



# ascia

australasian society of clinical immunology and allergy

## annual report 2006



The mission of ASCIA is to advance the science and practice of clinical immunology and allergy, by promoting education and the highest standard of ethical medical practice.

ASCIA is the peak professional body of Clinical Immunologists and Allergists in Australia and New Zealand and is a member society of the World Allergy Organisation.

[www.allergy.org.au](http://www.allergy.org.au)

**2006 - the centenary of allergy and anaphylaxis**

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## ■ President's Report



**ASSOC PROF DOMINIC MALLON**

Firstly, it's a great honour to be given the opportunity to serve the Society in this position. I feel humbled by the substantial achievements of my predecessors.

I would like to thank Karl Baumgart for the substantial contribution he has made in the past two years. His intellect, efficiency and work ethic have advanced the Society in a number of ways, including:

- Raising the profile of our Society within the World Allergy Organisation
- Building a closer relationship with the European Academy of Allergy and Clinical Immunology
- Establishing a working relationship with Federal Bureaucrats in Canberra who are important in the administration of our profession
- Chairing the local organising committee of the ASCIA Annual Scientific Meeting 2006 held in Manly. This included a very successful Educational Symposium for General Practitioners that will serve as a model for other States to follow.

The focus of my presidency will be on the sustainability of the Society and our subspecialties by addressing some immediate challenges that we face:

1. As we are a small Society it is important to have as many members as possible involved in our activities, in particular our committees and working parties.
2. We need to obtain robust workforce data to allow us to define the number of new trainees that are required to adequately manage our expanding population of patients, particularly those with allergic disorders.
3. Training of specialists needs to be complemented by improved education of generalists who are the frontline clinicians involved in the care of

patients with allergic and immunological disorders. A discussion was commenced on this topic at a breakfast session at the ASCIA 2006 ASM in Manly. Some Departments at teaching hospitals around Australia already provide hands-on experience to Generalist colleagues.

4. It is important that we continue to provide our Executive Officer, Jill Smith, with adequate resources to sustain her activities. At this point I would like to acknowledge the efforts of Jill, who has served our Society tirelessly, including taking on the organisation and coordination of our Annual Scientific Meetings. The first of these was the recent very successful meeting in Manly.
5. Finally, it is important that our Society is adequately represented in the public debate on how best to allocate resources in health care. As clinical immunologists and allergists we care for patients with disorders that affect a large proportion of the electorate, as well as patients with rare disorders that are expensive to manage and who require our advocacy in order to ensure that sufficient resources are allocated to provide them with excellent care.

I am looking forward very much to working with you all over the next 2 years, and to seeing you all again in Fremantle for the Annual Scientific Meeting, in November 2007. Tiffany Hughes and her local organising committee are putting together a diverse and very interesting program that reflects the diversity within our Society. ■

## Treasurer's Report



**ASSOC PROF JO DOUGLASS**

In the 2005-2006 financial year ASCIA performed well in terms of an increase in equity (table 1) and improved cash flow (table 2).

**Table 1**

### FINANCIAL POSITION (\$AU)

|                     | 05-06            | 04-05            | 03-04            |
|---------------------|------------------|------------------|------------------|
| Current Assets      | 605,855          | 358,250          | 224,086          |
| Non-current Assets  | 969,133          | 897,556          | 1,124,277        |
| Total Assets        | 1,574,988        | 1,255,806        | 1,348,363        |
| Current Liabilities | 268,627          | 260              | 56,807           |
| Funds introduced    | 862,104          | 804,677          | 804,677          |
| Retained Profit     | 387,971          | 450,869          | 486,879          |
| <b>EQUITY</b>       | <b>1,306,361</b> | <b>1,255,546</b> | <b>1,291,556</b> |

**Table 2**

### CASH FLOW STATEMENT (\$AU)

|                         | 05-06          | 04-05          |
|-------------------------|----------------|----------------|
| Net Cash (operating)    | 160,903        | (85,567)       |
| Net Cash (investments)  | 16,681         | (139,842)      |
| ICACI 2000              | 57,427         | —              |
| Net increase            | 235,011        | (225,409)      |
| Cash (beginning of yr)  | 332,321        | 557,730        |
| <b>Cash (end of yr)</b> | <b>567,332</b> | <b>332,321</b> |

**Table 3**

**OPERATING STATEMENT (\$AU)**

|                          | <b>05-06</b>    | <b>04-05</b>    |
|--------------------------|-----------------|-----------------|
| Total Revenues           | 915,457*        | 1,011,201       |
| Total Expenses           | 978,355**       | 1,047,211       |
| <b>Net profit / loss</b> | <b>(62,898)</b> | <b>(36,010)</b> |

\* Does not include ASM 05 final payment of \$27,000, nor refund of \$12,120.82 from the cancelled airfare for ASM 06

\*\* Includes ASM 06 prepaid expenses of \$23,000, but ASM 06 prepaid revenue has not been included in revenue

Although a loss was recorded (table 3), when payment factors are taken into consideration the actual loss was \$777.18, which is very close to breakeven. In particular accounting fees for the 2005/6 financial year were reduced significantly from 2004/5 to 2005/6.

ASCIA continues to provide significant funding for education and research, as follows:

2005 - 2006     \$60,000 to 5 applicants

2006 -2007     \$78,000 to 5 applicants.

Successful applicants for 2006-2007 are listed in this report.

In 2007 - 2008 ASCIA will have an additional \$50,000 for anaphylaxis related studies. This is being made possible by the generous support of CSL Biotherapies.

I would like to thank Jill Smith for her generosity, time and energy in managing the Society and in particular for keeping up with the accounts and communications so diligently. ■

## ■ Editor's Letter

**DR SHERYL VAN NUNEN**

Welcome to the ASCIA Annual Report 2006.

We hope that this publication helps to keep ASCIA members updated on the highlights of each year, including:

- financial reports presented at the ASCIA AGM on 9 September 2006
- Council reports from Representatives and Chairs of Committees and Working Parties
- Reports from grant recipients
- Key information from the regular ASCIA News Update electronic newsletters.

ASCIA Annual Reports and News Updates are archived for members on the ASCIA website under 'Newsletters'.

Feedback regarding these publications should be emailed to [education@allergy.org.au](mailto:education@allergy.org.au) ■

## ■ Executive Officer's Report



**JILL SMITH**

The past year has been a stimulating and challenging one, particularly with the in-house coordination of the ASCIA 2006 ASM for the first time. Thank you to ASCIA members for their support and

encouragement throughout 2006.

The main highlights from 2006 are as follows:

- Meeting coordination - ASCIA ASM 2006, ASCIA Primary Care update 2006, ASCIA Symposium in Canberra 4 August 2006, ASCIA Council meetings, Seminars for the 2006 Allergy Expo
- Accreditation of ASCIA as a RACGP QA & CPD Program education provider
- Inaugural ASCIA Annual Report
- Website\* revamp, with a view to redesign in 2007
- Administration of ASCIA awards and grants
- Continued liaison with sponsors, media and public
- Implementation of revised financial practices for ASCIA

\* In 2006 there were approximately 1.5 million hits, 60,000 page impressions and 60,000 unique visitors to the ASCIA website each month.

## SPONSORS

ASCIA continues to be extremely grateful for sponsor support. Our 2006-2007 sponsors are listed on the inside back cover of this Annual Report.

We recognise the need for flexible and consistent sponsorship packages, to help ASCIA to attract and maintain sponsors.

