



AAAAI's quarterly digital membership magazine

American Academy of Allergy Asthma & Immunology VIRTUAL ANNUAL MEETING FEBRUARY 26–MARCH 1, 2021

# What to Expect at the AAAAI Virtual Annual Meeting

This year's Annual Meeting coverage starts on page 10.



## EDITOR-IN-CHIEF: 2021-2026

## **Application and Selection Process**

APPLY NOW 0 110

The American Academy of Allergy, Asthma & Immunology is conducting a search for an Editorin-Chief for a new Gold Open Access journal, The Journal of Allergy and Clinical Immunology: Gold (working title). JACI: Gold will publish reports describing original research—basic, translational and clinical-related to all aspects of allergy, immunology, and related fields. Its very broad scope will mirror the scope of its two companion journals, but in particular, cit will emphasize providing a high-quality outlet for authors whose funders require them to publish in a Gold Open Access journal. Hence one of the new journal's hallmarks will be geographic diversity with an emphasis on global and regional research and practice.

### TIMELINE

March 31, 2021 April-May, 2021 June, 2021 July, 2021

Deadline for Applications Interviews & Selection Invitation to Serve EIC begins work

### **APPLICATION PROCESS**

To apply for this position, send an email to Rebecca Brandt, CAE, AAAAI Executive Director, at rbrandt@aaaai.org. The body text of your email must include:

- Name
- Mailing address
- Country
- Phone, fax and e-mail
- Academic affiliation
- Academic degrees
- Faculty appointments
- AAAAI membership status (membership required)

### ATTACHMENTS TO BE INCLUDED WITH THE EMAIL:

- Candidate's letter to the Board of Directors (500 words maximum) presenting qualifications for the position. Must address the followina:
  - Administrative and financial experience:
  - Experience in journal workings including current and past editorial board experience and service as a reviewer;
  - Leadership roles in AAAAI and other professional societies.
- Proposal for the 2021-2026 term including:
  - Brief vision statement for the journal (250 words maximum);
- Describe short term and long term plan for the JACI: *Gold* (750 words maximum)
- Current CV;
- Letter of nomination from AAAAI member (preferably from past or current AAAAI Board member):
- Three letters of recommendation sent directly to rbrandt@aaaai.org (Two from Fellows of the AAAAI, one from department or institution's chair).

The complete job description and aims and scope of the journal can be found by visiting aaaai.org/editorsearch



## aaaai.org

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## American Academy of Allergy Asthma & Immunology





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VIRTUAL ANNUAL MEETING FEBRUARY 26-MARCH 1, 2021

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## President's Message

## Mary Beth Fasano, MD, MSPH, FAAAAI 2020–2021 AAAAI President



### Dear Colleagues,

I struggle to find the right words to share with you in this, my final message in *Impact*. It has been a humbling and challenging year as the AAAAI President during the COVID-19 pandemic. I wish this message was coming at a time when we were recovering and returning to some sense of normalcy, but sadly this is not the case. Yet we must remember that in challenges and times of crisis there are always opportunities to grow and

innovate. And in this respect the AAAAI has achieved a lot through its courage, resilience and resolve.

The AAAAI President traditionally reflects on their initiatives from the past year in the winter issue of Impact. Prior to my presidential year, I had developed initiatives related to advancing allergy/immunology and expanding scope of practice through innovations in education/ educational design, research and training. With the onset of the pandemic, my journey took a different course and I turned to assuring the AAAAI remained committed to its mission and working with staff, the Board of Directors, and our volunteer leaders, to advocate for our members, our trainees and the patients we serve. I needed to learn along with the Board and our many volunteer leaders how to lead in a "virtual world" in times of uncertainty. We have achieved a lot, so let's take this opportunity to celebrate our many accomplishments over the past year.

#### COVID-19

We responded quickly to the pandemic with the development of a COVID-19 Response Task Force, led by Paul V. Williams, MD, FAAAAI. This group has worked tirelessly to provide resources for the practicing allergist, with regular emails (that continue to receive extraordinary open rates) on rapidly emerging topics related to the pandemic and, most recently, the COVID-19 vaccines. We also continue to update our COVID-19 resources page to assure you have the most accurate and current information to help sustain your practice, keep your staff and patients safe, expand telemedicine capabilities, respond to questions regarding risk factors for severe infection and allergic reactions to the COVID-19 vaccines, and more.

#### Innovations in Education/Educational Design

The pandemic brought "silver linings" by providing opportunities to look more urgently and actively at innovations in education/educational design. While working remotely, zooming in for meetings, holding additional conference calls, juggling home and work challenges, the team recreated our 2021 Annual Meeting, the Practice Management Workshop, and the Joint Board Review Course in virtual formats. I am proud that we held almost every AAAAI program originally planned for 2020, although in a different format. I am excited about our 2021 Virtual Annual Meeting and hope you will join us February 26-March 1 for what promises to be an outstanding educational experience. I am also excited about the emerging work of the Office

of Medical Education (OME) and the Interactive Educator Institute within the OME. This group has taken initial steps to develop a faculty teaching skills program geared towards in-person and online training for individuals serving as faculty presenters and moderators at our Annual Meetings, stand-alone meetings, webinars, etc., with the goal of establishing a certificate program and creating an AAAAI faculty database. I hope this initiative will grow in the years to come.

#### **Expanding the AAAAI Journal Portfolio**

We are tremendously proud of JACI and JACI: In Practice, and are now excited to announce the development of a new peer-reviewed, Gold Open Access journal that will launch in September 2022. With the working title of JACI: Gold, the new journal will publish reports describing original research—basic, translational and clinical—related to all aspects of allergy, immunology, and related fields. Its very broad scope will mirror the scope of our two current journals, but will emphasize providing a high-quality outlet for authors whose funders require them to publish in a Gold Open Access journal. The search for an Editor-in-Chief is now underway. See the ad on page 2 and visit <u>aaaai.org/editorsearch</u> to learn how to apply by March 31.

#### Other Accomplishments

The AAAAI worked to redesign our website (stay tuned for a new aaaai.org coming this spring), launched a new National Allergy Bureau<sup>™</sup> (NAB) database, held our first virtual advocacy day, re-affirmed our commitment to member engagement, outreach and communication, expanded our Conversations from the World of Allergy podcast series, and assured the success of the AAAAI Foundation with four new Faculty Development Awards. Another major accomplishment was seeing the School-Based Allergies and Asthma Management Program Act signed into law, a major advocacy win. Based on the AAAAI's School-based Asthma, Allergy & Anaphylaxis Management Program (SA<sup>3</sup>MPRO<sup>™</sup>), this legislation will enhance the safety of students with allergies and asthma in schools.

Although 2020 is not a year we would want to repeat, the AAAAI team embraced the challenges the pandemic brought and developed innovative ways to continue to advance our strategic plan and remain dedicated to our mission.

The AAAAI has been my professional home for the past 30+ years. Without all of you and the AAAAI, this past year would have been so much more difficult for me. I have cherished our time together. I wish you all the best and thank you for what you have done for the AAAAI, the specialty, and the patients we serve. Take care, stay safe, and I hope to "see" you at the 2021 Virtual Annual Meeting. If you haven't already done so, you can register here.

Where to Find the President

Sincerely Mary Bach Assanno

Mary Beth Fasano, MD, MSPH, FAAAAI AAAAI President president@aaaai.org

## orladeyo (berotralstat) capsules 150 mg

## For hereditary angioedema (HAE), This Is Big: Learn about the First and Only Targeted Oral Prophylactic Therapy

#### Join us for a dynamic presentation where we'll explore the burden of treatment for patients with HAE.

Expert faculty will present the clinical profile of a new prophylactic therapy for HAE, the route of administration, and its safety and efficacy data. Learn how to initiate therapy and the support services available to you and your patients. This presentation will be followed by a live Q&A with the faculty. An HAE program not to be missed!

#### OBJECTIVES

- Explore the burden of treatment for patients with HAE and the demand for an oral prophylactic therapy
- Describe the clinical profile of ORLADEYO, the first and only targeted oral prophylactic therapy for HAE
- Review how to initiate therapy with ORLADEYO in your patients
- Describe EMPOWER Patient Services, the program supporting you and your patients throughout the HAE journey

#### INDICATION

ORLADEYO<sup>™</sup> (berotralstat) is a plasma kallikrein inhibitor indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE) in adults and pediatric patients 12 years and older.

#### Limitations of use

The safety and effectiveness of ORLADEYO for the treatment of acute HAE attacks have not been established. ORLADEYO should not be used for the treatment of acute HAE attacks. Additional doses or dosages of ORLADEYO higher than 150 mg once daily are not recommended due to the potential for QT prolongation.

