

## EAACI Clinical Fellowship Report

Project: Learn The Most Advanced and Standardized AIT Techniques in Europe

Supervisor: Prof. Oliver Pfaar

Fellowship winner: Dr. Qingqing Xu

I had a great pleasure to be a part of EAACI Fellowship program, and affiliated to Section of Rhinology and Allergy, Department of Otorhinolaryngology, Head and Neck Surgery (ENT), Universitätsklinikum Gießen und Marburg (UKGM), Germany from October 22, 2019 till December 31, 2019.

When I wrote my letter of motivation for my 3-month clinical fellowship, I expressed the aim to study the most advanced and standardized Allergen immunotherapy (AIT) techniques in Europe. At the end of the time of the clinical fellowship project, I can express full satisfaction for what I have experienced.

During my stay I was scheduled to participate in the Allergy section of ENT, other sections of ENT and Dermatology and Allergy.

### 1. Allergy section of ENT

I spent the first two months in the Allergy section, where I stayed about 7 hours a day for 5 days a week.

In this outpatient clinic there were about 5-10 patients everyday affected by allergy rhinitis (AR), asthma and Aspirin intolerance. The clinics consisted of detailed anamnesis, examination of patients, evaluation of laboratory tests (specific-IgE antibodies in a serum sample, sIgE), prescription of treatment, performing clinical test peak which including: nasal inspiratory flow test (PNIF), smell test, skin prick test, nasal provocation tests, immunotherapy and desensitization to Aspirin cases.

AIT should be considered with symptoms strongly suggestive of allergic rhinitis, with or without conjunctivitis; evidence of IgE sensitization to 1 or more clinically relevant allergens; and moderate-to-severe symptoms despite regular and/or avoidance strategies. AIT may also be considered in less severe AR where a patient wishes to take advantage of its long-term effect on rhinitis and potential to prevent asthma with grass pollen AIT.

Key contraindications are severe or uncontrolled asthma; active, systemic autoimmune disorders; active malignant neoplasia. Careful review of benefits and risks is required with history of severe reactions, beta-blocker therapy, severe cardiovascular disease, other autoimmune disorders, severe psychiatric disease, poor adherence, and immunodeficiency. The individual patient's conditions should be considered when deciding whether to prescribe AIT and the summary of product characteristics should be reviewed for specific contraindications for individual preparations.

AIT can be recommended in otherwise healthy elderly patients with AR whose symptoms cannot be adequately controlled by pharmacotherapy. If patients have not started AIT and are pregnant, it is recommended to wait until after pregnancy to initiate therapy.

Premedication with an antihistamine is recommended as it reduces the frequency and severity of local and systemic cutaneous reactions but does not eliminate the risk of other systemic adverse reactions including anaphylaxis.

Poly-sensitized patients who are poly-allergic for taxonomically related homologous allergens can be recommended to receive either a single allergen or a mixture of homologous allergens from that biological family that covers all the major allergens. Patients who are poly-allergic for non-homologous allergens may be recommended to start AIT with either the allergen responsible for most of their allergic rhinoconjunctivitis symptoms or separate treatment with the 2 clinically most important allergens.

It is recommended that patients should wait in the clinic for at least 30 minutes after a SCIT injection and an initial SLIT dosage, staff and equipment should be available to manage any severe local or systemic reaction or anaphylaxis. It is recommended that patients receiving SLIT should be informed about how to recognize and manage adverse reactions, particularly severe ones.

To achieve long-term efficacy, it is recommended that a minimum of 3 y of therapy is used. It can be recommended that patients on SLIT are followed up every 3 months to maximize adherence.

Subcutaneous immunotherapy (SCIT)

Continuous SCIT is recommended for seasonal or perennial AR for short-term benefit in those with moderate-to severe disease. Pre- and pre-/co-seasonal SCIT is

recommended for seasonal AR for short-term benefit. Continuous grass pollen SCIT is recommended for AR for short- and long-term benefit.

