



EDITORIAL

This issue of “Expressions” contains the findings of a 3-year study that has been described as representing a “cornerstone”,⁽¹⁾ being the first double-dummy placebo-controlled comparison of sublingual immunotherapy (SLIT) and subcutaneous immunotherapy (SCIT)⁽²⁾.

Statistical analysis confirms that both treatments reduce symptoms of seasonal rhino-conjunctivitis and the use of rescue medication but the absence of systemic reactions in patients treated with SLIT is of major clinical importance. SLIT has an established history of at least 15 years but now we have evidence that the sublingual method offers equivalent efficacy to SCIT but with a better safety profile.

We know that SCIT has been shown to prevent monosensitized patients from becoming newly-sensitized to additional allergens and that rhinitis patients receiving SCIT are less likely to exhibit disease progression and the development of asthma. It is for reasons such as these that The World Health Organization (WHO) recommends SCIT as an integrated part of allergy management strategy⁽³⁾.

This new study is therefore good news for patients and physicians who want to avoid repeated injections and the risk of systemic reactions.

Comparative studies of specific immunotherapy are not easy or cheap to carry out. For these reasons alone, the work of Khinchi and colleagues is to be commended. Some questions remain. What is the optimal dose of SLIT? Can we assume that the results from seasonal pollen allergy are sufficient to assume that equivalent results can be obtained with other allergens or in other conditions?

“Expressions” is grateful to the experts who have contributed their words and comments for you to read and is pleased to present a selection of topical abstracts, news items and conference information.

Professor G. W. Canonica

(1) Passalacqua G, Canonica GW. Sublingual of injection therapy: the final answer? *Allergy* 2004; 59: 37-38.

(2) Khinchi MS, Poulsen LK, Carat F, André C, Hansen AB, Malling H-J. Clinical efficacy of sublingual and subcutaneous birch pollen allergen-specific immunotherapy: a randomized, placebo-controlled, double-blind, double-dummy study. *Allergy* 2004; 59: 45-53.

(3) Bousquet J, Lockey R, Malling H-J (eds.). WHO position paper. Allergen immunotherapy: therapeutic vaccines for allergic diseases. *Allergy* 1998; 53 (Suppl. 44): 1-42.



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