#### **IMPORTANT SAFETY INFORMATION**

An increase in QT prolongation was observed at dosages higher than the recommended 150 mg once-daily dosage and was concentration dependent.

The most common adverse reactions (≥10% and higher than placebo) in patients receiving ORLADEYO were abdominal pain, vomiting, diarrhea, back pain, and gastroesophageal reflux disease.

A reduced dosage of 110 mg taken orally once daily with food is recommended in patients with moderate or severe hepatic impairment (Child-Pugh B or C) and in patients taking chronically administered P-glycoprotein (P-gp) or breast cancer resistance protein (BCRP) inhibitors (eg, cyclosporine).

Berotralstat is a substrate of P-gp and BCRP. P-gp inducers (eg, rifampin, St. For Colorado prescribers, please see information regarding the John's wort) may decrease berotralstat plasma concentration, leading Wholesale Acquisition Cost.



This program is not sponsored or programmed by the AAAAI.



Capsule not actual size

## Saturday, February 27, 2021 | 6:30 рм – 7:30 рм СТ

## Visit www.ORLADEYOwebinar.com to register!

For US Healthcare Professionals Only. This program does not offer continuing education (CE) credits.

#### SPEAKERS



John T. Anderson, MD

Allergist/Immunologist Alabama Allergy & Asthma Center Clinical Assistant Professor of Medicine University of Alabama at Birmingham Birmingham, AL



#### Autumn Burnette, MD, FACAAI

Assistant Professor and Clinician Howard University, Division of Allergy and Clinical Immunology Washington, DC

#### You can also visit us at our AAAAI interactive virtual exhibit booth to learn more about ORLADEYO and chat live with a representative.



to reduced efficacy of ORLADEYO. The use of P-gp inducers is not recommended with ORI ADEYO.

ORLADEYO at a dose of 150 mg is a moderate inhibitor of CYP2D6 and CYP3A4. For concomitant medications with a narrow therapeutic index that are predominantly metabolized by CYP2D6 or CYP3A4, appropriate monitoring and dose titration is recommended. ORLADEYO at a dose of 300 mg is a P-gp inhibitor. Appropriate monitoring and dose titration is recommended for P-gp substrates (eg, digoxin) when coadministering with ORLADEYO.

The safety and effectiveness of ORLADEYO in pediatric patients <12 years of age have not been established.

There are insufficient data available to inform drug-related risks with ORLADEYO use in pregnancy. There are no data on the presence of berotralstat in human milk, its effects on the breastfed infant, or its effects on milk production.

To report SUSPECTED ADVERSE REACTIONS, contact BioCryst Pharmaceuticals, Inc. at 1-833-633-2279 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

#### Please click here to see the full Prescribing Information for ORLADEYO.







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Visit the American Academy of Allergy, Asthma and Immunology website (http://aaaai.execinc.com/edibo/UpToDate) and login to your member account. When logged in, you will be redirected to a private landing page on the AAAAI website with the UpToDate offer and a link to subscribe.



## What's New at **aaaai.org**

## Conversations from the World of Allergy

AAAAI's podcast series offers certain episodes for CME credit. Click here for more information and for a listing of all podcast episodes that are currently offering CME credit.

### Ask the Expert Expands the Editor Team



Established in 1997, the AAAAI's Ask the Expert service has grown to receive nearly 600 questions per year. In order to keep the high standards of the program, Nina C. Ramirez, MD, FCCP, FAAAAI, will be joining Jeffrey G. Demain MD, FAAAAI; Dennis K. Ledford, MD, FAAAAI; Eric M. Macy, MD, MS, FAAAAI; Andrew W. Murphy, MD, FAAAAI; and Jacqueline A.

FCCP, FAAAAI

Pongracic, MD, FAAAAI, on the Editor team. Behind them is a group of nearly 40 members who will continue to assist with responses according to their area of expertise.

Dr. Ramirez is a native New Yorker and a graduate of Fordham **IACI:** In Practice and NAIA University and the Weill-Cornell College of Medicine. She completed The next Virtual Journal Club webinar, which is a free event allowing residency training in pediatrics at the Mount Sinai Hospital in New you to discuss recently published research that is relevant to clinical York City and went on to fellowship training in pediatric pulmonolpractice, is coming up on May 5. Mark your calendars. Registration ogy at the same institution. Dr. Ramirez completed the fellowship at will be opening in April. the Children's Hospital National Medical Center in Washington, DC, where she became proficient at flexible bronchoscopy. Thereafter, COVID-19 Recorded Webinars Available for Free for over a decade, her focus was treating infants, children, adolescents and young adults with congenital, acute and chronic lung The recordings from several Virtual Practice Management Workshop diseases to include BPD, asthma, cystic fibrosis, etc. From 2000 to webinars focusing on COVID-19 and its impact on A/I practice are 2002, as a 'new' PGY-22 subspecialty resident, Dr. Ramirez returned included in this set of courses. All the recordings address topics to fellowship training at the University of South Florida Department important to the practicing A/I clinician and office staff members. of Internal Medicine Division of Allergy and Immunology.

Since posing a question to Ask the Expert is an exclusive member benefit, you will need to sign in with your member username and password. Visit aaaai.org/ask-the-expert today to review previous responses or to submit a new question.

## Get the Latest COVID-19 Updates

Developments related to vaccines, treatments, running your practice during COVID-19 and more are always being added to the AAAAI COVID-19 resources page. There is also a patient information section with infographics and other materials to help them understand the importance of wearing a mask and other topics related to COVID-19. Bookmark this page and watch for updates.

## **Featured CME Opportunities**

## The 2021 AAAAI Virtual Annual Meeting

Fulfill your CME needs at the premier event in allergy/immunology-this time virtually! With over 100 live and pre-recorded sessions to choose from, everyone will find quality education that suits their needs. There's still time to register, so save your spot now. You can preview the full list of educational sessions here.

## Next Virtual Journal Club Webinar Presented by

<sup>\*</sup>Savings on annual and longer subscriptions only and based on subscription type (quoted savings includes waived processing fee on new subscriber orders). AAAAI member prices are reflected in the UpToDate storefront when you are signed in to the AAAAI website with your membership login. Proof of trainee status is required for all trainee orders. Applicable taxes may apply.

## What You Need to Know About the Asthma Guideline Updates

For the first time since 2007, the National Asthma Education and Prevention Program (NAEPP) Coordinating Committee, coordinated by the NHLBI of the NIH, has updated its asthma guidelines.

The full document, 2020 Focused Updates to the Asthma Management *Guidelines: A Report from the NAEPP Coordinating Committee Expert* Panel Working Group, was published in the December issue of JACI.

This significant advance in asthma care will allow you to provide optimal care to your asthma patients. While we encourage you to review the full document, we've put together some highlights.

## Fractional Exhaled Nitric Oxide (FeNO) Test

For children aged 0-4, who are experiencing recurrent wheezing, FeNO testing is not recommended solely to predict the future development of asthma.

In individuals aged 5 and older, it is not recommended to use FeNO as the only measurement for asthma control. It is recommended for individuals with asthma symptoms if a diagnosis is uncertain using other testing methods such as spirometry and clinical history. Additionally, for those with persistent allergic asthma, if there is uncertainty in choosing, monitoring, or adjusting asthma treatment therapies based on other methods, the Expert Panel conditionally recommends adding FeNO measurement to help monitor and manage asthma.

Additional Considerations: Allergic rhinitis and atopy are both associated with increased FeNO levels, so keep this in mind while using this testing method.

## **Allergen Mitigation**

The updated guidelines also go into detail about allergen mitigation as it relates to asthma.



Allergen mitigation interventions are not recommended for individuals with asthma who lack sensitization to specific indoor allergens or who don't have any indoor allergy symptoms.

Multicomponent allergen-specific interventions are recommended for individuals with confirmed indoor allergies. For those with allergies to dust mites, the new recommendations do not support impermeable pillow/mattress covers alone, but only as part of a multicomponent allergen-specific intervention. In most cases, using a single strategy will not prevent asthma symptoms due to allergens and therefore multiple interventions should be explored.

## Individuals allergic to pests such as cockroaches and rodents

may use pest management alone or as part of a multicomponent allergen-specific mitigation intervention.

Additional Considerations: Consider performing allergen testing before asking your patients to commit to mitigation strategies that can be difficult to implement and maintain. These strategies can be expensive, so asthma severity and the extent of symptoms should be considered before making recommendations.

## Inhaled Corticosteroids (ICS)

Daily ICS treatment is the preferred controller therapy for individuals of all ages with persistent asthma.



For children aged 0-4 who have recurrent wheezing due to respiratory tract infections but no wheezing between infections, a short course of daily ICS (7-10 days) and as-needed SABA for quick-relief is recommended.

