

50 years of IgE and where we are today including a recap on the CLSI guidelines.

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Phadia User Group Meeting 2017

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2. Derp 23 –a new mite component
3. Updated CLSI guidelines

IgE turns 50

1967

- Gunnar Johansson & Hans Bennich, Uppsala University Hospital
- Japanese team, Kimishige & Teruko Ishizaka Denver, Colorado
- Leif Wide, RIST (RadioImmunoSorbentTest)

1972

- Phadebas® total IgE becomes the first commercially available total IgE test

1974

- Phadebas® RAST (RadioAllergoSorbentTest) is launched- for the first time measuring IgE antibodies is a reality

IgE turns 50

1982

- The first allergen component is introduced

1986

- ImmunoCAP® Phadiatop the first test to detect atopic disease, helps rule in or out allergies.

1987

- PhARF (Phadia Allergy Research Forum) is established, the most prestigious prize in allergy.
- In association with Uppsala University and WAO, AAAI and EAACI.

IgE turns 50

1989

- Pharmacia launches Pharmacia CAP System® by introducing a new solid-phase called ImmunoCAP®.

1995

- UniCAP® 100 is introduced, the world's first automated laboratory system for allergy testing
- 2001 PH250, 2004 PH1000, 2010 PH2500 & PH5000
- First component test: birth, timothy grass.

1999

- The first IgE test for specific protein components in natural sources becomes available in clinical practice

IgE turns 50

2005

- ImmunoCAP® rapid is announced, the first IgE allergy point of care test

2009

- ImmunoCAP® ISAC, the first multiplexing in vitro diagnostic test with allergen components, becomes available.

2014

- Over 650 complete allergens components can now be detected.

2017



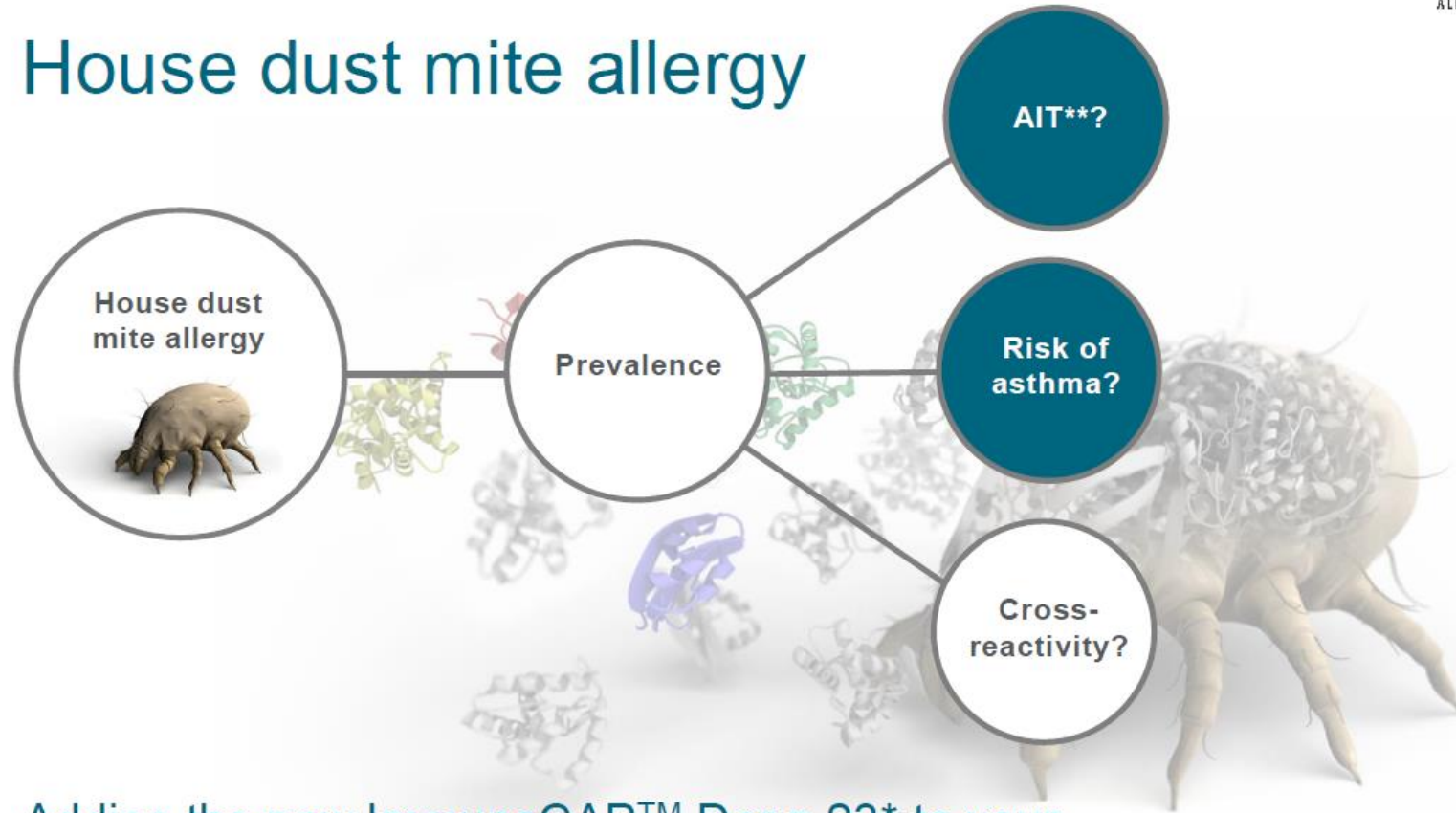
The world celebrates the 50 year anniversary of IgE,
and all the current and future discoveries that continue to
improve diagnosis, treatment, and the quality of life for
everyone affected by allergies and asthma.



