix.com

Silver Partner

Sanofi

Booth 409

55 Corporate Dr
Bridgewater, NJ 08807
Phone: (908) 268-1229

Sanofi, a global and diversified health care leader, discovers, develops and distributes therapeutic solutions focused on patients' needs. Sanofi has core strengths in the field of health care with seven growth platforms: diabetes solutions, human vaccines, innovative drugs, rare diseases, consumer health care, emerging markets and animal health and the new Genzyme. Sanofi is listed in Paris (EURONEXT: SAN) and in New York (NYSE: SNY). Sanofi is the holding company of a consolidated group of subsidiaries and operates in the United States as Sanofi U.S. For more information on Sanofi U.S., please visit www.sanofi.us or call 1-800-981-2491.

Sanofi-Chattem

Booth 209

55 Corporate Dr
Bridgewater, NJ 08807

Chattem, Inc. is part of the Sanofi-Aventis Group. Sanofi U.S. is an affiliate of Sanofi-Aventis, a leading global pharmaceutical company that discovers, develops, and distributes therapeutic solutions to improve lives. Sanofiaventis is listed in Paris (EURONEXT: SAN) and in New York (NYSE: SNY).

Gold Partner

Shire Pharmaceuticals

Booth 101

300 Shire Way
Lexington, MA 02421
Phone: (617) 349-0200
Website: www.shire.com

Shire enables people with life-altering conditions to lead better lives. Our strategy is to focus on developing and marketing innovative specialty medicines to meet significant unmet patient needs. We provide treatments in Neuroscience, Rare Diseases, Gastrointestinal, and Internal Medicine and we are developing treatments for symptomatic conditions treated by specialist physicians in other targeted therapeutic areas, such as Ophthalmology.

SmartPractice — Booth 532

3400 E McDowell Rd
Phoenix, AZ 85008
Phone: (602) 225-0595
Fax: (602) 225-0599
Website: www.smartpractice.com/dermatology
Contact Name: Kristine Schreiber
Contact Email: kschreiber@smarthealth.com

SmartPractice – we make patch testing success as easy as 1 – 2 – 3!

Solutionreach — Booth 235

2912 Executive Pkwy, Ste 300
Lehi, UT 84043
Phone: (866) 605-6867
Website: www.solutionreach.com
Contact Email: sales@solutionreach.com

Patient Relationship Management. Solutionreach is a cloud-based platform of solutions for health care providers to increase revenue, decrease costs, and maximize their office efficiency. With a powerful array of tools that also accelerate new patient generation, Solutionreach automatically engages patients before, during, and after their appointments to maintain a base of active, loyal patients. By delivering the right message, to the right patient, at the right time, Solutionreach helps you make every patient the only patient.

Teva Pharmaceuticals — Booth 417

41 Moore Rd
Frazer, PA 19355
Phone: (816) 718-1624
Website: www.tevausa.com
Contact Name: Evonne Matthews
Contact Email: evonne.matthews@comcast.net

At Teva, we're passionate about improving quality of life and health care globally. This is our ongoing mission as we touch the lives of millions of patients every day, and billions of patients every year

Diamond Partner

Teva Respiratory, LLC — Booth 400

41 Moore Rd
Frazer, PA 19355
Phone: (816) 718-1624
Website: www.tevausa.com
Contact Name: Evonne Matthews
Contact Email: evonne.matthews@comcast.net

Stop by our booth to learn more about Qvar® (beclomethasone dipropionate HFA) & ProAir HFA® (albuterol sulfate). Information, educational materials, and resources to benefit your practice will be available.

The Mastocytosis Society — Booth 334

PO Box 129
Hastings, NE 68902-0129
Phone: (952) 905-6778
Website: www.tmsforacure.org
Contact Name: Mishele Cunningham
Contact Email: education@tmsforacure.org

Thermo Fisher Scientific — Booth 528

4169 Commercial Avenue
Portage, MI 49002
Phone: (800) 346-4364
Fax: (888) 243-5214
Website: www.thermoscientific.com

Thermo Fisher Scientific Inc. (NYSE: TMO) is the world leader in serving science, with revenues of $17 billion and approximately 50,000 employees in 50 countries. Our mission is to enable our customers to make the world healthier, cleaner and safer. We help our customers accelerate life sciences research, solve complex analytical challenges, improve patient diagnostics and increase laboratory productivity. Through our premier brands – Thermo Scientific, Applied Biosystems, Invitrogen, Fisher Scientific and Unity Lab Services – we offer an unmatched combination of innovative technologies, purchasing convenience and comprehensive support. For more information, please visit www.thermofisher.com.