Individuals aged 4 and older with mild to moderate persistent asthma who use daily ICS should not have their regular ICS dose increased for short periods of time due to an increase in symptoms or a decrease in peak flow readings.

Individuals aged 4 and older with moderate to severe persistent asthma should be given a treatment of a single inhaler con-For those over 18 who are less concerned about potential harms taining an ICS and bronchodilator formoterol. This single inhaler that and more concerned with potential benefits for their moderate to can be used as a daily asthma controller and a quick-relief therapy is severe persistent asthma, they may consider BT after shared corthe preferred treatment. respondence with their healthcare provider.

For individuals aged 12 and older with mild asthma, either of the following two treatments are recommended. First, a daily low-dose ICS and as needed SABA for guick relief therapy. Second, intermittent as-needed ICS and SABA used one after the other for worsening asthma.

Additional Considerations: ICS can affect growth, so children should be monitored for this. The use of a single maintenance and reliever therapy, or "SMART", should not be used in individuals taking ICS-salmeterol as maintenance therapy.

## Long-acting Muscarinic Antagonist (LAMA)

If ICS are not able to control asthma on their own, LAMA may be added to the treatment plan for individuals. Recommendations vary depending on the age group.



For individuals aged 12 and older with asthma that is not controlled by ICS alone, adding a LABA is preferred over adding LAMA to the ICS.

In those aged 12 and older if LABA cannot be used, LAMA should be used compared to continuing the same dose of ICS alone.

For individuals aged 12 and older whose asthma is still not controlled with ICS and LABA, adding LAMA is recommended compared to continuing the same dose of ICS-LABA for uncontrolled asthma.

Additional Considerations: Adding LAMA therapy will require the use of an additional inhaler that is of a different type. You must be sure to teach patients how to use these different types of inhalers. Adding LAMA instead of LABA provides no extra benefits and could actually increase harm.

## Immunotherapy

The use of subcutaneous immunotherapy (SCIT) for individuals 5 years and up is recommended as an additional treatment to standard medications in individuals whose asthma is controlled at the initiation, build-up and maintenance phases of immunotherapy.

Sublingual immunotherapy (SLIT) for those with persistent allergic asthma is not recommended.

Additional Considerations: SCIT should always be administered in a clinical setting and the patient should be monitored for at least 30 minutes due to the risk of systemic reactions. If an individual has previously had a severe reaction to immunotherapy, they should bring injectable epinephrine with them on the day of their injection.

## Bronchial Thermoplasty (BT)

BT, a non-drug outpatient procedure developed to treat severe, persistent asthma is not recommended for individuals aged 18 and older with persistent asthma due to the moderate risks, small benefits and the uncertain long-term outcomes.

Additional Considerations: The risks of BT include asthma exacerbations, hemoptysis, and atelectasis during the treatment. Few have undergone the procedure so long-term outcomes are not well understood. BT may reduce severe asthma exacerbations in those who do not benefit from standard care. Only experienced specialists trained in BT should provide this treatment.

## Looking for More Resources?

The AAAAI released a CME podcast episode about the new asthma guidelines. You can find <u>the episode here</u>. You can also find a plethora of resources put together by the NHLBI here.



platform will be available through March 1, 2022, so that you may continue to explore and engage as your schedule permits.

The Main Theater The main theater will encompass over 100 education sessions taking place on-demand and live. It will also be the location of the 2021 AAAAI Annual Business Meeting. Each session listing will include a brief summary and the speaker lineup. All sessions airing live include an option to add them to your schedule so you don't miss them.

## Virtual Exhibit Hall and Poster Hall

The Virtual Exhibit Hall offers access to over 70 exhibitors providing the latest information on their products/services and the opportunity to engage further with each exhibitor if you choose. The Virtual Poster Hall provides access to abstracts that describe cutting-edge research in the fields of allergy, asthma and immunology.

## Member Resources We will also have a Member Resources area to provide valuable information and answer any questions you may have. Our Member Resources area will consist of teams for membership services, AAAAI journals and education inquiries. Each of these areas will contain details on how to get the most out of your AAAAI membership and share helpful resources available to you.

## Virtual Practice Management Hub

Get all your practice resources in one place at the Virtual Practice Management Hub, found under the Member Resources area.. Here you will find a number of opportunities including: • Expert office hours, where you'll have the opportunity to ask questions.

- issues matter most to you.

What You Need to Know

About the Virtual Format

Our virtual platform will give you access to

many of the services of an in-person event,

you to navigate according to your needs and

easily access all areas in the virtual platform.

Virtual Exhibit Hall, Virtual Poster Hall, mem-

ber resources, AAAAI Foundation resources,

non-CME events, and networking lounges,

among others. All content in the virtual

Areas within the platform include the theater,

including a virtual lobby which will allow

- tions.
- how it can help you.

Additional practice management resources will be available in the platform during the dates of the meeting, so make sure you stop by.

# Your Guide to the 2021 AAAAI Virtual Annual Meeting



Join thousands of allergist/immunologists, allied health professionals and other industry experts at the premier event in A/I—this time virtually! The live program will take place from February 26 through March 1 with over 100 sessions. Most live sessions (with the exception of seminars) will be recorded and posted online for later viewing. Attendees will have a full year to review all of the sessions. In addition, the live program will be supplemented with 50 pre-recorded sessions. These will also be available for a full year.

The following pages will have details about this year's event, and if you've not listened to our podcast episode, 2021 AAAAI Annual Meeting Preview, we encourage you to do so.



• An overview of the AAAAI's advocacy work, including how you can get involved and opportunities for you to tell us what

 Coding resources, including 2021 guidelines and frequently asked coding ques-

Information on the AAAAI Registry and

## AAAAI Foundation

Visit the AAAAI Foundation area to learn more about 2021 awardees and Lectureships, special events and other ways you can help fund research.

## And More

Our industry supporters' non-CME educational programs will also be available to you virtually this year. To ensure you have an opportunity to engage with other participants, there will be several networking lounges available offering group chat capabilities. You can also exchange your virtual business card (V-CARD) with new colleagues that you meet.

For the most up-to-date information on our Virtual Annual Meeting, we encourage you to visit the Virtual Annual Meeting website at annualmeeting.aaaai.org.

## Live Plenary and Keynote Sessions

## Friday, February 26 **Presidential Plenary: Congenital Disorders of Immunity: How Research Drives Clinical Practice**

## 11:10 am CST

Cutting-edge research has revolutionized our understanding of immune mechanisms and led to the development of novel therapies for management of congenital disorders of immunity, expanded our appreciation of phenotype-genotype variability, and identified overlaps between allergic and immunologic disorders. This session will highlight current and emerging paradigms in congenital disorders of immunity and assist the learner in expanding their scope of practice related to immune based disorders.

## SARS-CoV-2 Vaccine Development and Testing

## 1:10 pm CST

This session will provide an overview of recent advances in SARS-CoV-2 vaccine development.

## Saturday, February 27 **Novel Experimental Therapies for** Allergic Diseases

## 9:10 am CST

This session will highlight recent and highlyinnovative experimental therapies for allergic diseases. These therapies have interesting

mechanisms of action, show efficacy in animal models of allergic diseases and are promising candidates for future clinical use. Highlighted therapies include: 1) an anti-galectin-10 antibody that dissolves Charcot-Leyden crystals in airways and thereby reduces experimental asthma, 2) an anti-IL1R3 antibody that targets the common co-receptor for six members of the IL1 family (IL1 alpha, IL1 beta, IL33, IL36 alpha, IL36 beta and IL36 gamma) and thereby blocks multiple inflammatory pathways in experimental asthma, and 3) microbiota therapy that induces RORgt-positive regulatory T cells and thereby suppresses food allergy.

## Keynote: The Biomedical Research Response to COVID-19: A View from NIAID 11:10 am CST

Hillary Marston, MD, MPH, Medical Officer and Policy Advisor for Pandemic Preparedness with the Immediate Office of the Director of the NIAID will discuss the federal response to the pandemic.

## **Environmental Change and Outpaced** Immune System: Effect on Allergic **Sensitization**

#### 1:45 pm CST

We live in a world where the environmental change outpaces the evolution of the immune system. We are increasingly exposed to the effects of global warming, wildfires, industrial pollution, detergents, and xenobiotics which interact with our immune system designed to alert and protect us from danger. Rise in incidence of allergic diseases parallel this change. This plenary will discuss the state of the art about what we know about the current effects of environmental change on allergic sensitization and identify areas for future research.

## Sunday, February 28 Eosinophilic Esophagitis from Bench to **Bedside**

### 9:10 am CST

This plenary session will provide a comprehensive overview of the current understanding of the pathogenesis of eosinophilic esophagitis along with a thorough discussion of the epidemiology and risk factors for EoE. Current approaches to disease monitoring and management will be reviewed and newer, less invasive forms of monitoring and innovative therapeutic approaches including the use of biologics will be explored.