The ASCIA sponsorship policy is as follows:

***ASCIA is reliant on financial support from its sponsors to fund educational initiatives. However, ASCIA is a professional specialist medical society, and as such, ASCIA cannot endorse nor licence products from sponsoring organizations, nor be influenced by sponsoring organisations on the content of its education programs and website, nor advertise any products or services on its website.***

Sponsorship Categories are:

- DIAMOND (\$40,000 pa or more)
- PLATINUM (\$25,000 pa or more)
- GOLD (\$15,000 pa or more)

Sponsorship can be comprised of a combination of the following:

- ASCIA Annual Scientific Meeting (ASM) support and/or exhibition
- ASCIA Education Resources (AER) brochures distribution and the ASCIA website
- ASCIA PID or Anaphylaxis Register.

All sponsors are entitled to have a logo and link to their website on the ASCIA website homepage. These are updated each year, at 30 June.

Thank you to all our sponsors, who enable ASCIA to undertake its education and grant programs each year. ■



## ■ ALLERGY AND CLINICAL IMMUNOLOGY WORKFORCE SURVEY RESULTS – AUSTRALIA AND NEW ZEALAND (2006 - 2007)

### AUSTRALIA

Of the **130 Allergists / Clinical Immunologists** in Australia surveyed by ASCIA in December 2006 regarding workforce, we received 68 responses (52.3% reply rate). The data below is extrapolated from these replies.

On average, Allergists / Clinical Immunologists in Australia:

- are **51 years of age** and will **retire by 2021**
- have **16 years of experience** in allergy and clinical immunology
- work **43.2 hours per week** in paid employment
- work **23.2 hours (58% of 40 hours full time equivalent [FTE] ) per week in clinical practice**, caring for allergy and clinical immunology patients.

Using the Australian Bureau of Statistics figures from June 2006, the total population of Australia is approximately **20,605,500**. With the FTE equivalent of **75.4 Allergists / Clinical Immunologists** in Australia overall (58% x 130), the ratio of Allergists / Clinical Immunologists to population is therefore:  
75.4: 20,605,500

**= 1: 273,282**

Of the 75.4 FTE Allergists / Clinical Immunologists in **clinical practice**, their time is spent (on average) as follows:

- **36.2% in Paediatric** allergy and clinical immunology
- **63.8% in Adult** allergy and clinical immunology

**Average waiting times** for patients referred to an Allergist / Clinical Immunologist are:

- **3 weeks for 'urgent' cases**
- **14 weeks for 'non-urgent' cases \***

\* (19 weeks for predominantly paediatric specialists and 12 weeks for predominantly adult specialists)

Other than caring for patients, Clinical Immunologists/ Allergists in Australia spend a weekly average of:

- **4.5 hours (~10%) in pathology (immunopathology)**
- **15 hours (~35%) in administration, university teaching or research.**

There are of course large regional differences within Australia, which are detailed on the following page.

### NEW ZEALAND

Using the Statistics New Zealand 2006 population figure of 4,143,279 the ratio of 5.2 FTE Allergists / Clinical Immunologists in **clinical practice** in New Zealand, to total population is 5.2: 4,143,279

**= 1: 796,784**

**AUSTRALIA - STATE BY STATE ANALYSIS**

| ASCIA WORKFORCE SURVEY SUMMARY |     |     |      |         |         |        |        |        |        |        |        |
|--------------------------------|-----|-----|------|---------|---------|--------|--------|--------|--------|--------|--------|
| LOCN                           | AGE | EXP | RET  | WAIT    | WAIT    | HRS    | CLIN   | CLIN   | CLIN   | PATH   | OTHER  |
|                                | yrs | yrs | yr   | urg     | norm    | /wk    | total  | paed   | adults | hrs/wk | hrs/wk |
|                                |     |     |      | (weeks) | (weeks) | (paid) | hrs/wk | hrs/wk | hrs/wk |        |        |
| NSW/ACT                        | 50  | 16  | 2022 | 1       | 14      | 47     | 22.7   | 7.4    | 15.3   | 5.5    | 24.7   |
| VIC                            | 52  | 14  | 2021 | 2       | 9       | 35     | 25.3   | 9.7    | 15.7   | 0.2    | 8.7    |
| QLD                            | 43  | 10  | 2026 | 4       | 27      | 41     | 22.2   | 6.0    | 16.2   | 14.4   | 4.4    |
| WA                             | 53  | 18  | 2017 | 4       | 13      | 41     | 22.9   | 12.0   | 10.8   | 5.2    | 12.8   |
| SA                             | 54  | 18  | 2020 | 6       | 16      | 47     | 22.2   | 6.2    | 16.0   | 0.3    | 22.0   |

**RATIOS OF ALLERGISTS/CLINICAL IMMUNOLOGISTS: POPULATION**

The following ratios use Australian Bureau of Statistics population figures from June 2006 and 40 hours per week as FTE. Trends which are significantly different to the Australian average are noted below.

**NSW / ACT**

**1: 246,343** 29.51 (52 x 56.75%) FTE Allergists/Clinical Immunologists and population of ~ 7.1565 million)  
NSW/ACT has the highest average of hours per week spent in other areas (admin, teaching or research)

**VICTORIA**

**1: 268,337** 18.975 (30 x 63.25%) FTE Allergists/Clinical Immunologists and population of ~ 5.0917 million)  
Victoria has the lowest average of Immunopathology hours and highest average of total clinical hours

**QUEENSLAND**

**1: 730,342** 5.55 (10 x 55.5%) FTE Allergists/Clinical Immunologists and population of ~ 4.0534 million)  
Queensland has the largest average of immunopathology hours, lowest average of paediatric clinical hours and highest 'non-urgent' waiting times

**WESTERN AUSTRALIA**

**1: 162,770** 12.6 (22 x 57.25%) FTE Allergists/Clinical Immunologists and population of ~ 2.0509 million)  
WA has the highest average of paediatric clinical hours and lowest average of adult clinical hours

**SOUTH AUSTRALIA**

**1: 186,751** 8.325 (15 x 55.5%) FTE Allergists/Clinical Immunologists and population of ~ 1.5547 million)  
SA has a low average of Immunopathology hours, low average of paediatric clinical hours, highest 'urgent' waiting times and high average of hours per week spent in other areas (admin, teaching or research)

**NT and TAS** (No Allergists / Clinical Immunologists and populations of ~ 0.2067 and 0.4889 respectively).

ASCIA will still be collecting data in the first half of 2007, to be included in a revised 'Phase two' Report on Allergy and Clinical Immunology in Australia and New Zealand. ■

## ■ Outgoing President's Report



**DR KARL BAUMGART**

It is my great pleasure to write the ASCIA President's outgoing report! Surely our discipline is the best that there is in medicine.

I have enjoyed very much the opportunity to be involved

with ASCIA since I was a Registrar and especially the opportunity to be the Convenor of an Annual Scientific Meeting (ASM) and serve as the Society's President.

ASCIA enjoys widespread participation from enthusiastic members and ongoing support of previous Presidents and other active members.

We know that the ASCIA ASMs are of a good size compared to very large international meetings, that our visiting international speakers always enjoy them and that the quality of abstracts and presentations improves every year. I am especially pleased that we have been able to publish the abstracts from the 2006 ASM in a citable form (Internal Medicine Journal), to recognise the efforts of the contributors.

The Committees of the Society have done an excellent job at their tasks over the last two years and we should be pleased with the way that new members have come to join and participate in these.

ASCIA enjoys good financial health thanks to the successful interfacing with corporate sponsors by our Executive Officer, the ICACI 2000 meeting and recent ASCIA ASMs. The introduction of ASCIA Primary Care Update Days is another opportunity to attract and add value for our Sponsors, attract parallel disciplines and family physicians.

I hope that senior members of the Society will be able to facilitate the creation of further Chairs in the discipline. I would like all members to remember that the Society enjoys tax-deductible gift recipient status.

