















Asthma/allergy						
Monotherapy	Mouse: asthma, allergic rhinitis, conjunctivitis, allergic aspergillosis. Guinea pig: RSV sensitization Monkey: asthma. All reviewed inREF. 143	<ul> <li>AVE 7279 (Phase I; sanofi-aventis/Coley)</li> <li>AVE 0675 (preclinical; sanofi-aventis/Coley)</li> <li>1018 ISS (Phase II; Dynavax)</li> <li>IMO (preclinical; Novartis/Idera)</li> </ul>				
Vaccines	Mouse: asthma, allergy immunotherapy and atopic dermatitis	• B-class ODN 1018 ISS conjugated to protein <sup>137,138</sup> (Phase III; Dynavax)				
<ul> <li>Phase 1 trial: inhaled 1018 ISS in 54 healthy subjects. well tolerated at escalating doses measurable increases in the expression of cytokines</li> <li>Phase 2a trial 1018 ISS in 30 mild asthmatics four weekly doses of either 1018 ISS or placebo substantial and statistically significant pharmacological activity induction of genes associated with a reprogrammed immune response.</li> <li>Dynavax.com</li> </ul>						

























# Prophylaxis of atopy and asthma in children Objectives : To reduce the frequency of allergic sensitization and expression of allergic disease (in particular atopic asthma) amongst children at high genetic risk of asthma/atopy. Patrick G. Holt, University of Western Australia, Perth AUS Peter Sly, University of Western Australia, Perth, AUS Bengt Bjorksten, Karolinska Institute, Stockholm, SWE Ulrich Wahn, Berlin Humboldt University , Germany Richard Loh, Princess Margaret Hospital for Children, Perth, AUS

Immune Tolerance Network

# Prophylaxis of atopy and asthma in children

## Approach:

•200 children aged between 18 and 30 months

•history of AD or food allergy but without sensitization to inhalants

•mother or father or sibling history of atopy (AD, allergic rhinitis or asthma)

•sublingual drops, containing either allergen (house dust mite, timothy grass & cat) or placebo daily for 12 months

•followed for three years after finishing treatment.

•Outcomes: 50% reduction in IgE and Th2 responses to allergens given and 50% reduction in asthma.















# Effect of glutathione-S-transferase M1 and P1 genotypes on xenobiotic enhancement of allergic responses: randomised, placebo-controlled crossover study

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		GSTM1			
		Null (n=14)	Present (n=5)	р	
	<b>lgE</b> Clean air and allergen	6.9 (2.6–24.3)	8.9 (4.3–18.8)	0.40	
	DEP and	106.6 (8.8–534.8)	49.8 (14.2–79.4)	0.15	
	allergen Difference	102.5 (1.0-510.5)	45.5 (-1.5-60.6)	0.03	
	<b>Histamine</b> Clean air	2.9 (1.3–5.9)	2.8 (1.9-6.7)	0.96	
<i>Lancet</i> 2004; 363: 119–25	and allergen DEP and	16.9 (2.9–27.6)	9.8 (3.1–19.0)	0.08	
	Difference	14.0 (-0.2-24.7)	7.4 (1.2–12.3)	0.02	



# ASTHMA

Genetic polymorphism of *GSTM1* and antioxidant supplementation influence lung function in relation to ozone exposure in asthmatic children in Mexico City

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Received 31 March 2003 Accepted 13 August 2003 **Background:** We recently reported that antioxidant supplementation with vitamins C and E mitigated azone related decline in forced expiratory flow (FEF<sub>25-75</sub>) in 158 asthmatic children in an area with high azone exposure in Mexico City. **Methods:** A study was undertaken to determine whether deletion of glutathione S-transferase M1 (*GSTM1* null genotype), a gene involved in response to axidative stress, influences azone related decline in FEF<sub>25-75</sub> and the benefit of antioxidant supplementation. **Results:** *GSTM1* null children receiving placebo had significant ozone related decrements in FEF<sub>25-75</sub> (percentage change per 50 ppb of azone 2.9 (95% CI – 5.2 to –0.6), p=0.01); *GSTM1* positive children did not. Conversely, the effect of antioxidants was stronger in children with the *GSTM1* null genotype. **Conclusions:** Asthmatic children with a genetic deficiency of *GSTM1* may be more susceptible to the deleterious effects of ozone on the small airways and might derive greater benefit from antioxidant supplementation.

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