**Keynote: National Asthma Education** and Prevention Program Expert Panel **Report on Selected Topics in Asthma** Management 2020

## 11:10 am CST

This session will review the recommended updates on selected topics from the EPR-3: Guidelines for the Diagnosis and Management of Asthma (2007). The guideline recommendations for each topic will be reviewed by members of the Expert Panel. Presenters will provide insights on the implementation of the recommendations and the implications for care providers who manage asthma. The implications of these recommendations for future research will also be discussed.

**Current and Emerging Therapeutics in** Upper Airway Disease

## 1:45 pm CST

This plenary will provide discussions about the optimal diagnosis of upper airway disease with current and emerging therapeutics.

## Monday, March 1

**Incorporating New and Emerging Therapies into Atopic Dermatitis Practice** 9:10 am CST

Exponential expansion in our knowledge of primary immunodefiency diseases and biologic pathways heralds a new era, not only in our understanding of the underlying mechanisms, but also in more effective therapies for atopic dermatitis and other allergic diseases. The aim of this plenary is to provide basic scientists and clinicians alike with advances in basic and translational research into the critical and redundant immune pathways leading to atopic diseases, and how this knowledge is shaping the future management of this group of diseases.

## The Role of IgE in Primary **Immunodeficiency Disorders**

## 11:10 am CST

This session will review the critical role that IgE can play in primary immunodeficiency disorders. It will review both autosomal dominant Hyper IgE syndrome and autosomal recessive disease.

## This Year's Clinical Theme

The field of allergy/immunology is constantly evolving, but sometimes it can be difficult to determine how to use new therapies both in clinical practice and in research.

We'll be addressing these concerns with the clinical theme of the 2021 AAAAI Virtual Annual Meeting, "Incorporating New and Emerging Therapies Into Allergy/Immunology Practice and Research".

## Earning CME Credit

The Virtual Annual Meeting, like previous AAAAI Annual Meetings, will be a leading venue to expand your knowledge and skills in allergy/immunology and will once again provide you with the opportunity to meet—and possibly exceed—the CME requirements needed for Maintenance of Certification (MOC)

In attending the Virtual Annual Meeting, you can earn up to 33.75 AMA PRA Category 1 *Credits*<sup>™</sup> during the four days of the meeting. By attending three consecutive days of the Virtual Annual Meeting you can earn up to 25.00 CME credits, meeting the MOC Part II requirement of 25 CME credits per year. And because the live sessions will be recorded and posted online with the pre-recorded sessions, you will have access to over 160 hours of education content to review at your convenience through March 1, 2022.

Other provider types can benefit as well. Nurses can earn CE Contact Hours for all sessions, and mid-level providers can report attendance at the AAAAI Virtual Annual Meeting for their continuing education requirements, too. Learn more.

## The Journals at the AAAAI Virtual Annual Meeting

Both JACI and JACI: In Practice will be holding a Year in Review session during the Annual Meeting. Both sessions will give an overview of the most up-to-date research in the journals. Experts will highlight how this research impacts the field of A/I and clinical practice. Both sessions will be held as live workshops, giving you a chance to ask questions in real time.

JACI's session will take place February 26 at 4:35 pm CST, and JACI: In Practice's will take place February 27 at 3:45 pm CST.

The journals will also have a virtual booth with a variety of journal resources. They will be offering a brief survey for attendees to take regarding journal activities at future meetings.

## MPACT

# Practice **Management Hub**

## Collect practical information, connect with practice management experts

The Practice Management Hub is your one-stop shop for practical tools and resources for the key issues facing allergy practices right now:

- Coding and billing guidance
- COVID-19 resources
- Clinical quality insights
- Compliance with new USP 797 compounding regulations
- Telemedicine
- Getting started in practice/finding a job
- Managing biologics

## send questions in advance to Practicemanagement@aaaai.org

Friday, February 26		
12:45 – 1:15 pm	Fraud and embezzlement	Mohamed S. Yassin, MD, FAAAAI
4:15 – 4:30 pm	Penicillin allergy testing	Kimberly G. Blumenthal, MD, FAAAAI
4:15 – 4:45 pm	Telemedicine	Sakina S. Bajowala, MD, FAAAAI
Saturday, February 27		
10:45 – 11:00 am	Advocacy activities	Paul V. Williams, MD, FAAAAI
3:15 – 3:45 pm	AMA House of Delegates	Lynda G. Kabbash, MD, FAAAAI; Steven G. Tolber, MD, FAAAAI; Shahab Virani, MD
3:15 – 3:45 pm	Navigating the job market	Vivian P. Hernandez-Trujillo, MD, FAAAAI
Sunday, February 28		
10:45 – 11:00 am	COVID-19 questions	Paul V. Williams, MD, FAAAAI
3:15 – 3:45 pm	USP 797 compounding compliance	Hart Health Strategies
Monday, March 1		
10:45 – 11:00 am	Regional, state and local allergy societies	James H. Sussman, DO, FAAAAI; Weily Soong, MD, FAAAAI
2:10 – 2:40 pm	The AAAAI registry	Gary C. Steven, MD, PhD, FAAAAI
2:10 – 2:40 pm	Solving coding conundrums	Teresa Thompson, CPC, CMSCS, CCC

Because Practice Matters! to the AAAAI



Live chat with practice management experts during the AAAAI Virtual Annual Meeting (All times listed CST) or

## www.aaaai.org/practicematters

## **Don't Miss These Special Virtual Events at the Annual Meeting**



We hope you will join us for the Virtual Awards Celebration on Friday, February 26 at 6:00 pm CST.

The Virtual Awards Celebration, jointly hosted by the AAAAI and AAAAI Foundation and sponsored by Genentech, will feature the President and President-Elect Reception, Honorary Awards Luncheon and the AAAAI Foundation Benefit as one exciting presentation. Join us as we celebrate and recognize AAAAI leadership, Past Presidents, Honorary Awards, Lectureships, and grant recipients.

No registration is necessary, but we hope you will make a gift during the event to support the Foundation's GAIN Campaign. You will be able to donate through a 'text to donate' option or by clicking on an embedded link that will direct you to a donation form. When you make a gift, you will be recognized in real-time. Your support in 2021 will fund more research in 2022.

## Virtual Run/Walk

The AAAAI Foundation Virtual Run/Walk, sponsored by Takeda, is a fun, socially-distanced opportunity to support the AAAAI Foundation's mission to fund research that leads to the prevention and cure of asthma and allergic and immunologic disease. You can compete as an individual or with a team to run (or walk) the greatest distance, fastest 5K or fundraise the highest amount. The Virtual Run/Walk will take place March 1 through March 14.

A Virtual Run/Walk allows for new ways to participate in this fun event supporting lifechanging research:

- Invite your family, friends and colleagues to join.
- Make a team and compete for greatest distance ran, fastest 5K or total fundraised.
- · Follow the AAAAI Foundation on Facebook, Twitter and Instagram, and share your progress (and pictures) on social media with the hashtag #RunWithAAAAI.

Registration is now open. For more information, click here.



## How can you get involved?

**Register:** Sign up to support allergy/ immunology research.

Run: Starting March 1, run or walk and report your mileage/time to help us reach our goal of 2,000 miles.

Donate: Show your enthusiasm by giving towards your fundraising goal.

**Fundraise:** Share your custom runner page on social media with the hashtag #RunWith-AAAAI, and encourage your family, friends and colleagues to support A/I research.