NEW ImmunoCAP® Der p 23

House dust mite component

House dust mite allergy



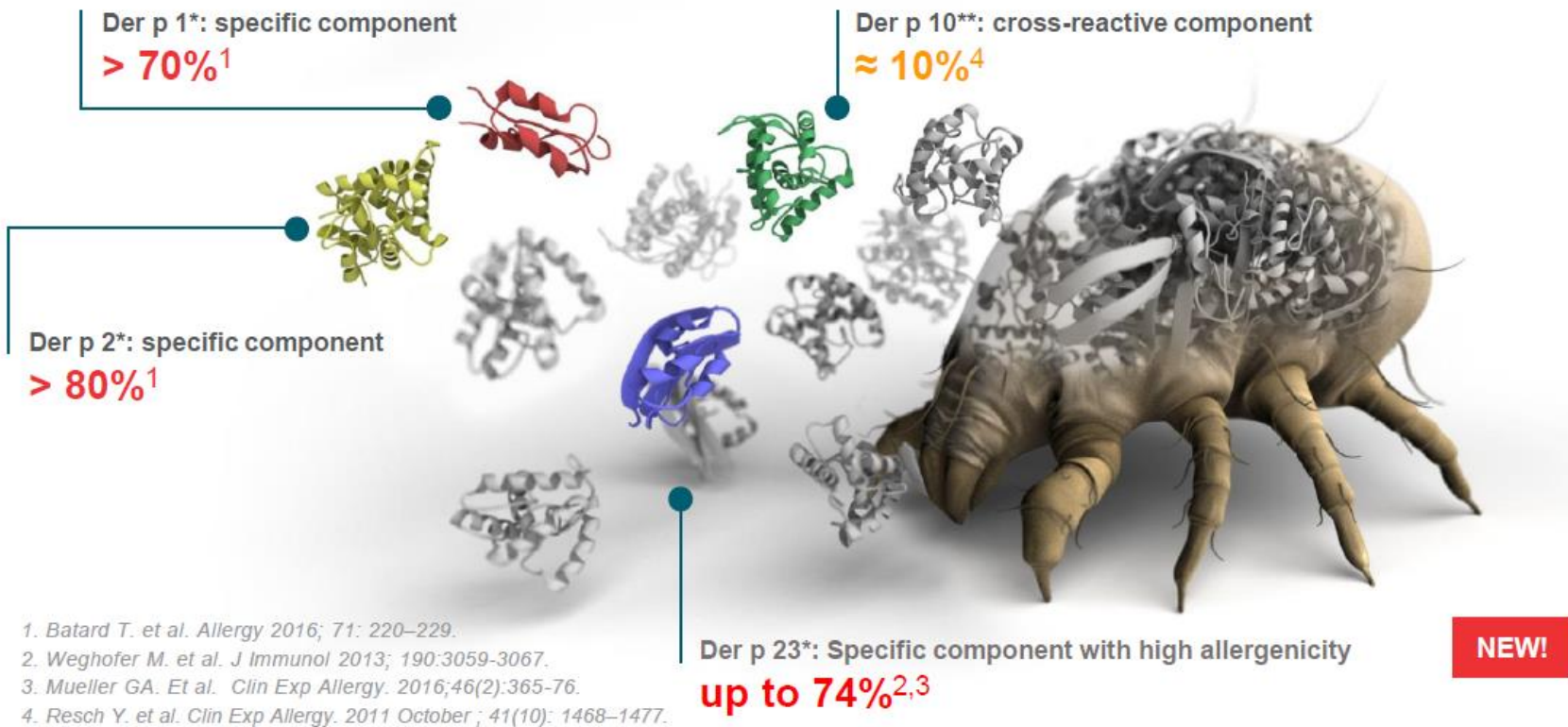
Adding the new ImmunoCAP[™] Der p 23* to your ImmunoCAP test profile help you decide on patient management

