

Our Mission

We strive to promote excellence in the treatment and study of asthma and airway disease. We emphasize outstanding clinical care, innovative clinical and basic research, and education for patients, community members and health care providers.

UI Asthma Center News

June 2006

In This Issue

- Asthma Center Update
- Featured Publications
- Studies/Recruitment

Staff

Director

Joel N. Kline, MD, MSc

Physicians

Mary Beth Fasano, MD, MSPH

Patrick Hartley, MB, BCh, MPH

Dwight Look, MD

Fellows

Brian Hartz, MD

Richard Milchak, MD

Program Assistant

Tony J. Quinlan, BS

Coordinators

Sandy Reed, RN, MSN, CCRC

Jackie Loesche, PA

Deb Pfab, BA, CCRC

Lori Stout, RN, BSN

Janet Watt, BA, RRT, CCRC

Contact Us

(319) 356-3240 or

(877) 428-0635

www.uihealthcare.com/asthma

uiasthmacenter@uiowa.edu

Clinical Research Center:

1025 Boyd Tower

UI Asthma Center Update

The first **UI Asthma Center Conference**, "Asthma and the Environment: Translating Science into Patient Care" was held May 5, 2006. Guest faculty included: **Robert Lemanske** (University of Wisconsin) and **Tom Casale** (Creighton University). The conference, co-sponsored by the UI Environmental Health Sciences Research Center, was attended by over 50 registrants, and their comments were uniformly positive. The morning session focused on the causes of asthma and asthma exacerbations, and the afternoon was devoted to standard and future treatment approaches. Especially popular was the "Point/Counterpoint" session led by Asthma Center faculty Dr. Dwight Look and Dr. Mary Beth Fasano, which examined the controversies surrounding the use of salmeterol in asthma and the potential utility of exhaled nitric oxide in the assessment of airway inflammation. The complete program brochure is available at:

www.medicine.uiowa.edu/cme/pdfs/Asthma%2006.pdf

The *Asthma Center website* is now available at: www.uihealthcare.com/asthma. It provides information for the general public, patients, and physicians about asthma, asthma care at the University of Iowa, current research studies, and links to other asthma-related and UI websites. Our new email address is: uiasthmacenter@uiowa.edu

We participated in the **UI Student Health Fair** March 1, 2006 on the Main Deck of the UI Field House. It was a huge success as we answered questions, handed out materials and performed 50+ free Pulmonary Function Tests for health fair attendees.

Featured Asthma Center Publications

Casale TB, Busse WW, **Kline JN**, **Ballas ZK**, et al. Omalizumab pretreatment decreases acute reactions after rush immunotherapy for ragweed-induced seasonal allergic rhinitis. J All Clin Immunol 117(1):134-40, 2006.

In a three-center study (conducted at the University of Iowa, University of Wisconsin, and Creighton University), investigators found that pre-treatment with the anti-IgE antibody, omalizumab, significantly reduced the rate of adverse reactions to rush immunotherapy in a population of ragweed-allergic subjects. Subjects treated with both omalizumab and rush immunotherapy also had significantly less clinical symptoms than did those treated with immunotherapy alone. These findings suggest that some patients for whom allergy immunotherapy is currently contraindicated because of the danger of severe, potentially life-threatening reactions (e.g. severe atopic asthma) may be able to be safely treated. Immunotherapy is currently the only truly disease-modifying (leading to long-term, though not permanent, improvement even after therapy is ended) treatment for allergic disorders.

Chin CL, Manzel LJ, Lehman EE, Humlicek AL, Shi L, Starner TD, Denning GM, Murphy TF, Sethi S, **Look DC**. Haemophilus influenzae from patients with chronic obstructive pulmonary disease exacerbation induce more inflammation than colonizers. Am J Resp Crit Care Med 172(1):85-91, 2005.

A research team lead by UI Asthma Center investigator Dr. Dwight Look recently found that the response to *Haemophilus influenzae*, a bacterium commonly found in the airways of patients with chronic obstructive pulmonary disease (COPD) varies greatly, depending on the source of the bacteria. *H influenzae* isolated from the airways of COPD patients in exacerbation caused significantly more inflammation when introduced into the lungs of mice or into airway cell cultures than did similar bacteria isolated from patients who were colonized, but without any recent worsening of their illness. This difference is associated with greater induction of inflammatory molecules from the airway epithelia. These studies increase our understanding of the causes of COPD exacerbations and may lead to new treatment strategies.

Study Updates/Recruitment

➤ **We are always eager to discuss current studies with interested health care providers as well as potential research subjects. Please contact us! Below are some current studies:**

Severe Asthma Study [Anti-TNF- α]

- >18 yrs old, non-smoker for past year; < 10 pack-yr history
- Asthma for > 3 yrs; severe persistent diagnosis >1 yr, Continuous medication for past 3 months
- Exclusion: Acute asthma exacerbation, COPD, cystic fibrosis, tuberculosis, significant infection.
- Duration: 1 year

Epidemiologic Study of Atopic Asthma

- >12 yrs old
- Moderate to severe persistent asthma, Positive skin test or *in vitro* reactivity to an aeroallergen
- Exclusion: acute asthma exacerbation within previous 2 wks., acute systemic disease

Diesel Exhaust/Endotoxin Study

- 18-55 yrs old, healthy, non-smoking
- Exposure to diesel exhaust fumes and aerosolized endotoxin
- Duration: 3-5 visits

Sublingual-oral Immunotherapy of Ragweed Allergic Rhinoconjunctivitis and Asthma.

- 18 to 50 years of age
- Allergy symptoms, especially in the fall
- Have not received allergy shots in the last 3 years