ThinkLabs Medical — Booth 326

6500 Quebec St. #250
Centennial, CO 80111
Phone: (303) 525-3458
Website: www.thinklabs.com
Contact Name: Clive Smith
Contact Email: csmith@thinklabs.com

Thinklabs Medical creates state-of-the-art digital stethoscopes, including one, the smallest, most powerful stethoscope in the world. Thinklabs One features patented electromagnetic diaphragm technology, which provides exceptional sound quality and more than 100 times amplification. One is a favorite among clinicians in telehealth, medical education, infectious disease and veterinary applications, and anyone who demands studio-quality sound. Founded in 1991 and led by Clive Smith, a Caltech-educated electrical engineer, Thinklabs has been showcased in The New York Times and Contemporary Pediatrics, and selected by ColoradoBiz Magazine as one of the top 25 manufacturers in 2015. For more information, visit www.thinklabs.com.

Via Christi Health — Booth 631

1100 N St Francis, 4th Floor
Wichita, KS 67214
Phone: (316) 268-8179
Fax: (316) 291-7980
Website: www.vcdocjobs.com
Contact Name: Erin Railsback
Contact Email: erin.railsback@viachristi.org

Via Christi Health's rich history of serving the people of Kansas and the surrounding region dates back more than 100 years to the healing ministries of our founding congregations. Today, Via Christi Health is the largest provider of health care services in Kansas. Employing over 200 Physicians across 40 specialties, there is a vast opportunity to build your practice within Via Christi Health and the communities we serve. We are seeking an Allergy & Asthma Physician to join our full spectrum allergy practice and provide quality care to our extensive patient base in Wichita, KS.

Viracor-IBT Laboratories — Booth 312

1001 NW Technology Dr
Lee's Summit, MO 64086
Phone: (800) 305-5198
Fax: (816) 347-0143
Website: www.viracoribt.com
Contact Name: Leo Bachicha
Contact Email: leo.bachicha@viracoribt.com

With over 30 years of specialized expertise in infectious disease, immunology and allergy testing for immunocompromised and critical patients, Viracor-IBT is committed to helping medical professionals, transplant teams, reference labs and biopharmaceutical companies get results faster, when it matters most. Viracor-IBT is passionate about delivering value to its clients by providing timely, actionable information, never losing sight of the connection between the testing it performs and the patients it ultimately serves. For more information, please visit www.viracoribt.com.

Vitalograph, Inc. — Booth 129

13310 W 99th St
Lenexa, KS 66215
Phone: (913) 730-3216
Fax: (913) 730-3232
Website: www.vitalograph.com
Contact Name: Rich Rosenthal

World Allergy Organization (WAO) — Booth 615

555 E Wells St, Ste 1100
Milwaukee, WI 53202
Phone: (414) 276-1791
Fax: (414) 276-3349
Website: www.worldallergy.org
Contact Name: Jennie Smazik Socha
Contact Email: jsmazik@worldallergy.org

The World Allergy Organization (WAO) is an international umbrella organization whose members consist of 95 regional and national allergology and clinical immunology societies from around the world. By collaborating with member societies, WAO provides direct educational outreach programs, symposia and lectureships to members in nearly 100 countries around the globe.

Xlear, Inc.

Booth 337

PO Box 1421
American Fork, UT 84003
Phone: (801) 492-2062
Fax: (801) 492-8011
Website: www.xlear.com
Contact Name: Annie Higa
Contact Email: annie@xlear.com

Xlear, Inc., the most trusted name in xylitol, utilizes the natural sweetener in a range of nasal and sinus care products. Clinical studies show that xylitol can be used to improve upper respiratory health by inhibiting bacterial adhesion and assisting the body's cleansing processes.

Xoran Technologies, LLC

Booth 630

5210 South State Rd
Ann Arbor, MI 48108-7936
Phone: (800) 709-6726
Fax: (734) 418-5001
Website: www.xorantech.com
Contact Name: Rachel Gajda
Contact Email: info@xorantech.com

Xtract Solutions

Booth 128

9954 SW Arctic Dr
Beaverton, OR 97005
Phone: (503) 379-0110
Fax: (503) 715-1378
Website: www.xtractsolutions.com
Contact Name: James Baker
Contact Email: james@xtractsolutions.com

Xtract Solutions is pleased to introduce advanced technology dedicated to your clinics Immunotherapy Workflow. Our suite of integrated software systems include skin testing, vial preparation, and injection. The systems allow you to efficiently and safely manage your immunotherapy patients in an innovative process that truly adds to your patient interactions and staff experience. Benefits include; patient reminders for shots to improve compliance, injection histories available in your EMR to better evaluate patient immunotherapy progress, fingerprint and barcode verification that ensures bottles were mixed accurately and injections given correctly, and overall efficiency increases from our modern, user friendly, touchscreen interface.