As President, I felt it important that we achieve more dialogue with the Commonwealth in respect to the issues of Allergy and Immunology. Our one small step along this path was a one day Symposium in Canberra on Friday 4 August 2006, at which we had the Commonwealth Medical Officer and members of different government departments attend. I know that this initiative will facilitate inclusion of ASCIA in more discussions with government agencies in relevant issues. Even the process of inviting participants to the Symposium opened new lines of communication.

We do need to strengthen our liaison and participation with international societies and organisations in Allergy and Immunology. I was pleased to have such strong positive feedback from our European guests at the recent ASM that I believe we will be able to establish some close communication points with EAACI that may provide for trainee exchange, reciprocity in subscription for conferences and other levels of interaction.

We were unfortunate, despite the valiant efforts of our Western Australian members not to be granted the World Allergy Congress in 2011.

I know we are in a good position, members willing, to tackle this at a future time.

Our challenges in training registrars including the need to develop private practice training places and systems, accessing new therapeutics, promoting the discipline and protecting the public from "allergy and immune quackery" continue.

I would like to thank all our members and particularly participants on Council for their support over the last two years. Finally, it is difficult to adequately thank, recognise and praise the outstanding Secretariat support provided by Jill Smith. She has withstood the additional burden of bringing the ASM in-house, a Canberra Symposium and an Allergy Expo this year, executing all of her responsibilities with a quality that can only make us all proud to be members of ASCIA.

My very best wishes for the new President, Council and all of you for 2007. ■



## ■ ASCIA ASM 2006 Report

**JILL SMITH, ASCIA 2006 SECRETARIAT**

After a week of glorious spring Sydney weather, the skies darkened and the rain starting pouring down (an understatement), just in time for the start of the ASCIA 2006 Annual Scientific Meeting.

Needless to say the scheduled Fun Run was cancelled, although two participants, Drs Baumgart and Gold, were still willing to brave the elements. They certainly earnt their ASCIA t-shirts!

The scientific program was extremely well attended, with the number of delegates for Thursday to Saturday exceeding 220 each day, and it wasn't just because of the weather! We have received excellent feedback on the quality of the program and poster presentations.

For the first time in recent history, the poster abstracts for the ASCIA ASM have been published online in the Internal Medicine Journal, the official publication of the Royal Australasian College of Physicians (RACP) and the link is available via the ASCIA website <http://www.blackwell-synergy.com/toc/imj/36/s6>.

Social functions were also well attended. Oceanworld, the venue for the Welcome Function, provided two memorable attractions; the reptile show and shark feeding.



St Patrick's College was the spectacular venue for the ASCIA Gala dinner, which featured a warm welcome message from Dr Peter MacDonald, the Mayor of Manly and a very entertaining talk by Professor Tony Basten. Professor Basten was presented with his portrait, which was painted by Dr Gillian Dunlop.

For the first time in several years ASCIA held a Primary Care Allergy and Immunology Update, primarily for General Practitioners, on Sunday 10 September 2006. This was run concurrently with the ASCIA 2006 Nurses' Day. From our feedback questionnaires it seems that the meeting was very worthwhile and the intention is to hold such a meeting in conjunction with the ASCIA ASM each year.

This is the first time in more than eight years that ASCIA has run its own Annual Scientific Meetings (ASMs), with minimal assistance from professional conference organisers. As this meeting was a great scientific and financial success it is our intention to retain the management of the ASMs in the future.

Thank you to the Chair, Dr Karl Baumgart, committee members, invited speakers, chairs, delegates, sponsors and exhibitors who all made ASCIA 2006 such an enjoyable and successful event. ■

## ■ ASCIA ASM 2007

*DR TIFFANY HUGHES (CHAIR)*



It is a pleasure to invite you to participate in the 18th ASCIA Annual Scientific Meeting (ASM), to be held at the Esplanade Hotel, Fremantle, Western Australia.

In 2007 the ASCIA ASM will run for three days, from Wednesday 14 to Friday 16 November. In addition ASCIA will be hosting the following events:

- PIP (Perth Immunopathology) weekend 17-18 November 2007
- ASCIA Nurses day 13 November 2007 (8.30-3.30pm)
- ASCIA Primary Care Allergy Update 13 November 2007 (4-10 pm)
- ASEATTA (Australasian and South-East Asian Tissue Typing Association) 31st Annual Scientific Meeting 15-18 November 2007.

We expect approximately 200 delegates will attend the ASCIA ASM, in addition to at least another 200 delegates attending the other events.

The theme of the ASCIA 2007 ASM is 'Translation of advances in basic science to clinical practice' and to

date we have four internationally renowned keynote speakers confirmed:

- Professor Bodo Grimbacher
- Professor Patrick Holt
- Professor Donald Leung
- Professor Phil Lieberman

The vibrant port city of Fremantle is internationally recognised as the world's best preserved example of a 19th century port streetscape. Its heritage buildings are now flourishing as restaurants, museums, boutiques, markets, nightclubs, coffee shops and in the case of the meeting venue, a four star international hotel.

Social functions include a Welcome function at the spectacular WA Maritime Museum and a Gala dinner at the renowned Red Herring waterfront restaurant.

This location offers delegates a cosmopolitan, historical, dynamic atmosphere, whilst being conveniently located only 30 minutes from Perth airports and 20 minutes from the centre of Perth.

We look forward to welcoming you to Fremantle in November 2007. ■

## ■ Conferences - 2007

AAAAI ANNUAL MEETING  
SAN DIEGO, CA USA  
23-27 FEBRUARY 2007  
[www.aaaai.org](http://www.aaaai.org)

RCPA PATHOLOGY UPDATE  
SYDNEY, NSW AUSTRALIA  
2-4 MARCH 2007  
[www.rcpa.edu.au](http://www.rcpa.edu.au)

FOCIS ADVANCED COURSE IN BASIC & CLINICAL  
IMMUNOLOGY  
7-11 MARCH 2007  
Scottsdale, AZ USA  
[www.focisnet.org](http://www.focisnet.org)

TSANZ ANNUAL SCIENTIFIC MEETING  
AUCKLAND, NEW ZEALAND  
25-28 MARCH 2007  
[www.thoracic.org.au/asm2007.html](http://www.thoracic.org.au/asm2007.html)

MALAYSIAN ALLERGY & IMMUNOL CONG  
PENANG, MALAYSIA  
25 MARCH 2007  
[www.allergysai.org/about.php](http://www.allergysai.org/about.php)

ICPMR IMMUNOPATHOLOGY COURSE  
SYDNEY, NSW AUSTRALIA  
2-4 MAY 2007  
[www.wmi.usyd.edu.au/Net\\_Path\\_Immunology/](http://www.wmi.usyd.edu.au/Net_Path_Immunology/)

RACP ANNUAL SCIENTIFIC MEETING  
CAIRNS, QLD AUSTRALIA  
6-10 MAY 2007  
[www.racp.edu.au/asm/index.htm](http://www.racp.edu.au/asm/index.htm)

**ASIA PACIFIC PID SUMMER SCHOOL**  
**PORT DOUGLAS, QLD AUSTRALIA**  
**6-11 MAY 2007**  
[www.appid.org](http://www.appid.org)

ATS ANNUAL CONFERENCE  
SAN FRANCISCO, CA USA  
18-23 MAY 2007  
[www.thoracic.org](http://www.thoracic.org)

FOCIS ANNUAL CONFERENCE  
SAN DIEGO, CA USA  
7-11 JUNE 2007  
[www.focisnet.org](http://www.focisnet.org)

AUSTRALIAN RHEUMATOL ASSN ASM  
SYDNEY, NSW AUSTRALIA  
26-30 MAY 2006  
[www.araconference.com/](http://www.araconference.com/)