## **Established AAAAI Foundation Lectureships**

These established Named Lectureships will be delivered at the 2021 AAAAI Virtual Annual Meeting:

 Bench to Bedside: K. Frank Austen, MD, FAAAAI & Albert L. Sheffer, MD, FAAAAI Lectureship

FOUNDATION

NAMED LECTURESHIPS

- Michael M. Frank, MD, FAAAAI Lectureship
- Allen P. Kaplan, MD, FAAAAI Lectureship: Creating Knowledge for Our Future
- Robert F. Lemanske Jr, MD, FAAAAI Lectureship

- Richard F. Lockey, MD, MS, FAAAAI & USF A/I Program Lectureship and Award
- Harold S. Nelson, MD, FAAAAI Lectureship: Investing Together in Our Future
- David S. Pearlman, MD, FAAAAI Lectureship: Contributing to Discovery and Education
- John W. Yunginger, MD, FAAAAI Memorial Lectureship
- Heritage Lectureship, Honoring Drs. Robert Becker, Jerry Dolovich, Elliot Middleton, John Salvaggio, and Burton Zweiman
- Bettina C. Hilman, MD Lectureship

- Future
- Future
- Lectureship
- Future
- Future
- Future
- Memorial Lectureship



## **Lectureship Series**

 Phil and Barbara Lieberman and Friends Lectureship: Investing Together in Our

 Louis M. Mendelson, MD, FAAAAI Lectureship: Investing Together in Our

• Gail G. Shapiro, MD, FAAAAI Memorial

• Phillip E. Korenblat, MD, FAAAAI Lectureship: Investing Together in Our

 Dennis K. Ledford, MD, FAAAAI & University of South Florida Allergy & Immunology Division Lectureship • Gary S. Rachelefsky, MD, FAAAAI Lectureship: Investing Together in Our

• Donald Y. M. Leung, MD, PhD, FAAAAI-JACI Lecture: Investing Together in Our

• I. Leonard Bernstein, MD, FAAAAI

## **AAAAI Lectureships Continuing in 2021**

These established Named Lectureships will be delivered at the 2021 AAAAI Virtual Annual Meeting:

- Isil Berat Barlan Memorial Lectureship
- Rebecca Buckley Lectureship
- Robert A. Cooke Memorial Lectureship
- Elliot F. Ellis Memorial Lectureship
- Hugh A. Sampson Lectureship in Food Allergy
- Robert G. Townley Memorial Lectureship

## **Thank You, Donors**

Thank you to our members who have given to the AAAAI Foundation. Every dollar you give makes a difference in the future of allergy/immunology.

Because of your contributions, the AAAAI Foundation has been able to give \$6.1 million in major awards over the last three decades. The Faculty Development Award program allows investigators to expand their research and kick-start their career.

Foundation award recipients' research has led to advances in the treatment of food allergy, drug hypersensitivity and a better understanding of the genetic basis of immune disorders.

The AAAAI Foundation plans to support and encourage the next generation of allergist/ immunologist researchers for years to come. Thank you again for your support!

You're invited to reveal chronic inflammation in eosinophilic esophagitis (EoE) at a presentation sponsored by Takeda

## SEE EOE: A MULTIDISCIPLINARY APPROACH TO DIAGNOSING AND MANAGING EOSINOPHILIC

## March 1<sup>st</sup>, 4:15pm-6:15pm (CST)

Presented by: Jonathan Spergel, MD, PhD Gary W. Falk, MD, MS

- Register for this program at the American Academy of Allergy, Asthma & Immunology (AAAAI) Virtual Annual Meeting
- Add this event to your schedule and access the event via the link or QR code

Actor portrayal

**ESOPHAGITIS** 

This program is open to U.S. healthcare professionals only. This is a promotional program and no CME credits are offered.

Speakers are paid consultants of Takeda.

This program is not sponsored or programmed by the AAAAI

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- Less crying associated with CMA in as fast as 48 hours in 9 out of 10 of your patients<sup>\*1</sup>
- ✓ Reduced eczema and blood in stools in just 4 weeks<sup>†2,3</sup>
- ✓ Helps more babies return to cow's milk in as fast as 6 months<sup>‡4</sup>
- ✓ **Reduced future incidence** of allergic manifestations including asthma, eczema, rhinoconjunctivitis, and urticaria at three years<sup>§5</sup>
- #1 brand recommended by pediatricians for CMA

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Choose PurAmino<sup>™</sup> to help support normal growth and development in infants with severe CMA and multiple food allergies.

- ✓ PurAmino<sup>™</sup> Infant has 2x the DHA of EleCare<sup>®I6,7</sup>
- ✓ PurAmino<sup>™</sup> Jr is the **ONLY amino acid-based junior formula** that has DHA
- PurAmino Jr has DHA at an amount recommended by experts<sup>18,9</sup>
- ✓ DHA and ARA help **support brain and eye development** and may help **support the immune system** in infancy<sup>10-13</sup>

PurAmino has not been shown superior to EleCare in supporting brain, eye, and immune system development in infants

PurAmino<sup>™</sup> Ir is WIC<sup>®++</sup>-eligible in 22 states: Alabama, Arizona, California, Florida, Georgia, Idaho, Indiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Mexico, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, and Virginia.

- Reduced crying in ~90% of infants within 48 hours when managing colic due to cow's milk allergy. Studied before the addition of DHA, ARA, or LGG<sup>4</sup>
- Reduced eczema (SCORA) index) and blood in stools within 1 month compared to Nutranigen<sup>®</sup> without LGG<sup>®</sup>. Helps more babies overcome cow's milk allergy and return to consuming regular milk proteins in as fast as 6 months of feeding compared to Nutranigen<sup>®</sup> without LGG<sup>®</sup>.
- Fewer incidences of asthma, rhinoconjunctivitis, urticaria, and eczema at 3 years compared to Nutramigen® without LGG®. Feeding began at 4 months of age or older in the study PurAmino Infant has 17 mg and EleCare® has 8 mg of DHA per 100 Kcal.
- experts recommend 70-100 mg/day DHA for toddler
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# YOUR VOTE MATTERS

# The 2021 AAAAI Board of Directors Election Results Are In

Thank you to the eligible voting members who participated in the 2021 Board of Directors election. Your votes have helped shape the future of the AAAAI and the specialty.

The Nominating Committee is pleased to announce the following candidates have been elected to the Board of Directors. Their terms will begin at the Business Meeting that will take place during the 2021 AAAAI Virtual Annual Meeting.

## 2021-2022 Secretary-Treasurer

## Jonathan A. Bernstein, MD, FAAAAI



Dr. Bernstein is Professor of Clinical Medicine at the University of Cincinnati (UC) College of Medicine, Division of Immunology/Allergy Section, and partner of the Bernstein Allergy Group/Clinical Research Center. His research involves environmental effects on asthma in the home and workplace, angioedema/ chronic urticaria and atopic dermatitis

novel therapies/mechanisms, food and drug hypersensitivity, and more. He's a DIA certified investigator and has authored over 340 manuscripts, 36 book chapters and edited four books. He's recipient of the AAAAI Distinguished Clinician Award (2019), the WAO Outstanding Clinician Award (2019) and member of the UC AOA chapter. "The AAAAI has been an invaluable resource to learn and stay current on cutting-edge advancements in allergy/immunology. As President, I will continue to build upon the many strengths of our organization and help to create novel ways to increase the AAAAI's prominence nationally and internationally."

Inatha Bimstein

## 2021-2025 At-Large Director

## Denise A. DiPrimio-Kalman, DO, FAAAAI



Dr. DiPrimio-Kalman joined Nemours A. I. DuPont Hospital for Children in 2017. She was employed for nearly 20 years in a small group private practice which serves as an A/I elective site for medical students and residents. Dr. DiPrimio-Kalman is currently Nemours Clinical Clerkship Director and a member of the faculty of Sidney Kimmel

Medical College at Thomas Jefferson University as Clinical Assistant Professor of Pediatrics. She led the development of the SA<sup>3</sup>MPRO<sup>™</sup> Live and MOC modules as her mentorship project within the AAAAI Leadership Institute and currently serves as Director for the Mentorship Program. "It is an honor and a privilege to serve on the AAAAI Board of Directors as we strive to advance the knowledge and practice of allergy, asthma, and immunology for optimal patient care."

( enere h Runo Kalment)



## 2021-2025 At-Large Director

## Wanda Phipatanakul, MD, MS, FAAAAI



Dr. Phipatanakul is a second generation allergist and has been on faculty at Boston Children's/Harvard Medical School for 20 years. She started her career as a full time clinician and built from scratch an NIH funded Research Center aimed at reducing/preventing asthma and allergic diseases and recruiting/mentoring the next generation. She has authored 270

publications, lectures worldwide at meetings, and serves the AAAAI, ABAI, JACI, JACI: *In Practice*, and the New England Society of Allergy in multiple leadership roles. "I will bridge academic, private, and public sectors and listen to all members to strengthen clinical practice, research, and public health policy initiatives. I am honored to instill the advocacy and passion that I feel about our specialty and the AAAAI by serving on the Board of Directors."

W Phipataku MO, MS

## 2021-2025 At-Large Director

## Thanai Pongdee, MD, FAAAAI



Dr. Pongdee is an allergist/immunologist currently on staff at Mayo Clinic in Rochester, Minnesota. His research interests include hypereosinophilic syndromes, genomics, and information technologies. Dr. Pongdee directed AAAAI website and social media development during his term as the AAAAI Website and Social Media Editor. For his work, he received

the AAAAI Special Recognition Award in 2013. Dr. Pongdee has also chaired several committees, serves on the Annual Meeting Program Committee, and is the current Secretary for the Asthma Diagnosis and Treatment Interest Section. He is also a Steering Committee member of the AAAAI Leadership Institute, and he is the current Vice President of the Minnesota Allergy Society. "I will strongly advocate for practicing allergists on issues such as reimbursement and competition. Furthermore, I will advance the AAAAI's role in supporting research, education, and faculty development."