Yodle

Booth 530

330 W 34th St, 18th Floor
New York, NY 10001
Phone: (888) 381-0774
Website: www.yodle.com
Contact Email: info@yodle.com

Yodle, a leader in local online marketing, empowers local businesses to find and keep their customers simply and profitably. Yodle offers all the online marketing essentials that local businesses need through one easy-to-use, affordable and automated platform, fully supported by a live customer service team. Today, Yodle simplifies success for 50,000+ local businesses.

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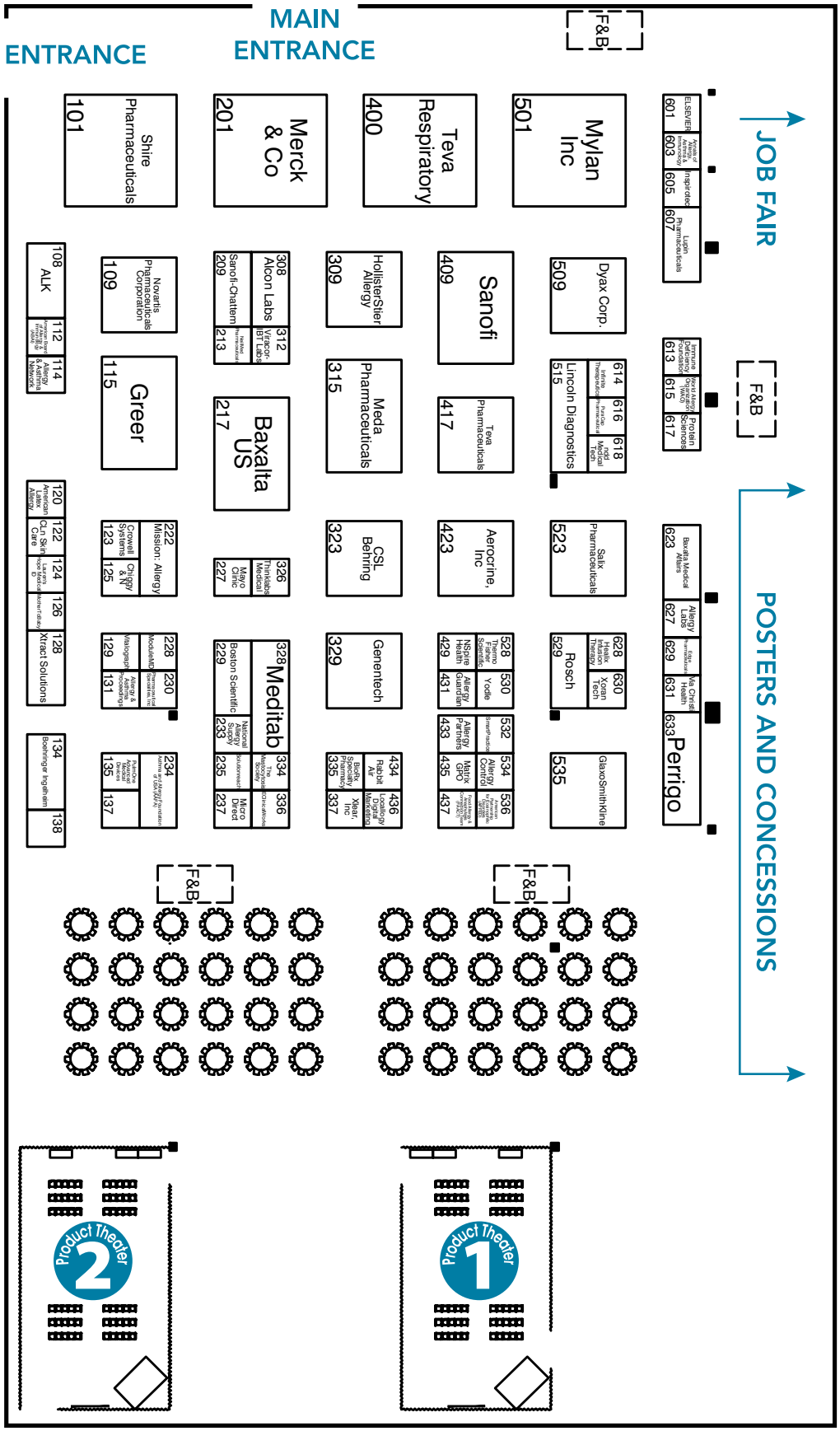
Exhibits – Listed by Company Name