EAACI CONGRESS  
GOTEBORG, SWEDEN  
9-13 JUNE 2007  
[www.eaaci.net](http://www.eaaci.net)

INT'L AIDS SOCIETY CONFERENCE  
SYDNEY, NSW AUSTRALIA  
22-25 JULY 2007  
[www.ashm.org.au](http://www.ashm.org.au)

ERS ANNUAL CONGRESS  
STOCKHOLM, SWEDEN  
15-19 SEPTEMBER 2007  
[www.ersnet.org](http://www.ersnet.org)

AUSTRALASIAN COLLEGE DERMATOLOGISTS  
GOLD COAST, QLD AUSTRALIA  
27-30 SEPTEMBER 2007  
[www.dermcoll.asn.au/public/meeting\\_and\\_conferences.asp](http://www.dermcoll.asn.au/public/meeting_and_conferences.asp)

ACAAI ANNUAL MEETING  
DALLAS, TX USA  
9-14 NOVEMBER 2007  
[www.acaai.org](http://www.acaai.org)

ASMR NATIONAL CONFERENCE  
KATOOMBA, NSW AUSTRALIA  
11-14 NOVEMBER 2007  
[www.asmr.org.au](http://www.asmr.org.au)

**ASCIA ANNUAL SCIENTIFIC MEETING**  
**FREMANTLE. WESTERN AUSTRALIA**  
**14-16 NOVEMBER 2007**  
[www.allergy.org.au](http://www.allergy.org.au)

**ASCIA IMMUNOPATHOLOGY WEEKEND**  
**FREMANTLE. WESTERN AUSTRALIA**  
**17-18 NOVEMBER 2007**  
[www.allergy.org.au](http://www.allergy.org.au)

**ASEATTA ANNUAL SCIENTIFIC MEETING**  
**FREMANTLE. WESTERN AUSTRALIA**  
**15-18 NOVEMBER 2007**  
[www.allergy.org.au](http://www.allergy.org.au)

WORLD ALLERGY CONGRESS 2007  
BANGKOK, THAILAND  
2-6 DECEMBER 2007  
[www.worldallergy.org](http://www.worldallergy.org)

ASI ANNUAL SCIENTIFIC MEETING  
SYDNEY, NSW AUSTRALIA  
2-6 DECEMBER 2007  
[www.immunology.org.au](http://www.immunology.org.au)

## ■ Tribute



### Dr John William Ruhno

**MBBS FRACP**

**23 July 1952 - 15 December 2006**

John Ruhno had been unwell for the last 6 months of his life but had recovered enough to return to work. Unfortunately he had a relapse and died very suddenly on Friday 15 December as he was leaving the Allergy Clinic at Royal North Shore Hospital.

John was a loving and devoted husband of Alexandra and a loving and devoted father of Christina. Our hearts go out to Alexandra and Christina for their loss. He was also greatly loved by his parents Lloyd and Daphne and his sister Jennifer. As well as his family, he had several passions in life, including his friendships, appreciation of wine and food, fishing and medicine.

John was born and educated in Queensland, where he gained his Fellowship of the Royal Australasian College of Physicians (FRACP) in paediatrics, then trained in allergy and clinical immunology in Newcastle (Australia) and Canada. After returning from Canada he moved to Sydney and worked at the Allergy clinics at Royal North Shore Hospital and the Children's Hospital at Westmead. In addition to this he ran a successful private practice in Chatswood, ran regular clinical sessions at Nowra and found time to collaborate in research projects at the University of NSW, for which he received 3 NHMRC grants. The latest of these research projects may prove to be of benefit both for allergic disease and sufferers of leukaemia.

John played an important role in ASCIA, the Australasian Society of Clinical Immunology and Allergy, at a local, national and international level. He was NSW representative (1995 to 1996), ASCIA representative to the World Allergy Organisation (WAO) House of Delegates, and was a member of several ASCIA groups, including the Computer Committee, Education Committee, Anaphylaxis Working party and Paediatric interest group. John helped establish the ASCIA website and education sponsorship program which are now fundamental to current activities that ASCIA undertakes. John also contributed to joint ASCIA and National Asthma Council (NAC) projects including the Asthma and Allergy project in 2002 and the Asthma and Allergic Rhinitis project in 2006. His most recent contribution was co-writing an ASCIA initiated Allergy series article published in the Medical Journal of Australia (MJA) in late 2006.

As founder and Medical Advisory Board Chair of the patient support group now known as Anaphylaxis Australia, John was a great contributor and spokesperson. His passing will be a great loss to this organisation, which provides much needed support and advocacy for patients with severe allergies and their families.

John always showed a keen and intellectual interest in medicine which never wavered.

He always found time to discuss difficult issues in medicine with colleagues and was generous both with his time and knowledge. He was a dedicated clinician and contributed so much to the services of Allergy in Australia.

John Ruhno will be sadly missed by family, friends, colleagues, patients and all who knew him.■

Adapted from the tribute by Dr Janet Rimmer at the service for Dr John Ruhno on 21st December 2006.

## ■ Tribute

### Dr Daniel Justin Castelino

**BSc(Hons) MBBS PhD FRCPA FRACP  
FACTM MASM**

**26 September 1952 – 25 July 2006**

Daniel (Danny) Castelino developed cancer in March 2006 and passed away on 25 July 2006. Over the last few months Danny was faced with a number of challenges which he handled with enormous courage and good grace, showing a gallantry throughout his illness, in his protection of his wife Jeanne and daughters Cassandra and Natalie, of whom Danny was very proud. Danny and Jeanne worked tirelessly to raise their family in a secure and loving environment.

Danny and Jeanne were born in India, where both their fathers completed Medical degrees in the same Bombay University before the disruption and fragmentation following the war scattered their families to Nairobi. Danny's parents met in Nairobi and his obstetrician father Joseph, mother Lillian, and brother and sister Ronnie and Celine spent their early years in Kenya. Danny was educated in Kenya and Nairobi until the family sought new opportunities in the UK. He attended school in Buckinghamshire before the family moved to London's East End.

Danny studied medicine at St Mary's Medical School, University of London. He completed a BSc with first class honours within his medical degree and his interest in Immunology was born.

After completing his medical training at the Edgeware and St Mary's Hospitals, he took up a resident and subsequently registrar post in Haematology at the Royal Brisbane Hospital.

This posting led to the development of his research career as he enrolled in a PhD which was awarded in 1988. He was admitted to Fellowship of the Royal College of Pathologists of Australasia in Immunology in 1986, Fellowship of the Australasian College of Tropical Medicine in 1991 and Fellowship of the Royal Australasian College of Physicians in 1995.

Danny was a registrar at the Repatriation Hospital in Heidelberg, St Vincent's Hospital Melbourne and Walter Eliza Hall. He was a pathologist at Melbourne Pathology, Assistant Director of the Red Cross Blood Bank and Physician at the Maroondah, Royal Melbourne and Box Hill Hospitals. He joined the Allergy Clinics of the Alfred Hospital in 1996. He also cared for patients at the Valley, Mitcham and Knox Hospitals.

As lecturer at Monash University (Alfred and Box Hill Hospital), Danny was a committed teacher of undergraduate and postgraduate medical students. He also felt strongly about research, publishing a number of articles and making a series of scientific presentations, particularly in the areas of parasite immunology, tropical disease and haematology.

Danny's clinical knowledge was vast and his acumen and opinion were both highly sought after, readily given and keenly valued. Danny brought a wry humour to the clinics and was highly regarded by medical, nursing and administrative staff alike. His capacity for communication and empathy was appreciated by patients.

