Published Support for Diagnosis of Underlying Atopy in Common Childhood Diseases

- "When we look at the 'allergic march,' we see that in the infant, up to about age 2, food allergy and atopic dermatitis tend to be the major manifestations of atopic disease."
  L J Smith, *AAP Pediatric Update,* July 2002

- "There is a strong association between atopic dermatitis and the subsequent development of asthma. Around 40% of infants with atopic dermatitis in early infancy will develop asthma at the age of three to four years."
  ETAC® Study Group, *Pediatr Allergy Immunol,* 1998

- "One of the things that we're now appreciating with the infants that develop food allergy is that this is often the first sign of the atopic child. This is the child that's going to go through the 'atopic [allergy] march' through atopic dermatitis, allergic rhinitis, and frequently on to asthma. ... So, it becomes critical to identify these infants at age 1, determining whether they are at risk to go on to develop other allergies."
  H Sampson, *AAP Pediatric Update,* July 2002

- "Due to a lack of neonatal predictors, sensitization to food allergens during infancy might become a reliable predictor for the development of allergic airway diseases later in childhood and for secondary prevention strategies."
  M Kulig, et al, *Pediatr Allergy Immunol,* 1998

- "Symptoms of allergic rhinitis [URD] can markedly interfere with quality of life and may predispose adults and children to a variety of comorbid conditions. ... Better diagnosis and treatment can help to greatly benefit patients affected by allergic rhinitis [URD]."
  EO Melzer, *Journal of Allergy and Clinical Immunology,* 2001

- "The possibility of food allergy should be considered in all pediatric patients with recurrent serous otitis media and a diligent search for the putative food allergen made for proper diagnostic and therapeutic intervention."
  TM Nsouli, et al, *Annals of Allergy,* 1994

- "When this test came out, called the CAP RAST™ [ImmunoCAP® Specific IgE blood test], which actually enables you to quantitate the amount of the IgE antibody to a specific food, we looked at it to see if we could identify what we'll call decision points or absolute values of IgE that would indicate somebody was highly likely to experience reaction if they exceeded this particular value ... we were able to come up with numbers above which we knew that there was a 95% chance the child would react if they ingested the food."
  H Sampson, *AAP Pediatric Update,* July 2002

Published Support for Diagnosis of Underlying Atopy in Common Childhood Diseases (continued)

- "It seems to me at the moment that the pediatrician in the office with a child with significant atopic dermatitis has good reason to order CAP RAST™ [ImmunoCAP® Specific IgE blood test]."
  R Evans, *AAP Pediatric Update,* July 2002

- "…the pediatrician could certainly order the blood test initially to see whether or not there were significant levels of antibody…in these children with atopic dermatitis."
  H Sampson, *AAP Pediatric Update,* July 2002

- "It's important to specify, however, that the only *in vitro* test with which such diagnostic assumptions can be made is with the CAP RAST [ImmunoCAP Specific IgE blood test] and no other *in vitro* IgE test that is available. So you need to see if your laboratory is doing that specific test."
  LJ Smith, *AAP Pediatric Update,* July 2002

- "… not all commercial laboratories/assays for specific IgE provide reproducible and accurate data. … research has found [only] the Pharmacia CAP System to be reproducible, quantitative, and accurate. … The clinical application of accurate and reliable IgE antibody test results interpreted within the context of the clinical history and physical examination can add significant objectivity to the evaluation of allergic patients."
  S Szeinbach, et al, *Ann Allergy Asthma Immunol,* 2001

- "It's important to establish that immune mechanisms are causative in the symptoms. … So, when I ask a family to institute dust mite control measures or pet avoidance or elimination, I like to make sure that the child is truly allergic to that allergen."
  LJ Smith, *AAP Pediatric Update,* July 2002

- "It's important to recognize the child's rhinitis as allergic when it is. I like all of these second-generation antihistamines and use them for allergic rhinitis and other allergic reactions, including urticaria, but it doesn't always help the nasal congestion."
  R Evans, *AAP Pediatric Update,* July 2002

PHARMACIA Diagnostics

ImmunoCAP®
Specific IgE blood test

RAST is a trademark and ImmunoCAP is a registered trademark of Pharmacia Diagnostics AB.

www.us.pharmaciadiagnostics.com
1-800-818-0979

02044.01