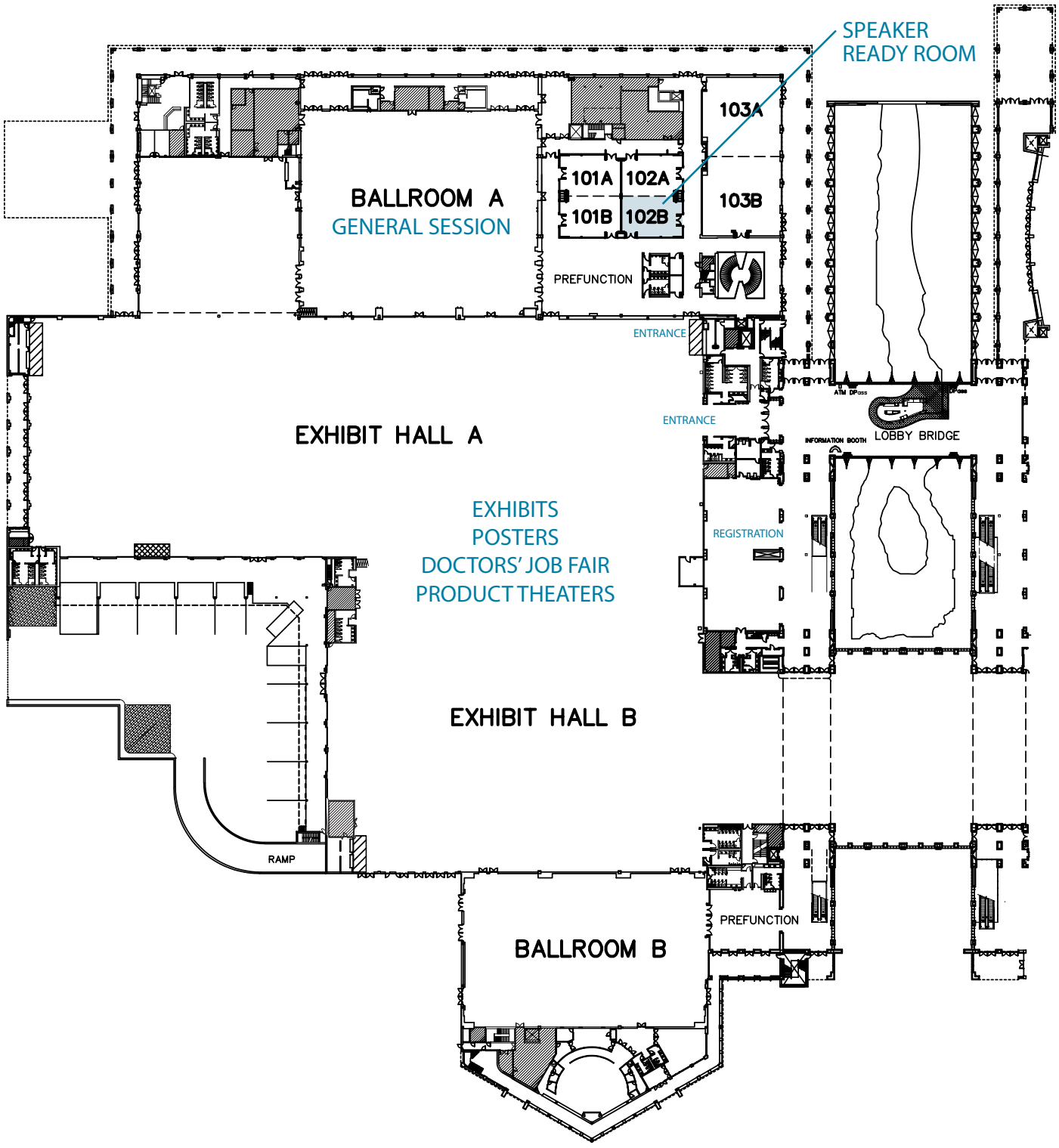
Exhibit Hall Map

Exhibit Halls AB • Henry B. Gonzales