Danny Castelino was a great contributor to clinical medicine as well as research and teaching and will be greatly missed and remembered by all who knew him.■

Adapted from the tribute by Dr Robert Stirling  
at the service for Dr Daniel Castelino.



## ■ ASCIA Council Reports

In 2006 ASCIA Council met on:

- 10 January 2006 (teleconference)
- 25 February 2006 (face to face)
- 21 June 2006 (teleconference)
- 5 August 2006 (face to face)
- 4 December 2006 (teleconference).

The following reports are brief summaries from ASCIA Council representatives and Chairs of committees and working parties.

### NZ

#### Dr Marianne Empson & Dr Vincent Crump

New Zealand ASCIA members are very grateful to Rohan Ameratunga for steering the very successful ASCIA 2006 ASM in Queenstown and for being the ASCIA NZ representative for four years.

Key issues in New Zealand are as follows:

- EpiPen still not funded by Pharmac
- Access and inequity regarding allergy and immunology services in NZ.

Allergy NZ has put together a NZ based Anaphylaxis Working Group (including ASCIA members) to work towards resolving these issues; EpiPen funding and an increased national allergy and immunology service. ■

### NSW / ACT

#### Dr Louise Evans

In addition to the ASCIA Annual Scientific meeting in September, three NSW educational dinner meetings were held in 2006:

March 2006 - Allergy & Immunology Quiz  
May 2006 - Scleroderma & Lung Disease  
November 2006 - TIMS in atopic disease.

The Clinical Grand Rounds meeting was included in the Annual Scientific Meeting.

A similar format for educational dinner meetings is planned for 2007. ■

### WA

#### Dr John Bandouvakis

A series of successful evening educational meetings were held in 2006. In 2007 it is planned to hold 6-8 meetings, of which 4 will be held with other societies.

Following the NSW coroner's recommendations for the prevention and management of peanut anaphylaxis, contact was made with the WA state departments of health and education and a WA Anaphylaxis Working Group was formed, including ASCIA representation.

Tiffany Hughes is now Chair of the ASCIA 2007 ASM and we thank Tiffany for her work as WA State Representative, up until the AGM on 9 September 2006. ■

### VIC

#### Dr Jo Smart

2006 was a very busy year, with 7 dinner meetings. We also held a Paediatric Allergy Education Symposium in October, with approximately 100 attendees and excellent feedback.

In 2007 we are planning to run:

- 4 dinner meetings
- Paediatric Allergy Education Symposium for General Practitioners at RCH in April 2007
- Asia Pacific Primary Immunodeficiency Summer School (in conjunction with PID committee) - Port Douglas May 6-11 2007.

Other Activities include:

- DHS Allergy and Anaphylaxis Working Party
- Anaphylaxis Management Steering Group (Asthma Foundation Vic) - train the trainer course
- Organisation of ASCIA 2008 - Wed 12th-Fri 14th November 2008 at the Park Hyatt Melbourne. ■

**SA****Dr Patrick Quinn**

In 2006 South Australian ASCIA members continued their long established monthly educational meetings, with contributions from members and invited speakers from a wide range of medical, nursing and research backgrounds. In September a joint meeting was held with the South Australian branch of the Australian Rheumatology Association and similar joint meetings with colleagues from over-lapping specialties are planned for 2007.

A working party bringing together the Asthma Foundation of SA, the SA chapter of AAI, the SA Department of Education and several Clinical Immunologists/Allergists was established in 2006. The aim of this group is to promote awareness of pertinent issues relating to allergy and anaphylaxis to schools and the broader community.

In 2007 we will continue our monthly educational meetings and will also run a GP Allergy Update Seminar in September, which will be a collaboration between the SA ASCIA members, The University of South Australia and the SA Divisions of GPs. ■

**QUEENSLAND****Dr Jane Peake**

In 2006 ASCIA members in Queensland had a number of successful educational meetings, including a combined meeting with ENT surgeons. These will continue in 2007.

Workforce issues, particularly in paediatrics, continue to be a problem and discussions with Queensland Health and government regarding this issue continue. The emphasis is on training and capability of up-skilling other specialists and GPs.

ASCIA has had representation on the anaphylaxis working party set up by Education Queensland to look at education and management of anaphylaxis in schools. ■

**GENERAL PRACTICE LIAISON****Dr Victoria Smith**

In 2006 anaphylaxis, allergy and immunology have gained huge recognition, awareness and increased knowledge within the general community as well as within general practice.

It is now well accepted that allergy can cause a significant spectrum of disease states. General practitioners are anxious to take on board increasing information in this area and the ASCIA GP update day at the ASCIA 2006 ASM in Sydney was a great beginning.

These are being complemented by education sessions around other states and I would strongly recommend they continue.

Areas for improvement include:

- Standardised, quality education for GPs in allergy and immunology
- ASCIA website and resources more easily available for GPs
- More allergy and immunology in medical degree courses
- Inclusion of allergy and immunology (vocational) training in RACGP course. ■

**ASSOCIATE REPRESENTATIVE****Ms Deryn Thompson**

The inaugural course of the Professional Certificate in Allergy Nursing concluded in 2006 with all applicants passing and gaining their certificates. All nurses believed they had learnt a great deal and expanded their knowledge base about allergic disease and its manifestations.

On 10 September 2006 we had a record high number of Nurses participate in the 2006 ASCIA Nurses' Day in Sydney. Efforts of the organising committee are to be commended.

In 2006 I have had more involvement with the Dermatology nurses association and this will continue in 2007. ■

## EDUCATION COMMITTEE

### Dr Carolyn Hawkins

In the last 7 years, the ASCIA Education committee has made submissions to Food Standards Australia, established links with Healthinsite (a Commonwealth Government Health Information Portal), contributed articles to government publications (including "Healthy Homes", Department of Health and Aging initiatives on allergy and asthma, National Asthma Council publications and published a range of educational articles that rival those from many larger organizations. In addition we have answered many patient inquiries.

Thank you to Ray Mullins for his hard work over the past 6 years and thanks also to all the committee members and others who have contributed over these years.

#### Website Education Articles

New articles added to the ASCIA web site in 2006 included:

- Latex allergy (revised)
- Coconut allergy
- Tick allergy
- Sublingual immunotherapy.

Another three new articles were written and edited in 2006 (mounted on the ASCIA website in February 2007):

- Sulfur allergy
- Sulfonamide antibiotic allergy
- Eosinophilic Oesophagitis

Future options include:

- Provision of new topics
- Revision of current articles
- Translation of major articles into other languages.

#### MJA Allergy Update Series

The MJA Allergy Update Series, the first article of which was published 21 August 2006 has now been published as a monograph, and is available from Schering Plough.

#### Future Challenges

- GP Education. The provision of a regular GP Update programme as part of the ASCIA ASM is an excellent initiative, and one that could be augmented long-term by ASCIA GP days in other

states. A summary of each allergy update day could also be published (the 2006 one is in the process of being published).

- Encouraging Committee Involvement. Such activities are time consuming, but serve an educational as well as a practical purpose.
- Media. Press releases should ideally be sent out when each new website article is published. ■

## CLINICAL PRACTICE COMMITTEE

### Dr William Smith

In 2006 the ASCIA Skin Prick Testing Manual was completed and mounted on the on ASCIA website [www.allergy.org.au/pospapers](http://www.allergy.org.au/pospapers)

I would like to thank other members of the Working Party who assisted in its preparation, including David Gillis and Bob Heddle, and those who offered helpful criticisms and suggestions (including Connie Katelaris, Ron Walls, David Hill, Deryn Thompson, Ray Mullins, Frank Kette, Rob Loblay) and Jill Smith for encouragement and facilitation.