Think Grado.

# What Inspired You to Serve the AAAAI?

The Leadership Institute Course will be held virtually on February 26 from 8:00 to 11:00 am CT. Reach out to leadershipinstitute@aaaai.org with any questions.

We asked the Leadership Institute Steering Committee what inspired them to become a member of the Leadership Institute. This is what they said.

## Giselle S. Mosnaim, MD, MS, FAAAAI



Leadership Institute Steering Committee Co-Chair "I am grateful to have had wonderful mentors, who provided guidance and support, to help me to achieve my

leadership goals in the AAAAI. However, the pathways to fostering successful mentoring relationships with these individuals was not clearly defined. This inspired me to become involved in the Leadership Institute and create a formal structure

within the AAAAI to make it easier for our next generation of leaders to obtain effective mentorship."

## Julie Wang, MD, FAAAAI



Leadership Institute Steering Committee Co-Chair "Collaborating with a diverse group of AAAAI members on a variety of committees and work groups has helped me grow tremendously on a

personal and professional level. The generosity of my mentors and sponsors have inspired me to give back by serving as a member of the Leadership Institute."

## Sujani Kakumanu, MD, FAAAAI



Leadership Institute Steering Committee Vice Chair "The Leadership Institute offered me a unique and valuable opportunity to collaborate with AAAAI members nationwide and across practice settings

in a common goal to advance the care of our patients and promote the reach of our specialty."

## Denise A. DiPrimio-Kalman, DO, FAAAAI



"For many years, I enjoyed the benefits of membership in the AAAAI. I became more involved in my state allergy/ immunology society and state medical

society during a time of significant change in the delivery of medical care. The efforts of our past and current leaders have made a powerful impact. I was inspired to become a member of the AAAAI Leadership Institute because I wanted to improve my ability to advocate for allergy/immunology providers and our patients. "

## Anil Nanda, MD, FAAAAI



Mentorship Program Work Group Leader

"I wanted to become more involved with the AAAAI and wanted to interact with and learn from my amazing allergy and immunology colleagues. The Leadership

Institute provided a great opportunity to do this."

## Sharmilee M. Nyenhuis, MD, FAAAAI



Mentorship Program Work Group Leader

"The Leadership Institute was a formative experience for my professional career. I joined the Leadership Institute team to educate, mentor and train the next

generation of AAAAI leaders."

## **Rebecca Scherzer, MD, FAAAAI**



"I was very honored to become a member of the Leadership Institute and have been grateful for my roles as a mentee, mentor and currently on the

Mentorship Program Work Group Leader

Steering Committee. I originally applied for both the course and to be a mentee working on a project to learn more about the different roles within the AAAAI and appreciated the mentors that I have had the opportunity to work with. Through my experiences, I knew that I wanted to give back as a mentor to others within the AAAAI and continue to work with the Leadership Institute to promote the next generation of leadership within our field.



## Anna H. Nowak-Wegrzyn, MD, PhD, FAAAAI



Leadership Institute Co-Course Director

"I am thrilled to be the co-organizer of the 2021 Leadership Course! The AAAAI is my professional home and I value the opportunity to foster the new leaders

and to empower them for success within the AAAAI as well as in their professional careers. "

## Katharine M. Woessner, MD, FAAAAI

Leadership Institute Co-Course Director



"I was inspired to become a member of the Leadership Institute when I realized that as with so many things in our medical education, leadership

was a skill that was not being taught. I wanted to be a part of the process of inspiring diversity and new approaches to leadership within the AAAAI to enhance the success of our specialty. It was in part a self-serving involvement to further my own leadership skills as well. No matter what type of practice we go into, we are always being called on to be leaders whether it is just in our own practice or as leaders in the AAAAI. We can all use assistance to be more effective leaders."



# WOMEN in + ALLERGY/IMMUNOLOGY

Despite the many strides that have been made towards addressing inequities between men and women, women continue to face challenges in the workplace. To highlight the experiences of women in allergy/immunology, we've interviewed two AAAAI members, one with an academic background and the other in clinical practice, to tell us about their career experiences and offer advice about this important issue.

## Kimberly G. Blumenthal, MD, MSc, FAAAAI

## What are some of the unique challenges women face in academia?

Women in academia often have more demands on them at home. We know that child-rearing tasks, for example, are not equally shared between men and women. Successful women in academic medicine must be so efficient with their work time. For me, I have much less time to sit around to think and brainstorm creative research ideas or clinical innovations.

There are also biological challenges for women who would like to have babies or are breastfeeding. The timing of starting families most commonly occurs just as women in academic medicine are starting their careers.

## Do you have an example of a roadblock you faced in your career that your male colleagues didn't?

I don't think that there has been a clear roadblock because I am a woman. But, daily, I have obstacles and commitments that my male colleagues do not always have. In the beginning, I remember making a choice between attending a guest lecturer event or getting to the pump room. These days, it is the choice between signing up for a good parent-teacher conference slot or attending a meeting or networking event. Not being present, I am sure, has unseen consequences and creates a disparity of opportunity.

> Men are more likely than women to receive tenure at major academic institutions. Is this something you have seen during your career? Why do you think this occurs? I have been fortunate to be at an institution that is actively focusing on equity. I am part of women in medicine committees and there are specific research opportunities for women at my hospital and medical school. Generally speaking, however, I think that as



long as there are more men than women in leadership roles, men will be more likely to receive tenure—and also full professorship and endowed chairs-than women.

## A lot of bias and discrimination against women in the field may be implicit. Have you ever seen any explicit discrimination?

I have not seen any explicit discrimination in my academic communities. I have seen and experienced bias and microaggressions, however, such as assuming I am the nurse or calling me by my first name but calling the male with the same role as me "Doctor."

## What can academic institutions do to make it easier for women so they don't lose momentum in their careers?

There is so much that academic institutions can do to support women in academic medicine. The first is to increase transparency with respect to salary, research start-up packages, promotion, and leadership opportunities. Then, in all aspects, representation is important. Women need representation on search committees, promotion committees, interview committees, etc. It is also

- my work and personal challenges. It is easiest to discuss concerns important to start networking groups for women at different stages with another woman who has greater experience in academic medito interact. Studies suggest that it is critically important for women cine and can highlight potential inequities. Also, it is useful to have to have women peers and mentors. Finally, institutions can create a network of women to talk to. I have relied on the advice of other specific programs to support women in academic medicine. We women in academics when I am not sure if I should or should not do have programs such as: something (for example, serve on a specific committee or submit a Professional editor assistance to help women finish a manuscript specific grant). in progress
- · Reimbursement for childcare to help women attend and present at a national meeting
- Grant funding for women researchers with children
- Lab tech or research coordinator funding for women researchers on maternity leave

## What are steps women can take to advocate for themselves?

I think that the most important thing women can do to advocate for themselves is to find a female mentor or sponsor! I am lucky to have an incredible female mentor who understands



## Priya J. Bansal, MD, FAAAAI

What are some of the unique challenges women face in their careers in medical practice? Pay parity is a big one. It depends on the field you're in, but no matter the field, eliminating the gender gap in pay is essential. Women are also more likely to be passed over for promotions and leadership positions than their male colleagues. Negotiating salaries is a common challenge women face in a medical practice setting. The situation for women is constantly evolving and may be better or worse depending on the institution she works at. For

example, some hospitals and national organizations may be leaders with their positive stance on diversity, and therefore take steps to ensure more equality in the field.

## Do you have an example of a roadblock you faced in

You see a lot of implicit bias, and sometimes individuals are not your career that your male colleagues didn't? trying to be sexist. Assumptions are made about women and how When I was in residency as an Intern, I had my first ICU patient who they should be due to the bias we each grow up with. Women are passed away. I'd worked very hard to save them, but I still lost them expected to have certain personality traits, and working outside in the end. And I cried. My male colleague who was my senior resiof that box can be challenging. If you are too emotive you may be dent indifferently remarked, "You don't even deserve to be a doctor. considered weak and get walked all over for being "too emotional." If you can't handle it now, you won't be able to handle it later. You But if you're too strict you may be considered "difficult." might as well quit now." And I considered quitting—because this Even in organizational roles this can be a challenge because as a was coming from a person in authority. I'm glad I persevered. I get woman, it is assumed you understand certain types of tasks betto decide if I can be a doctor, not anybody else. ter, so you are pushed towards certain roles. All of this is implicit bias. Another common one is assuming a woman doesn't want a



## Listen to Our Women in Medicine Podcast Episode

COVID-19 has exposed long standing inequities that women in medicine face regarding promotion, research, and all aspects of their careers. Kimberly G. Blumenthal, MD, MSc, FAAAAI, provides insight and potential solutions during this honest, important conversation. <u>Click here to listen</u>.