Convention Center



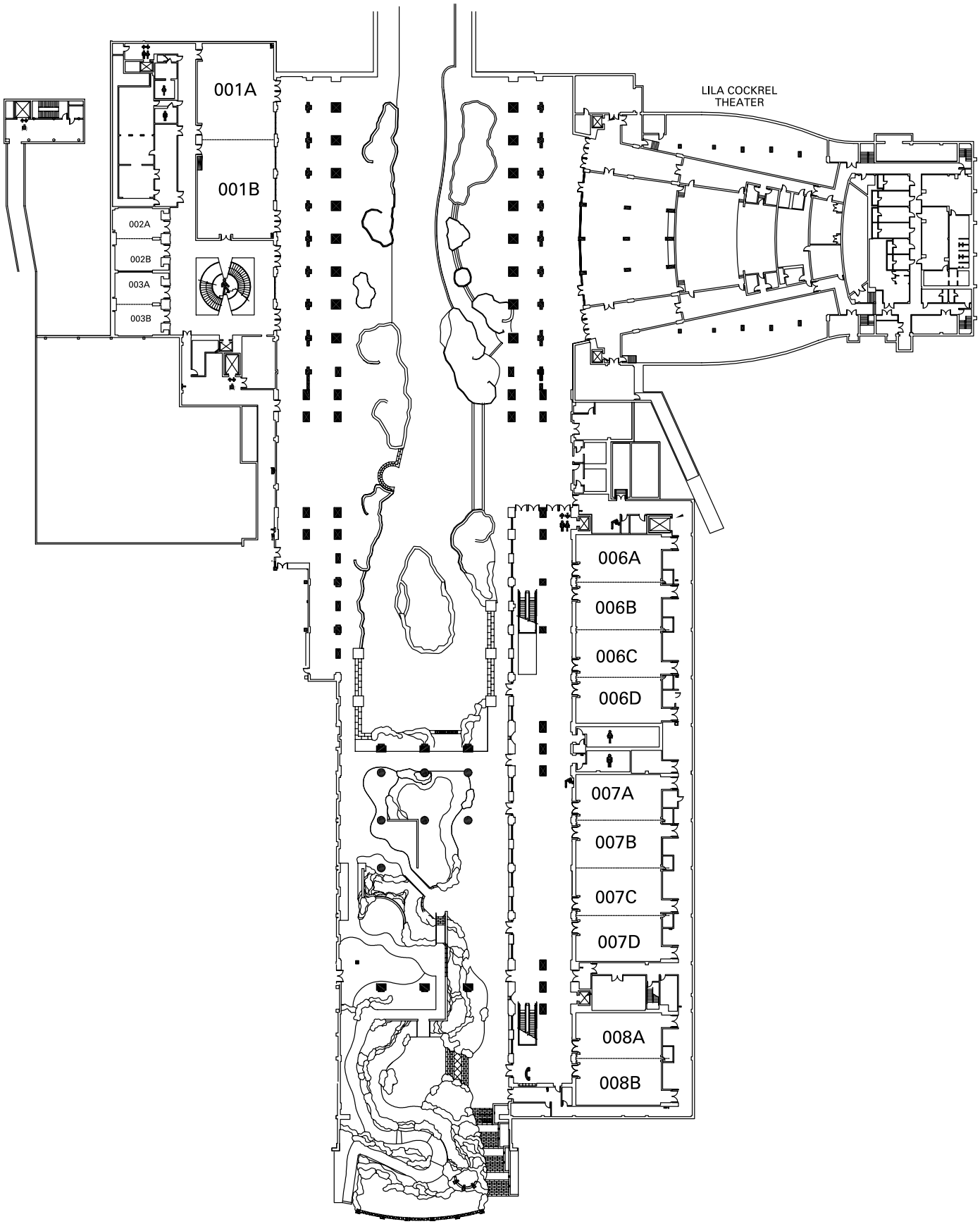
Henry B. Gonzalez Convention Center Maps