*ImmunoCAP Allergen d209, Allergen component rDer p 23, House dust mite

**Allergen Immunotherapy

Key to accurate management is knowing the sensitization profile

Frequency of sensitization among HDM allergic children and adults

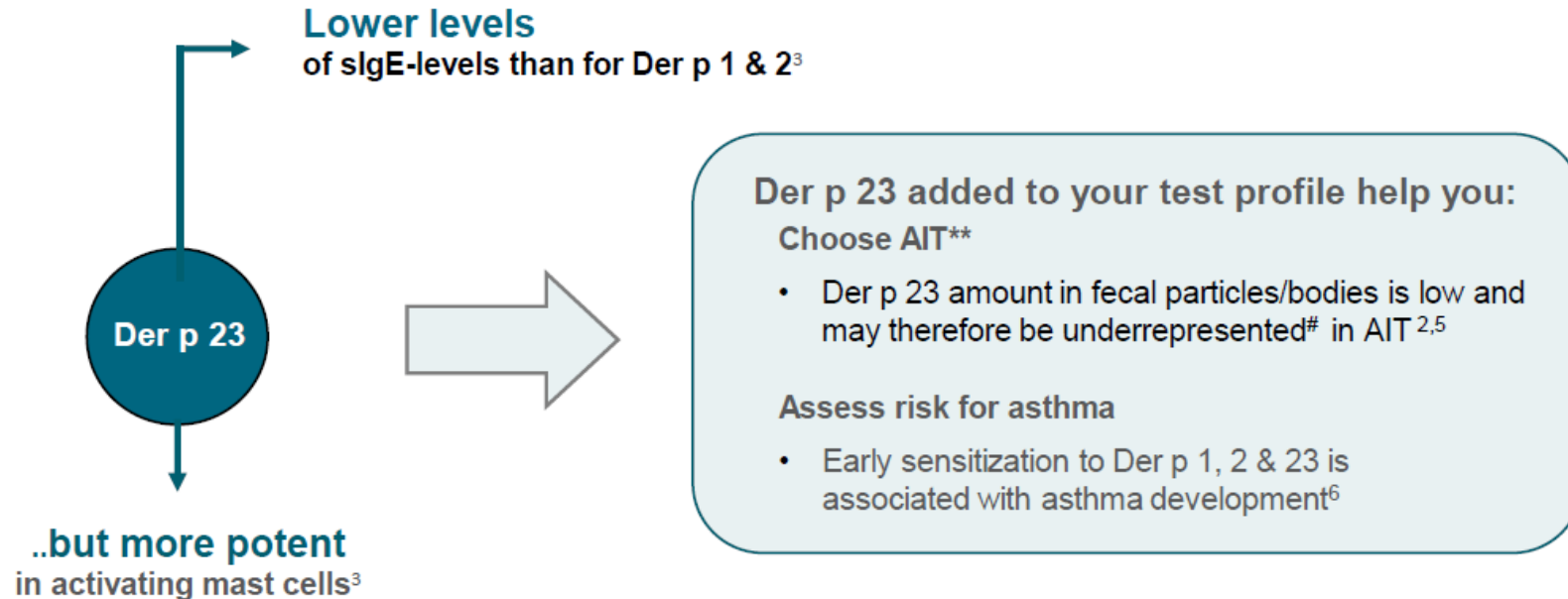


1. Batard T. et al. *Allergy* 2016; 71: 220–229.
2. Weghofer M. et al. *J Immunol* 2013; 190:3059-3067.
3. Mueller GA. Et al. *Clin Exp Allergy*. 2016;46(2):365-76.