Many surveys and studies find that women clinicians are paid less than men, even after accounting for a variety of factors such as hours worked. Have you found this to be true? What can women do about this if it's happening to them?

Some time ago, one of my prior practices was bought out, and I was negotiating with them regarding my salary to become an employee of theirs. I told them their initial offer was unreasonable, based on the median salary in the area for that specialty and presented them the data I had collected. They then told me they could match it, since it was what they were already going to pay my partner, who is male.

That situation is part of the reason why I opened my own practice.

Women need to know their worth and fight for it. Know what the value of your expertise is and insist on fair pay. Don't go with the flow-stand up for yourself. We need to stand up for ourselves if we expect to see any changes.

A lot of bias and discrimination against women in the field may be implicit. Have you ever seen any explicit discrimination?

leadership position or promotion because she has children. No one should assume to know what a woman may or may not want from her life and career.

Explicit discrimination does exist as well. Sexual harassment is a very real problem that we face, whether it's inappropriate comments or

even being told that unless you put up with certain advances, you can't expect to be promoted. Women put up with this due to a fear of being fired and the fear they'll be unable to prove it's happening at all.

What can healthcare institutions, whether it is a private practice or a hospital system, do to make it easier for women who have children so they don't lose momentum in their careers? When it comes to the difficulties surrounding pregnancy, private practice may actually be more of a challenge than certain institutions, which may be more likely to have safeguards in place to guarantee maternity leave. For example, while interviewing for a position I was asked if I wanted to become pregnant in the future, and later there was a clause stating I could be fired if I needed more than six weeks off. During my residency, I was advised that I would not be able to graduate if I needed to take maternity leave.

When I had my first child I only took four weeks off, using all my allocated vacation time. I returned to work even though I was still in pain. While I was nursing at work, I had nowhere to go, as there was no dedicated place for me to do so. Some of these issues have improved since I was training. As to what needs to be done, it is necessary to have safeguards in order to take time off for pregnancy and not be penalized, and for workplaces to be able to accommodate after pregnancy for women who choose to nurse and need to pump.

> What are steps women can take to advocate for themselves? Stand up for yourself, but be sure to advo-

cate with insight. You need to understand that many people have implicit biases. It can be especially difficult for women of color like myself, who face discrimination on multiple fronts. I've learned

over the years how to advocate with understanding. You need to always come from a place of knowledge. Consider each situation and what bias may exist so you can do your research. When you are educated and aware, you are best able to be your own champion.

Sometimes you also need to know who to talk to. With some people, you'll never be able to change their minds, so you need to go to someone you can trust who will help you with the issues you're facing.

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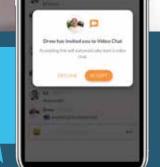
## **REGISTER TODAY FOR THE 2021 AAAAI VIRTUAL CAREER FAIR**

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## Member **Spotlight**

## What grassroots activities are you doing to support the field of A/I?

Penicillin skin testing and its importance in the general population and health care is my biggest grassroots activity. I work to promote awareness of Penicillin Allergy Day through our AAAAI Advocacy Committee and in the office.

## What are some of the biggest challenges you are trying to address in the northeast region?

One of the biggest challenges in the northeast region is maintaining a strong foothold in A/I, as we are a small specialty and have competition from other specialties such as ENT. Another challenge is maintaining physician morale and regional societies, which are key to bolstering physician wellness.

## How has COVID-19 impacted your work as a physician? What about your role as an RSL **Governor**?

COVID-19 has affected my ability to practice allergy. I am limited in the diagnostic testing that can be accomplished. While I truly appreciate telehealth, I do miss the in-person interactions with patients. Virtual visits are very difficult to perform and to maintain for this practice over extended periods of time.

As an RSL Governor, I would like to be able to meet fellow members at our Annual Meeting and also at local venues. I did attend a regional society virtual holiday event in December that was great.

## What is the Federation of Regional, State & Local Allergy, Asthma & Immunology Societies (RSLAAIS)?

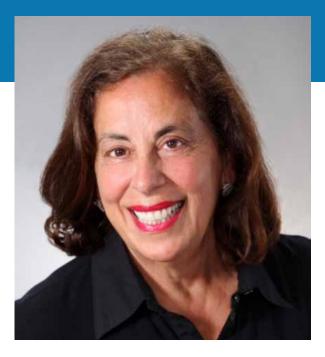
The RSLAAIS is an assembly of the AAAAI consisting of more than 70 regional, state and local societies who promote, support and advocate for allergist/immunologists at a grassroots level. The assembly assists in providing support, tools and effective methods to ensure allergist/ immunologists are recognized as the premier providers of quality A/I care.

The assembly is led by a leadership team of nine physicians representing seven distinct geographical regions of the country. This enables the AAAAI to more easily connect with local societies and provides an open line of communication between the organization, local, and state societies. It also allows the AAAAI to learn more about the concerns of our members, from state legislation, to training programs, and in recent months even PPE supply levels. RSL governors are an integral part of the work done by the AAAAI.

The RSLAAIS Business Meeting and Forum will be held during the 2021 AAAAI Virtual Annual Meeting on Sunday, February 28 from 3:45 pm to 5:00 pm CT.



## **Region 1 Northeast RSL Governor** Lynda Kabbash, MD, FAAAAI



## What inspired you to get involved with the RSL Assembly?

I have wanted a more active role in the AAAAI and firmly believe that local representation and involvement is of fundamental importance to the AAAAI and our profession.

## What's one thing—either A/I related or not—you learned in the last month?

In the last month, I learned about the potential impact of sublingual immunotherapy (SLIT) on our practice of allergy. For example, SLIT has overtaken subcutaneous immunotherapy (SCIT) in our neighboring country of Canada.

# MEET YOUR NEW INTEREST SECTION SECRETARY LEADERS

## ANAPHYLAXIS, DERMATOLOGY AND DRUG ALLERGY (ADDA) INTEREST SECTION -

## Miguel A. Park, MD

Dr. Park currently serves as the practice chair for the Division of Allergic Diseases at Mayo Clinic. He has advocated for improved clinical outcomes in drug allergies by publishing in the areas of penicillin allergy evaluation preoperatively, collaborating with pharmacists/allergists to optimize the evaluation of penicillin allergy, and by determining the optimal penicillin allergy assessment methods.



for our drug allergy patients by investing into our allergy fellows and new staff is an important part of

**66** Advocatina

my career goals. I have been blessed to have mentored several residents and allergy fellows who have fallen in love with allergy and drug allergies through our work together via teaching and/or publications. I will promote further opportunities to connect mentors and mentees with a focus on new allergists and those who come from disadvantaged backgrounds. In this way, we can continue to improve and advocate for our patients who suffer from anaphylaxis, dermatological allergic disorders and drug allergy. **\*** 

## ASTHMA DIAGNOSIS AND TREATMENT (ADT) INTEREST SECTION -

Alan P. Baptist, MD, MPH, FAAAAI

Dr. Baptist is in the Division of Allergy and Clinical Immunology at the University of Michigan, and holds a joint appointment at the School of Public Health. He is the Director of the University of Michigan Comprehensive Asthma Program, and Program Director for the Allergy/Immunology Fellowship Program. He has served on multiple committees and leadership positions in the AAAAI for over 15 years.

> **66** A concerning trend observed during this time is that A/I is losing its standing as experts for a variety of conditions that

we have traditionally managed, including asthma (to pulmonary medicine). I will work with other members of ADT to identify and promote at a national (and payer) level the value of allergist/immunologists for asthma. I will also work to further expand the guidelines of asthma diagnosis and treatment for underserved and understudied populations, including minorities, older adults, teens and very young children. I would also look to promote holistic care in asthma.

## BASIC AND CLINICAL IMMUNOLOGY (BCI) INTEREST SECTION -

Lisa R. Forbes Satter, MD, FAAAAI Dr. Satter is an Assistant Professor of Pediatrics in the Section of Immunology, Allergy, and Retrovirology at Baylor College of Medicine and Texas Children's Hospital and serves as Clinical Director of the Texas Children's Center for Human Immunobiology and Medical Director of the Texas Children's Hospital Infusion Center. Dr. Satter's primary research focuses around immune deficiency and immune dysregulation as well as novel gene discovery in immunodeficiency with over 50 peer reviewed publications.