Street Level



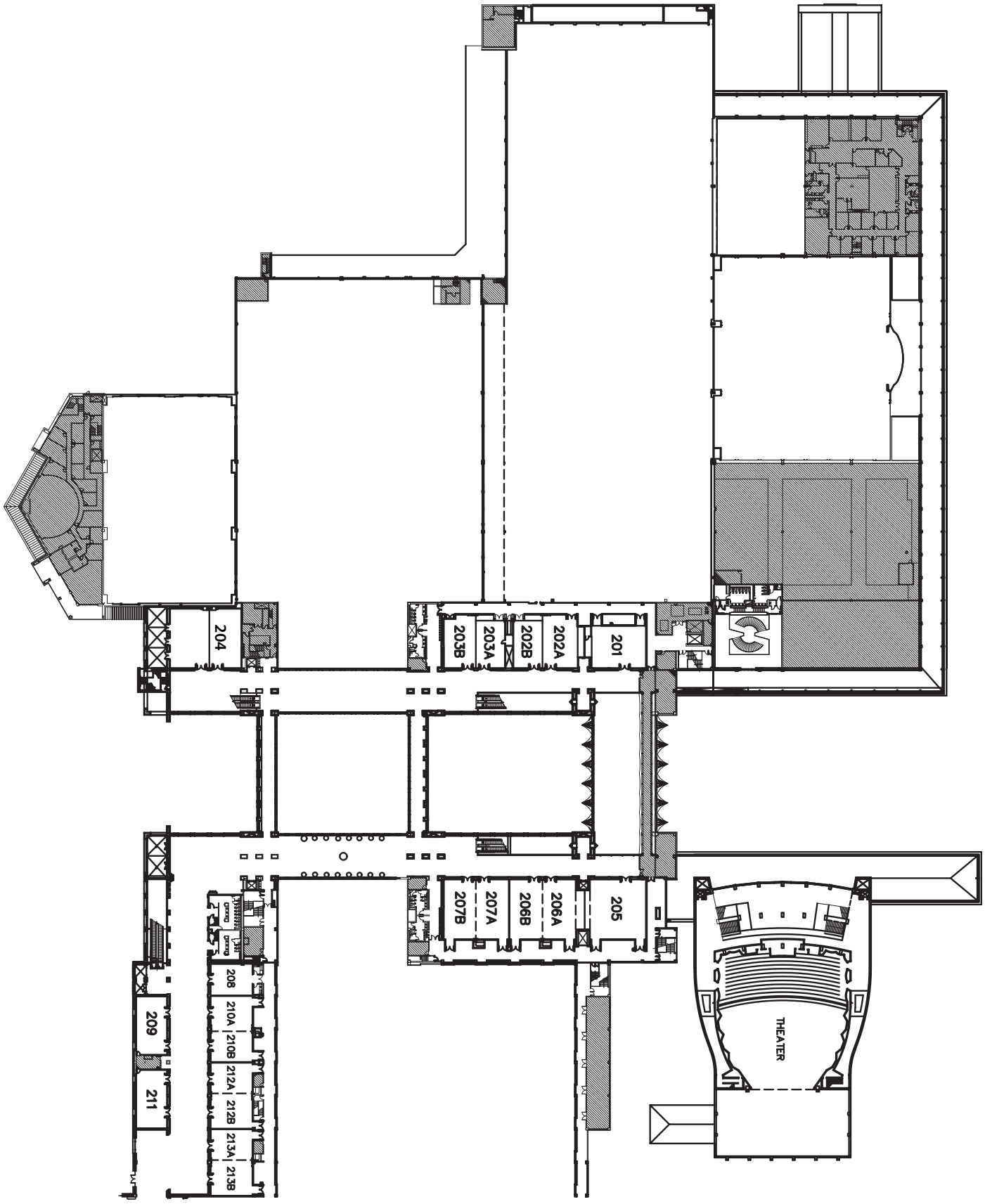
Henry B. Gonzalez Convention Center Maps