It is called a Manual rather than Guidelines and it is intended eventually that it should become a "best practice" guide. Further comments are welcome, particularly whilst the document is in electronic form.

Priorities for 2007 include:

1. Inclusion of more detailed information on intradermal testing, including methods, protocols and interpretations, intended for specialists.
2. Completion of the planned "appendix 3" which is a guide to regional allergen prevalence in Australia; this would be gleaned from botanical and aerobiological information as well as experience of practitioners in each state and major region.
3. Immunotherapy guidelines. ■

## LABORATORY PRACTICE COMMITTEE

**Dr Peter Hollingsworth**

**The Immunology Working Party of the Pathology Services Table Committee (PSTC) of the Commonwealth Department of Health** includes myself, Roger Garsia, David Gillis and Karl Baumgart. Meetings in 2006 were held in June and August, by teleconference.

Tests that have been reviewed include:

- HLA B27 testing - antibody based testing and nucleic acid based testing
- Kappa and lambda light chain measurement in serum
- Precipitins for IgG associated hypersensitivity to environmental and occupational allergens
- Cardiolipin antibodies
- Beta-2 glycoprotein I

The reporting of Allergen Specific IgE in Response Units has been addressed previously by the Council and further complaints will be made. ■

## PAEDIATRIC COMMITTEE

**A/Prof Mimi Tang**

The paediatric committee meets face to face each year at the ASCIA Annual Scientific Meeting (ASM) and conducts business at other times by email. The last meeting was at the 2006 ASCIA ASM in Manly and this was well attended.

The current project we are working on is to develop consensus protocols for Food Challenges in paediatrics. Andrew Kemp is coordinating this work. This project commenced in November 2005 and is nearing completion.

The group will continue communications by email, with our next face to face meeting planned for the ASCIA 2007 ASM in WA. ■

## PRIMARY IMMUNODEFICIENCY DISEASES (PID) COMMITTEE

**Dr David Gillis**

ASCIA PID activities continued to expand throughout 2006, with contributions from many ASCIA members, particularly Sean Riminton and Philippa Kirkpatrick of the Department of Immunology at Concord Hospital.

### Cross-sectional study

Data from the ASCIA PID Register (1209 patients) is currently being analysed by Philippa Kirkpatrick and Sean Riminton and in early 2007 a manuscript will be submitted for publication.

### ANZADA

Matthew Cook has received an ASCIA grant to undertake a genetic study of PID in Australia in collaboration with Heiner Koerner and Sean Riminton, to develop SNP screening for candidate genes.

### Cancer in PID study

A collaborative project between the ASCIA PID Register and the National Centre for HIV Epidemiology and Clinical Research has been established to determine the association between PID and Cancer, and is intended to commence in late 2007.

### NBA IVIg Data Strategy

The National Blood Authority (NBA) is developing a national data collection strategy linked to IVIg supply, which has the capacity to provide world-class data to perform population based studies of IVIg recipients. Sean Riminton is involved in the NBA Fellows Program.

### IVIg Guidelines

The Subgroup of Sean Riminton, John Ziegler, Melanie Wong and Matthew Cook has provided clinical input into the IVIg guideline revisions. Version 2 of the 'Exposure Draft' for IVIg Criteria for Use will soon be released by the NBA, and they will be requesting an ASCIA consensus response. It is expected the new criteria will open up access to potentially large new patient populations.

### **PID Patient Support**

Philippa Kirkpatrick and Dr Sean Riminton have stepped down as founding Directors of the Immune Deficiency Foundation of Australia (IDFA). Other Australian physicians have been inducted as Board members, as well as patients.

### **Asia-Pacific Symposium**

CSL Bioplasma has invited a group of clinical immunologists across the Asia-Pacific region to write consensus statements about IVIg use in PID. Whilst it is not an ASCIA activity, it involves many ASCIA members including Mimi Tang, Sean Riminton, Jo Smart and Melanie Wong.

### **Summer School**

The inaugural Asia-Pacific PID Summer School is to be held 6-11 May, 2007. Details can be found at [www.appid.org](http://www.appid.org). The summer school concept is endorsed by ASCIA, however, all funding is provided by CSL Bioplasma in the form of an educational grant.

### **Funding**

The ASCIA PID Register is supported through educational grants from corporate sponsors CSL Bioplasma and Octapharma. ASCIA is extremely grateful for their continued support. The Register is currently in its final year of a three year grant from ASCIA. Future funding options will need to be investigated.

### **The future of the ASCIA PID Register**

The George Institute currently operates the ASCIA PID Register under a memorandum of understanding (MOU), which expires in July 2007. A working party will be formed to determine the future of the Register.

### **Changes to the ASCIA PID Committee**

I have recently assumed the role of Chair of the ASCIA PID Committee. Under Sean's direction the PID Committee has been involved in major projects and undergone a period of great development. We thank Sean Riminton for his leadership during his period as Chair and look forward to his continued role as member of the PID Committee. ■

## **ANAPHYLAXIS WORKING PARTY**

### **Dr Rob Loblay**

A priority for 2007 is the organisation of a national forum for development of an ASCIA anaphylaxis training package.

Various anaphylaxis training initiatives have been conducted throughout Australia, particularly in VIC, NSW, WA and previously in SA. It is thought that communication between the states could be useful to develop a consistent, national training package driven by ASCIA. With this in mind NSW Health has conducted a survey to find out what is happening around the country. The preferred location for the forum is Canberra.

Other issues that need to be addressed in 2007 by the AWP include:

- Response to correspondence on "may contain ..." food labeling
- Input to Allergen Bureau food labeling proposals
- Emergency use of an EpiPen prescribed for (and belonging to) somebody else.
- Revision of generic Action Plan
- Anaphylaxis Register - further development. ■

## **INSECT ALLERGY WORKING PARTY**

### **A/Prof Simon Brown**

The Australian Ant Venom Allergy Study is progressing well. Karl Bleasel & Robert Puy, both from Victoria, have joined the group. The Tasmanian Jack Jumper Allergy Program has been established and is now providing Jack Jumper VIT to allergic Tasmanians, led by IAWP members Simon Brown and Michael Wiese. Simon Brown is the Medical Project Manager and Michael Wiese is the Pharmaceutical Project Manager. Good progress is being made to make the Tasmanian Jack Jumper venom extract available through mainland hospital allergy units. An inspection of venom production facilities at Royal Hobart Hospital by the Therapeutic Goods Administration is pending. ■



## ■ Medical student grant recipient reports

### ASCIA MEDICAL STUDENT GRANT REPORT



**Matthew Broadhead, Julie Paik**  
**UNSW**

We undertook a 12 week elective at HIV-NAT, Bangkok, Thailand. HIV-NAT is a collaborative HIV research centre with involvement from Australia, the Netherlands and Thailand. It is affiliated with the National Centre of HIV Epidemiology and Clinical Research of the University of New South Wales.

Our task while at HIV-NAT involved a retrospective analysis of clinical records, looking at whether time to immune recovery while on Highly Active Anti-retroviral Therapy (HAART) could be used as a reliable predictor for safe discontinuation of *Pneumocystis carinii* pneumonia (PCP) prophylaxis. Current guidelines recommend the safe discontinuation of PCP prophylaxis in patients stable on HAART with a CD4 count  $>200$  cells/mm<sup>3</sup>. However, the application of these guidelines becomes problematic in many developing countries like Thailand, where access to CD4 count monitoring is often limited. We were thus looking at time to immune recovery as an alternative to CD4 count monitoring in under-resourced settings. Currently, our manuscript is being reviewed by HIV-NAT before submission for publication.

