

# The allergen immunotherapy must fly to quality and beyond

I had the honour of being admitted to the School of Specialization in Allergology and Clinical Immunology of Florence in 1986, but upon returning home to happily celebrate the news with my parents, my dad, who was a talented doctor, greeted me with words that were not particularly reassuring: "But do you realize that allergen immunotherapy will no longer be used for treating allergies! In the UK, there have been anaphylactic deaths, and the competent authorities have prohibited its use. You want to be an allergist without allergen immunotherapy, but what will you deal with?"

After an initial stage of discouragement, I began to think about how to react to this "crisis". I did not give up, and after analysing everything thoroughly, I realized that the end of desensitization therapy did not mean the end of allergen immunotherapy, but rather that the problem lay in the severity of systemic side effects that allergen immunotherapy, in its injected form, had generated. Moreover, in 1986, an article initially overlooked by allergists, published in *Clinical and Experimental Allergy* (1), introduced an innovative sublingual type of desensitization, which since its inception was demonstrated to be a safe and flexible route of administration.

As a paediatrician, I was attracted by the excellent safety profile of this mode of immunotherapy, and in the late 1980s, I began to design specific studies in order to explore the potential of this new route of allergen immunotherapy. I realized immediately that the innovation proposed by Scadding and Brostoff could have some interesting features, which could be potentially useful even for the injection route, for which the fear of severe reactions had been progressively attenuated. Thus, a serious

crisis led to marvellous consequences, producing many more scientific studies leading to the ultimate scientific validation: the registration of a pharmaceutical formulation for sublingual tablets.

A crisis, as masterfully stated by the great Albert Einstein, creates the force for producing innovation, and only innovation enables us to reverse the course of events (2).

Precisely for this reason, only a great innovation will help to reverse the course of the current phase of the field of immunotherapy. Innovation certainly stems from scientific research, and in our field, it is undeniable that molecular knowledge provided a significant advance. Wise management of such knowledge, in an interplay with clinical experience and quality of products, will lead to improved diagnostic and therapeutic tools that will be particularly useful for patients with diseases that affect quality of life so markedly, such as allergies.

With this hope, together with a group of long-time colleagues, we have created this special issue that is entirely dedicated to the new molecular view of allergen immunotherapy, in a project aimed at attaining the quality needed to overcome a period of pessimism and negativity in this field.

Dr. Franco Frati



## References

1. Scadding GK, Brostoff J. Low dose sublingual therapy in patients with allergic rhinitis due to house dust mite. *Clin Allergy* 1986; 16(5): 483-91.
2. Albert Einstein, *The world as I see, 1956.*