River Level



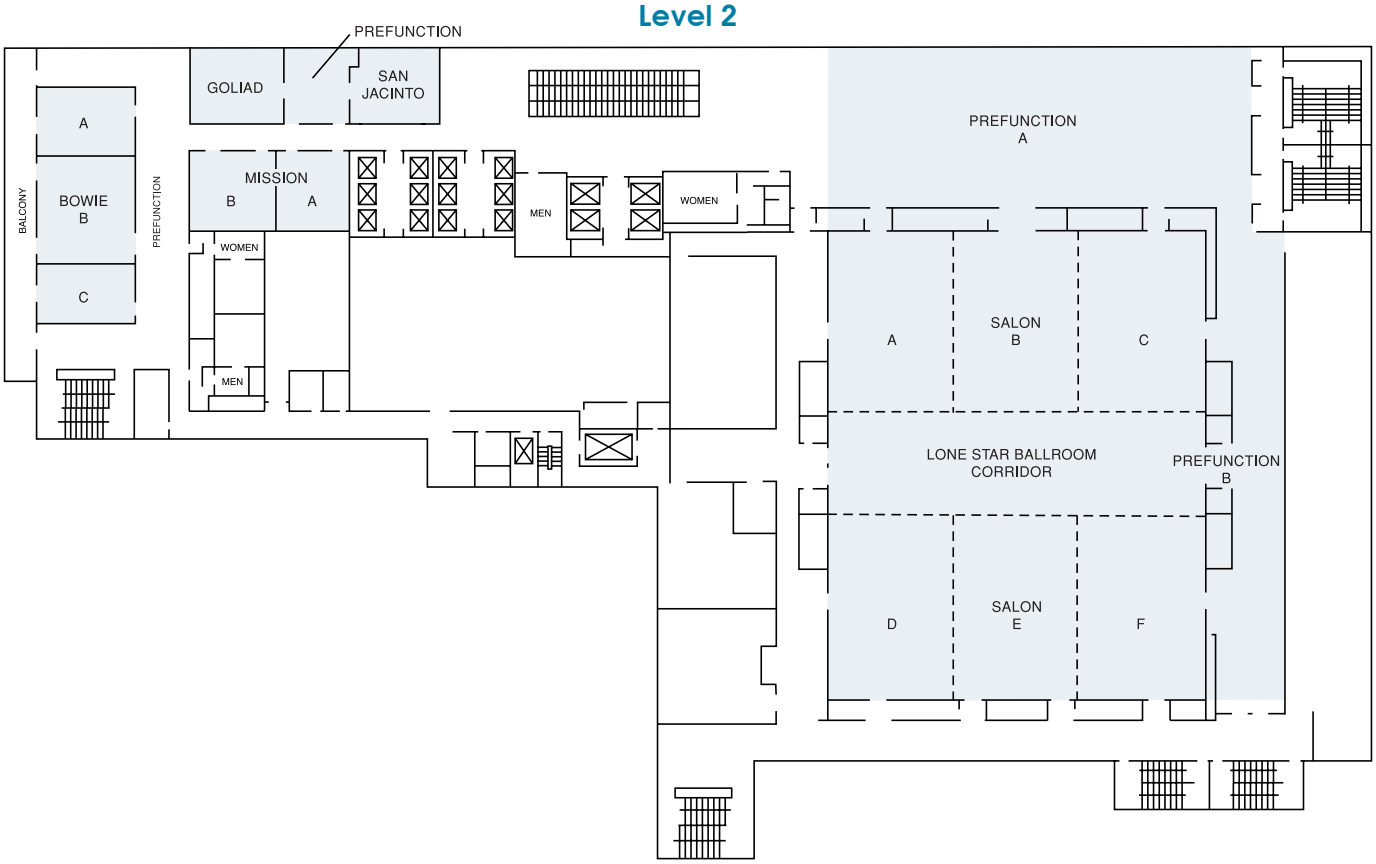
Henry B. Gonzalez Convention Center Maps