4. Resch Y. et al. *Clin Exp Allergy*. 2011 October ; 41(10): 1468–1477.

⁹High cross-reactivity between Der p 1 and Der f 1 resp. Der p 2 and Der f 2 resp. Der p 23 and Der f 23 from *D. Farinae*.
⁸Mite tropomyosins such as Der p 10 and Der f 10 are widely cross-reactive among invertebrates.

Introducing ImmunoCAP[™] Der p 23*

Up to 74% of HDM allergic patients are Der p 23 sensitized^{1,2}
and 4-6% are mono sensitized³⁻⁴

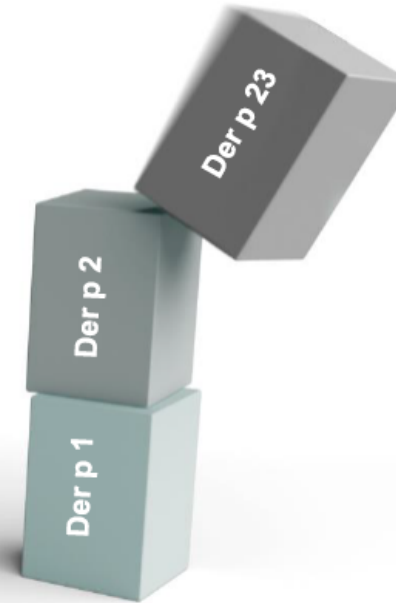
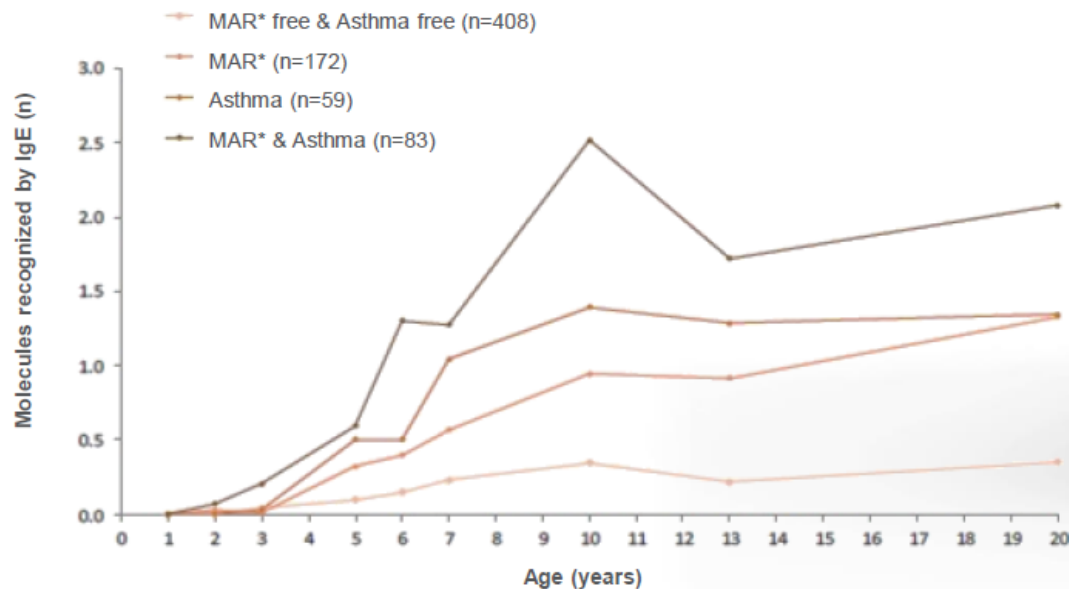