#### Sublingual immunotherapy (SLIT)

SLIT with tablets for pollens or HDM can be recommended for AR for short-term benefit. SLIT aqueous solutions for pollens can be recommended for AR for short-term benefit. SLIT aqueous solutions for HDM cannot be recommended for AR for short-term benefit. Continuous grass pollen SLIT tablets or SLIT solution is recommended for AR for long-term benefit. HDM SLIT tablet can be recommended for AR for long-term benefit.

#### 2. Other sections of ENT

I spent the last month in other sections of ENT, where I stayed about 5 hours a day for 3 days a week.

I frequented dedicated to outpatient clinic, emergency section and operating theater during 3 days/week the last month.

There were about 10 patients during 7-8 hours a day in outpatient clinic. In this period, I learnt the diagnostic work up and therapy of common diseases of ENT. In addition, I learnt the diagnostic work up and therapy of hereditary hemorrhagic telangiectasia (HHT) from Prof. Urban Geisthoff. I haven't had much practical experience in diagnosing and managing patients with HHT before, so weekly visits of patients with HHT helped me in gaining it and moreover finding out future treatment opportunities.

Moreover, I observed the emergency treatment of diseases of ENT (i.e. epistaxis) and the conventional surgeries in ENT and unconventional surgeries of ENT in China (i.e. endoscopic minimally invasive surgery of the salivary glands, nasal plastic surgery, and endoscopic surgery with laser assisted of HHT), it broadens my knowledge and horizons.

#### 3. Dermatology and Allergy

I frequented dedicated to Dermatology and Allergy clinic during 2 days/week the last month.

There were about 20-30 patients during 7-8 hours a day in outpatient clinic. I learnt the diagnostic work up and therapy of venom allergy, food allergy, atopic dermatitis and the omalizumab therapy of asthma from Dr. med. Stefan Mühlenbein. I had no practical experience in diagnosing and managing patients with food and venom allergy before, so it broadens my knowledge and horizons.

In addition, Prof. Oliver Pffar gave the opportunity to attend the meeting “Focus on allergy/ Translational research in allergy precision medicine reaching out to the patients” which is held for the Germany Academy of Allergy and Clinical Immunology(DGAKI) in Frankfurt, where I attended different lectures for 2 days about the updates in basic immunology, bronchial asthma, prevention/pediatrics, food allergy, atopic dermatitis, venom allergy, AIT for AR and the treatment of chronic rhinosinusitis. It was very valuable for me to be updated, listen and learn from great professors from all around Germany and Japan.

The great benefit I’ve got from being there next to the doctor while consulting the patient and listening how the doctor sincerely, thoroughly and professionally explains the situation to the patient.

I am grateful I had a possibility to learn this from leading specialists in these fields. It is true that, at the beginning of this route, there was some hardship linked to both foreign language and different approach in routinely medical care. At the end of this experience, I can affirm that it’s totally worth it.

I have studied in deep EAACI guidelines for AIT and learnt above all its practice aspects, correcting wrong practices and concepts that I had before. I have already shared my experience and knowledge with my hometown immunologists. Moreover, contacts of excellent immunology professionals from UKGM and EAACI for sure will help me dealing with my immunology patients issues in the future.

I have come to the moment of thanks. I would like sincerely to thank Prof. Oliver Pffar and his teams, Prof. Urban Geischoff, Dr. Nastev Alexander, Dr. med. Stefan Mühlenbein and all the staffs in ENT, for the valuable guidance, willingness and patience to contribute to my training in UKGM in these three months. Moreover, I

would like to thank EAACI for choosing me to be the winner of this clinical fellowship. It was a great and memorable experience, that have changed my approach in routinely medical care and opened my horizons.

This fellowship gave me an opportunity to learn a lot, to become familiar with AIT in Germany, and to make wonderful collaborations. Therefore, I would strongly recommend EAACI fellowship program to future participants.



Sincerely,  
Dr. Qingqing Xu