Concourse Level

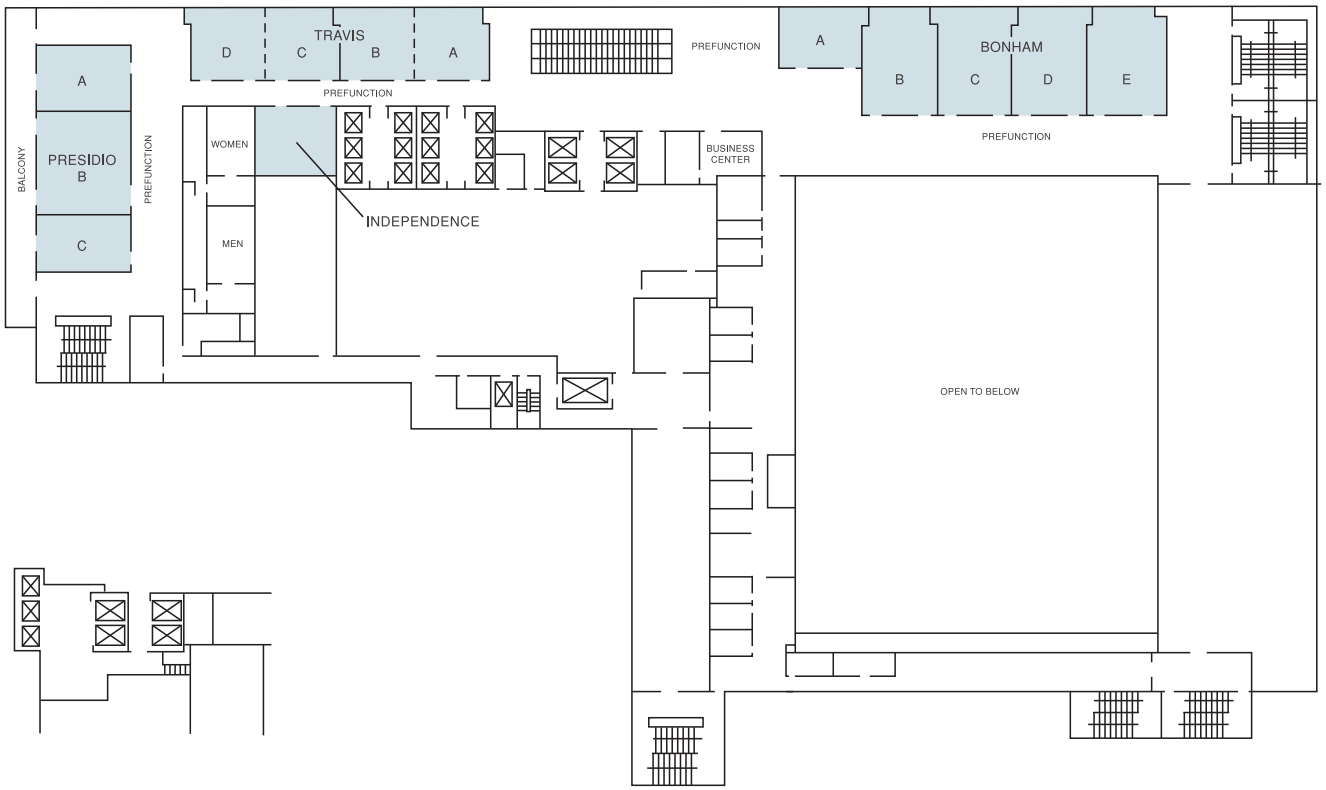


Grand Hyatt Hotel Maps

Level 2

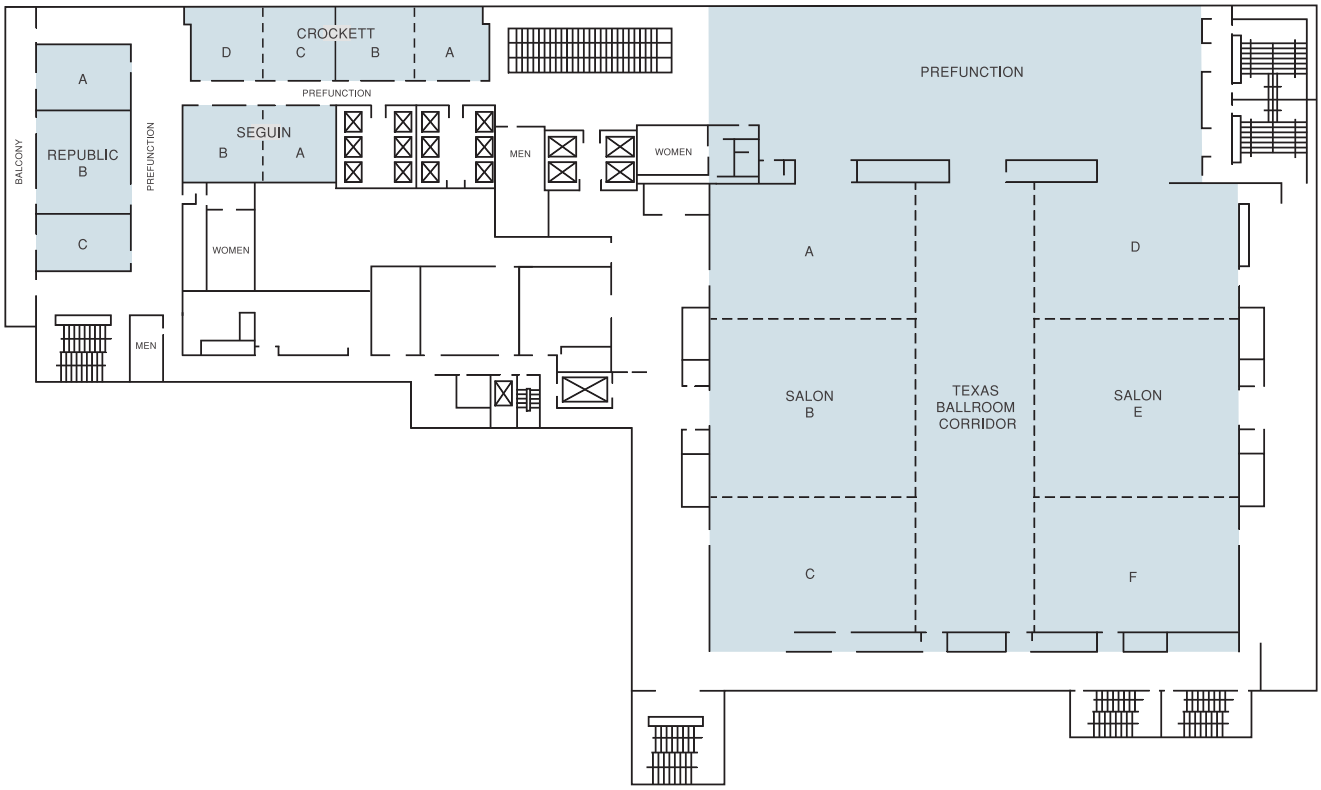


Level 3



Grand Hyatt Hotel Maps

Level 4



Maps

ACAAI Future Meeting Dates

November 10-14, 2016
San Francisco, California

October 26-30, 2017
Boston, Massachusetts

November 15-19, 2018
Seattle, Washington

November 7-11, 2019
Houston, Texas

November 12-16, 2020
Phoenix, Arizona

Notes

Thank you to the 2015 ACAAI Corporate Council Members

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gsk GlaxoSmithKline

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American College of Allergy, Asthma & Immunology

2016 Annual Scientific Meeting

SAN FRANCISCO | NOV 10-14

NEW TIMES. NEW TREATMENTS. NEW STANDARDS.

American College of Allergy, Asthma & Immunology