As our first exposure to clinical research, it was a challenging experience and we had much to learn about research methodology. Careful time management was crucial, with literature review, data entry, results analysis, and final composition of a manuscript all left to us. It was both challenging and rewarding.

In addition to our work on the project, we spent time in the adult and paediatric HIV clinics at Chulalongkorn Hospital, one of Bangkok's largest hospitals. The Thai Red Cross has made major contributions to HIV research in Thailand through these clinics at Chulalongkorn hospital. We also spent time on field trips, including a prolonged stay at Baan Gerda, an orphanage in Lopburi province for children who have lost their families to HIV and are left to confront the social implications of HIV infection in Thailand. It was sobering to witness the fact that HIV in Thailand is not a disease that discriminates against age, gender or sexual orientation.

Towards the end of our elective we also attended the 9<sup>th</sup> Annual Bangkok Symposium on HIV Medicine, held at the Queen Sirikit National Convention Centre over three days. Over 400 participants from both national and international centres of HIV treatment attended the symposium, and the speakers lectured on various topics ranging from clinical overviews to future possibilities in the management of HIV/AIDS.

Our time spent in Thailand was hugely rewarding and enjoyable and we would like to thank ASCIA and the staff of HIV-NAT for giving us the opportunity to work on a valuable research project and broaden our understanding of a branch of medicine that is not often experienced by medical students in Australia. ■



## QUALITY AND EVIDENCE BASE ASSESSMENT OF WEBSITES ON FOOD ALLERGY

*Jacqueline Lopez-Dee, ANU Medical School*

The Google search engine is one of the most widely used search engines on the internet, often utilized to search for health information. However, there is no guarantee that information accessed has an evidence base, and this may impact on users, particularly in terms of costly diagnosis and treatment procedures. This makes the use of internet of concern to health professionals and patients alike, and there is an ever-growing need for quality assessment and control of websites. Food allergy is one condition to which thousands of websites are dedicated, and with which many people think they are afflicted; however, only a fraction have the true condition.

The study used the Google search engine in producing a list of websites on food allergy, using the search terms 'food allergy treatment'. Each website that appeared in the top 50 hits was then assessed within a period of 48 hours to ensure that the order of appearance did not change, and information was not updated; this was an attempt at extracting a cross section of information on websites at one point in time. Five statements were analyzed from each website. Each statement was graded according to the level of evidence as found in a review of current literature in evidence-based medicine databases such as the Cochrane Library, and in consideration of ASCIA and American College of Physicians (ACP) recommendations and position statements. Each website was then ranked according to the average of its 5 scores, and noted as to the order of appearance (page rank) through the Google search. Other parameters such as ownership of the website, and products or services advertised were noted.

Of the top 50 websites, 48 were assessed: 12 (25%) scored at the highest level of evidence (level I), 24 (50%) scored between level II - level I, 5 (10.4%) scored between level III - level II, 6 (12.5%) scored between level IV - level III, and 1 (2.1%) scored below level IV. There was no correlation between page rank and evidence base. Cross tabulation of two other parameters (ownership and advertising) with evidence base scores

revealed those of higher quality were generally owned by national or international organizations and universities. In terms of advertisements, websites of higher quality had no advertising, or only offered official publications such as brochures or newsletters.

Each website offered different types and amount of information, making comparison difficult. Moreover, some of the poorer quality websites may have obtained a better score by inserting valid statements throughout the page. These sites can be very misleading, and are more difficult to assess quantitatively. On the other hand, websites that were largely evidence based may have been marked down due to some statements that may be valid, but had yet to be reviewed according to level I evidence at that point in time.

Although all statements were reviewed objectively, there were some open to interpretation, leaving room for subjectivity. Using the same websites, the problem may be minimized by having two or more independent markers. More importantly, there have been several trials using automated quality assessment (AQA) programs for health and medical websites. However, existing programs have limitations to their use in terms of the range of medical conditions to which they can be applied, ease of use, and refinement of criteria that indicate 'quality' in websites. Future directions point to development of an automated quality assessment tool that is easy to use, can be applied to a wide range of medical conditions, and one that is linked to (and updated from) evidence-based medicine databases. ■

## ASCIA MEDICAL STUDENT GRANT REPORT



**Philip Tong (Fourth Year Medicine, UWA)**

I am appreciative of the support received by ASCIA on my recent visit to Melbourne.

I am interested in the immunological processes that seem to be woven in

many skin diseases and the management of these conditions with the use of drugs and therapies which act on the various components of the immune system. As many conditions involve an up-regulation of the immune system, many treatments involve suppressing the rampant immunological processes involved in the pathogenesis of these conditions – sadly most are poorly understood.

My elective was organised through the Department of Dermatology at St. Vincent's Hospital. The immunodermatology service provided by the academic Department receives referrals sourced from around Victoria and neighbouring States. Immunodermatology covers common and uncommon diseases such as psoriasis, blistering disorders (eg, pemphigus vulgaris, bullous pemphigoid), atopic dermatitis, lichen planus, lupus erythematosus and many others. Other specialist clinics with a strong immunology component included the photobiology clinic looking at chronic actinic dermatitis, solar urticaria, and related conditions.

I was able to visit other hospitals around Melbourne as part of my elective such as the Royal Melbourne, Royal Childrens', Alfred, and the Austin Hospital. Furthermore, the Skin and Cancer Foundation had specialist clinics in organ transplant dermatology (principally skin cancers as a result of systemic immunosuppressive therapy), contact dermatitis, and phototherapy and photodynamic clinics.

Dr Robert Puy has also made me welcome to the Wednesday morning breakfast clinical meetings and his allergy/urticaria clinics at the Alfred Hospital.

Specifically, I devoted a large part of my time on my elective learning about psoriasis. This chronic T-cell mediated inflammatory disease is characterised by T-cell activation, release of inflammatory cytokines and subsequent epidermal and vascular hyperproliferation and other inflammatory effects. Hence, topical therapies such as corticosteroids and retinoids are suitable for localised disease while phototherapies (UVB, PUVA) and systemic therapies (methotrexate, cyclosporin) are effective for refractory and more extensive disease.

With increased understanding of psoriasis specifically with relation to the immunological regulatory mechanisms that are so important to the pathogenesis of disease, this has led to the advent of biologic agents such as efalizumab, etanercept, and infliximab. Efalizumab inhibits T-cell activation whereas etanercept and infliximab block TNF production. At the moment, efalizumab and etanercept are now listed as part of the Pharmaceutical Benefits Scheme with strict criteria for moderate to severe psoriasis (Psoriasis Area and Severity Index > 15). These biologic agents are the forefront of medicine and it is testament to the hard work going into researching immunological conditions such as psoriasis and many others of which often little is known about them.

I have thoroughly enjoyed and have greatly benefited from my experience here in Melbourne and the ASCIA grant has allowed me to pursue my academic interests without restriction. I would like to thank again President A/Prof Dominic Mallon, my supervisor Dr Robert Puy, and ASCIA for their support and encouragement. ■

## A WORLD APART

**Michelle Paull**  
**UMelb**

They always say you never forget your first patient, and now I'd have to agree. Her name was Chenati Mandeta, a 33 year old female from Zimbabwe, admitted with a one week history of chronic diarrhea, fever and confusion. When I approached the bed she was unresponsive, severely dehydrated and breathing heavily. Where to begin? Despite my soaring stress hormones, I kicked into physical examination mode, completed the exam then did the only thing I was confident of, gave her fluids. What followed was three weeks of aggressive rehydration, electrolyte correction, antibiotics and anti-fungal medications. The end result: Chenati was walking, eating, non-febrile and getting stronger. The only problem: a CD4 count of 24 with no possibility of obtaining anti-retroviral medication as she was not a Batswana.