1. Becker S et al. *Int Arch Allergy Immunol.* 2016;170(2):132-7.
2. Weghofer M. et al. *J Immunol.* 2013;190(7):3059-67.
3. Mueller GA. Et al. *Clin Exp Allergy.* 2016;46(2):365-76.
4. Resch Y. et al. *J Allergy Clin Immunol* 2015;136:1083-91.
5. Thomas WR. *Allergology International* 64 (2015) 304-11.
6. Posa D. et al. *J Allergy Clin Immunol* 2017;139:541-9

*ImmunoCAP Allergen d209, Allergen component rDer p 23, House dust mite
**Allergen Immunotherapy
#Der_p 23 content of extracts has not been studied.

Early sensitization to Der p 1, 2 & 23 is associated with asthma development

Sensitization starts in early ages¹



Asthmatic patients are sensitized to more components than those without asthma²

* Mite-related allergic rhinitis

1. Posa D. et al. *J Allergy Clin Immunol* 2017;139:541-9

2. Resch Y. et al. *J Allergy Clin Immunol* 2015;136:1083-91

Suggested test profile: HDM allergy

ImmunoCAP[®]
ALLERGEN COMPONENTS

ImmunoCAP[™]
Whole
Allergens

Dermatophagoides pteronyssinus (d1) and *Dermatophagoides farinae* (d2)

ImmunoCAP[™]
Allergen
Components

Der p 1* (d202) / Der p 2* (d203) /
Der p 23* (d209)

Der p 10** (d205)

Specific markers

Cross reactive marker

Clinical implications

Choice of AIT

- Differentiation between Der p 1, 2 & 23 sensitization helps choose appropriate AIT¹⁻³
- Der p 2 sensitized patients may benefit from AIT* based on purified mite body cultures⁴⁻⁹ or carefully standardized pharmaceuticals^{10,11}
- Der p 23 amount in fecal particles/bodies is low and may therefore be underrepresented# in AIT^{12,13}

Assess risk for asthma

- Early sensitization to Der p 1, 2 & 23 is associated with asthma development¹⁴
- Asthmatic patients are sensitized to more components than those without asthma¹⁵

Further examination needed

- Cross-reactivity between HDM, crustaceans, insects and molluscs
- If Der p 10 is dominant, food allergy can be suspected

CLSI guidelines

IgE antibody assays

Clinical and Laboratory Standards Institute

abacus dx

- A not-for-profit membership organization.
- Develops consensus-based clinical standards that enable laboratories to fulfil their responsibilities through high-quality testing practices.
- A global membership base with a common mission: to develop & promote standards that are respected worldwide to improve patient care.
- <http://clsi.org/>



Objective

- To summarize the **current state** of clinically used assay technologies for quantifying total IgE and IgE ab levels.
- Define **performance criteria** and methods for qualification of assay reagents for manufacturer& users.
- Discuss potential causes for **quantitative result discordance** among the different IgE ab assays.
- Outline **manufacturer& user QC measures**.
- Provide guideline to regulatory agencies for validations.



Thank you

For your attention