Chenati was one of the many patients that I worked with during a four week placement at the Princess Marina Hospital in Gabarone, Botswana. Placed on the female medical ward I was working alongside local doctors and nurses as well as a team from the University of Pennsylvania. Things were very different there. For starters, I am sad to say I can count the number of HIV negative patients I cared for in one month on one hand – three to be exact. Tuberculosis was rife and a cause of great morbidity amongst the patients. Being a rich African country, we were lucky to have access to most medications, imaging and a free ARV program for Botswana locals. In contrast to my initial expectations, resources were available, but sadly poorly managed, thereby reducing the level of health care.

As a medical student the experience was both amazing yet challenging and emotionally draining. A greater degree of responsibility often left me feeling stressed, but also so happy when patients improved and eventually returned home. Of course, getting used to a different hospital system, patient approach and disease profile takes time, but it has left me a lot more confident about my clinical skills and sensitive to the health situation in Africa.

I've found myself thinking back on Botswana when I'm on the wards in Melbourne. Airconditioned cubicles housing four patients in Australia would have a

minimum of twelve in Botswana, not to mention the extras in the corridor. The extent of the HIV and TB epidemic is devastating, leaving almost every person I met personally affected. Superimposed on this is the poverty of the local people and the suppression of women. There's no doubt that life and health on the African continent is a world apart from that at home, we have only to think of women like Chenati to realize how lucky we truly are.

Thank you to the staff at Princess Marina Hospital and the University of Pennsylvania team who provided support and experience. Also, to ASCIA & Jill Smith, thank you for the generous student grant which helped make my placement possible. ■

## ASCIA MEDICAL STUDENT GRANT REPORT

**Rashi Kalra**

**USyd Graduate Medical Program-Year 2**

Starting in January 2006, I undertook a 4 week full time 'Option' as a second year University of Sydney medical student at the Westmead Millenium Research Institute under the supervision of Dr Graham Jones. Having completed a BSc (Biomedical Science) prior to medical school, I had an interest in medical research, especially in the field of Immunology. The ASCIA grant gave me the opportunity to explore this interest.

The aim of my project was to **'identify novel mutations in Exon 4 and 5 of the TACI gene in patients affected by Common variable immune deficiency (CVID)'**. DNA sequencing was carried out on those exons of the TACI gene that had not yet been sequenced using our cohort of CVID patients.

TACI, transmembrane activator and calcium-modulator and cyclophilin ligand interactor is a member of the tumour necrosis factor receptor family. It is involved in isotype switching in B cells. All B cells initially express the transmembrane form of IgM and then undergo differentiation into IgG, A, E or D after exposure to an antigen. CVID is characterised by a deficiency of all these immunoglobulin isotypes, however lymphocyte numbers stay normal. CVID is a primary immunodeficiency with a prevalence of 1/50,000 in adults. Symptoms are first seen in childhood and young adulthood as patients present with recurrent infections of the respiratory and gastrointestinal tract.

### **Materials and Methods**

Blood Samples were obtained by venepuncture from CVID patients with informed consent and approval by the Westmead Human Ethics Committee.

DNA analysis was carried out at the Westmead Millennium Institute Genomics facility.

DNA Sequence Analysis was then carried out using the software Sequence Scanner v 1.0 (Applied biosystems) to search for any single nucleotide polymorphisms of interest in patients. The patient sample size was 21.

### **Results**

1. A novel mutation in Exon 4, aa position 171 was found. This resulted in an amino acid change from Leucine to Glutamine. This mutation was in the transmembrane region of TACI. The patient was a heterozygote (C/A) for this mutation.

2. Two single nucleotide polymorphisms (snp) were seen in Exon 5 of TACI. One of these S843S (serine) was due to a AGT AGC change and was described as a snp and is available in the HapMap database (<http://www.hapmap.org>). From the HapMap database, the frequency of this SNP is: TT=0.45, CT=0.35, CC=0.20 in the population. My results showed: TT=0.33, CT=0.43, CC=0.24, thus a higher CT and CC frequency among CVID patients.

3. The second snp seen again in the Exon 5 region, at amino acid position 251, was probably in the intracellular domain of the TACI receptor. This resulted in a non synonymous amino acid Glutamine>Leucine (P251L) change due to a CCC CTC transformation. My results showed allele frequencies of TT: 0, CT=0.33, CC=0.67. Hap Map data was not available for this snp.

### **Discussion**

1. As other mutations which affect the function of the TACI receptor have been described in the transmembrane region, it appears this region is important in controlling TACI function and the effect of the mutation in exon 4, aa position 171 on receptor function may provide important clues to its role in CVID.

2. The results of the S843S snps would suggest an increase in the frequency of the CC allele in CVID patients however due to small sample size we were unable to confirm the statistical significance.

3. The P251L mutation reported was not recorded in the SNPs database and therefore we do not have populations statistics to compare it to. Salzer et al reported that patients with the alternate form of this snp also inherited variant forms of other common snps such as R72H and V220A (see Nature genetics. 37, 820-828, 2005).

### **Conclusion**

1. A novel mutation in one patient was found in exon 4, a region known to harbour mutations that affect the function of the TACI receptor.

2. Two polymorphisms were found in exon 5, one of which resulted in an amino acid change. At least two other polymorphisms are present in TACI that also result in an amino acid changes (R72H, V220A). Genotyping of these three polymorphisms should be done in all CVID patients to test whether there is a preferential inheritance of the variant amino acid at one or more of these SNPs (and a comparison in a similarly sized group of healthy individuals). It would be an interesting hypothesis to test how many CVID patients had inherited all three of these polymorphisms.

3. To be sure about these results we need to continue to recruit more CVID patients to develop statistically significant data on inherited mutations in TACI and their role in CVID. There is enough evidence from preliminary data to justify further investigation of the link between TACI and its correlation with this primary immune deficiency which causes persistent morbidity in those affected by it. ■



## ■ ASCIA Awards and Grant Recipients – 2006

### DISTINGUISHED SERVICE AWARD

**Dr Karl Baumgart**

President 2005-2006

### CERTIFICATES OF APPRECIATION

**Dr Karl Baumgart**

Chair - ASCIA ASM 2006

**Professor Konrad Bork**

Contribution to ASCIA ASM 2006

**Dr Mathew Cook**

ASCIA Executive 2002-2006

**Professor Ronald Dahl**

Contribution to ASCIA ASM 2006

**Dr Michael Gold**

Anaphylaxis WP Chair 2002-2006

**Dr David Hill**

Service to ASCIA 1990-2006

**A/Prof Ray Mullins**

Education committee Chair 2000-2006

**Professor Markus Ollert**

Contribution to ASCIA ASM 2006

**Professor Werner Pichler**

Contribution to ASCIA ASM 2006

**Dr Sean Riminton**

ASCIA PID committee since 1998 and Chair 2004-2006

**Deryn Thompson**

Contribution to establishing Prof Cert in Allergy Nursing

**Professor Rudolf Valenta**

Contribution to ASCIA ASM 2006

### PID REGISTER AWARD

**Lyn Beilby**

### MEDIA AWARDS

**Selina Mitchell**

Allergy guidelines rewritten - The Weekend Australian - October 8-9 2005

**Adam Cresswell**

Wheezes and sneezes no minor matter - The Weekend Australian - October 15-16 2005

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ASCIA PID Register

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Evaluation of the risk of anaphylaxis in peanut allergic children

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Fatal anaphylaxis in New Zealand: case finding for the decade 1995-2004

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**Dr Robert Clarke** MBBS FRACGP DipPracDerm  
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**Dr Roger Morris** MBBS DCH FRACGP  
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Royal Melbourne Hospital, VIC

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