> **66** My vision for the BCI is encompassed in the core values of the AAAAI and centers around three main pillars:

1) cutting-edge clinical care, 2) research and training to shape future generations of scientists and 3) excellence in education. The BCI is the hub for immunology innovation and can do this through a coordinated network of collaborations across all interest sections and specialties such as genetics, rheumatology, pulmonology, gastroenterology and hematology/oncology. As part of BCI leadership, I am committed to ensuring the AAAAI contributes to world-class science and clinical care by furthering novel discoveries, and educating our peers and the public to help advance and shape the AAAAI guiding principles of excellence. **\***  he election results for the Interest Section Secretaries, who are responsible for a number of important tasks within the AAAAI, are in. This position ultimately ascends to Interest Section Chair, and is a six year leadership commitment (two years each as Secretary, Vice Chair

- This position ultimately ascends to Interest Section Chair, and is a and Chair).
- All interest section leaders actively participate in the Annual Meeting programming development process. Active participation in meetings and initiatives of the Interest Section Coordinating Committee is also a requirement.
- All interest section leaders participate in the abstract review process, including attendance at the abstract review meeting held yearly.

We are pleased to introduce to you the members who will serve a

## ENVIRONMENTAL AND OCCUPATIONAL RESPIRATORY DISEASES (EORD) INTEREST SECTION —

## Michelle L. Hernandez, MD, FAAAAI

Dr. Hernandez is a pediatric allergist/ immunologist at UNC Chapel Hill with expertise in translational and clinical asthma research focused on innate immune mechanisms of airway inflammation. In her role as the Pediatric and Adolescent Director of the NC Network Consortium, she has expanded her work into practicebased asthma research studies in collaboration with primary care providers. Within the AAAAI, she has served on the Clinical Science Work Group and is Vice Chair of the Environmental Exposures and Respiratory Health Committee. She is also a recipient of the 2014 AAAAI Foundation

Gail G. Shapiro Clinical Faculty Award.



**66** I envision that the AAAAI's EORD Interest Section would form a specific training program geared for primary care

providers that can help underserved/underrepresented populations seen in any clinical setting. This program would poise the AAAAI as a leader in interprofessional education and would benefit numerous stakeholders. These stronger relationships between the AAAAI and primary care providers will propel innovations in clinical care and highlight important research questions that must be addressed to bridge existing gaps in the care of these patients. **99** 

## FOOD ALLERGY & EOSINOPHILIC DISORDERS (FAED) INTEREST SECTION -

## Rima A. Rachid, MD, FAAAAI

Dr. Rachid is an Associate Professor of Pediatrics at Harvard Medical School. She is the Assistant Director of the Food Allergy Program and the Principal investigator of the FARE Discovery Center at Boston Children's Hospital. She is currently evaluating the safety and efficacy of FMT in peanutallergic adults. She also served on JACI: *In Practice's* editorial board from which she received a top reviewer award.



presenting their research on food allergy and encourage them to be involved with the AAAAI. I would like to facilitate establishing a network of mentorship opportunities for those who have interest in food allergy, but do not have access to mentorship. I believe that it is critical to invest in junior faculty/ fellows-in-training in order to maintain the AAAAI's status as the world's leader organization in allergy and immunology.



2021-2023 Interest Section Secretaries:

**66** I will work on engaging junior faculty and fellows-in-training in general, and women and minorities in particular, in

## HEALTH OUTCOMES, EDUCATION, DELIVERY AND QUALITY (HEDQ) INTEREST SECTION -

## Sujani Kakumanu, MD, FAAAAI

Dr. Kakumanu is a Clinical Associate Professor at the University of Wisconsin and Middleton Veterans Memorial Hospital Divisions of Allergy and Immunology. Her research interests include improving asthma and COPD care coordination for pediatric and adult patients, and integrating practice improvement measures for inpatient drug allergy management.



**46** As Vice Chair of the AAAAI Leadership/Mentorship Institute, I recognize that the engagement of young and mid-

career members is essential to the growth of the AAAAI. I look forward to leading projects that promote innovation within the HEDQ Interest Section and will collaborate with other AAAAI interest sections to further the mission of the AAAAI. With this in mind, I would like to grow initiatives that educate members on innovative technologies and research that impact patient care, physician wellness and education. Each year, I hear from members seeking mentorship and I will develop programs that recruit members in HEDQ committees, work group reports and task forces. \$

## IMMUNOTHERAPY, RHINITIS, SINUSITIS AND OCULAR DISEASES (IRSO) INTEREST SECTION -

### Tolly Epstein, MD, MS, FAAAAI

Dr. Epstein is an Adjunct Assistant Professor of Medicine at the University of Cincinnati School of Medicine, Division of Immunology, Allergy, & Rheumatology, and is in full-time private practice with Allergy Partners of Central Indiana in Indianapolis. She has served as the co-director of the National Immunotherapy Surveillance Study, sponsored by the AAAAI and ACAAI, since 2008.



**66** Participating in committees and work groups, serving as co-director of the National *Immunotherapy* 

Surveillance Study,

and more recently serving in leadership positions in several committees has allowed me to contribute to the advancement of the field of A/I in tangible ways. I have greatly enjoyed working with knowledgeable col*leagues from around the country through* the AAAAI. As the IRSO Interest Section Secretary, I hope to continue to promote research and educational programs that will improve the safety and quality of care received by patients receiving immunotherapy and other treatments for rhinitis and sinusitis. **99** 

## MECHANISMS OF ASTHMA AND ALLERGIC INFLAMMATION (MAAI) INTEREST SECTION -

## Magdalena Gorska, MD, PhD, FAAAAI

Dr. Gorska is an Associate Professor in the Department of Medicine, Division of Allergy and Clinical Immunology at National Jewish Health and University of Colorado Anschutz Medical Campus. She is also a Training Faculty Member of the Immunology Graduate Program and MSTP at University of Colorado. Currently, Dr. Gorska serves as a Basic Science Work Group Chair, which is a work group within the Annual Meeting Program Committee with a task of planning the basic science/ translational content of the AAAAI Annual Meeting program.

#### **66** Through my service in the Basic Science



increase my service beyond these two activities, adding additional functions, including abstract review and abstract selection for oral and poster sessions. These two activities are primarily done by MAAI. In addition, as a member of the MAAI leadership team, I would like to create additional courses and inject new ideas into symposia and workshops. **99** 

## What Are AAAAI Interest Sections?

## IN BRIEF

## Members on the Move: David M. Lang, MD, FAAAAI



David M. Lang, MD, FAAAAI, AAAAI Immediate Past President, has been invited to serve as a member of the Primary Care and Chronic Illness Standing Committee for the National Quality Forum (NQF). He currently serves as Chairman of the Department of Allergy and Clinical Immunology in the Respiratory Institute at the Cleveland Clinic. As a member of this NOF

committee, he will contribute to their primary work of evaluating the submitted measures against NQF's standard measure evaluation criteria and making recommendations for endorsement.

## In Memory: Professor A. Barry Kay, MD, PhD, FAAAAI



Professor A. Barry Kay, MD, PhD, FAAAAI, passed away on December 30, 2020, after a long illness. He worked as Head of the Department of Allergy and Clinical Immu nology, National Heart & Lung Institute, Imperial College London and the Royal Brompton Hospital Allergy Clinic from 1980 to 2004. He later served as Professor Emeritus at Imperial.

During his long career he served as President of the British Society focuses on major advocacy efforts for Allergy and Clinical Immunology as well as President of the undertaken by the AAAAI. Paul V. Williams, European Academy of Allergy and Clinical Immunology. He made MD, FAAAAI, Chair of the AAAAI Advocacy **Conversations** from th numerous scientific contributions to the A/I specialty, co-authoring Committee, provides an update and insight over 500 research papers, review articles and book chapters. He was into important efforts underway to help support patients and instrumental in helping to shape our current understanding of the physicians. Caution: Listeners may be motivated to get involved! mechanisms of allergic inflammation. He was also committed to being a mentor to others in the field and continues to be an inspiration to many.



## **Review the New AAAAI Bylaws Changes**

Your Board of Directors is bringing forward proposed changes to the AAAAI Bylaws. The amendments will be considered and voted on during the AAAAI Virtual Business Meeting, which takes place Monday, March 1. The draft revisions to the AAAAI Bylaws are now available online for you to view. These changes focus on several different topics including Doctoral membership types, meetings of members, procedures for nominating officers/directors, and more. Click here to review the full list of proposed revisions.

## Don't Forget About Journal Content Alerts and CME **Opportunities**

The JACI and JACI: In Practice websites feature online collections. available to members and other readers. These collections host content dedicated to a range of timely themes and topics. To sign up for a collection alert, click "latest content alert" on that collection's page. For other alerts, such as a search alert, select "save and receive alerts for this search" at the top of any of your search result pages.

Additionally, don't forget that both journals offer online CME opportunities. You can find the JACI's here and JACI: In Practice's here.

## Listen & Learn: Advocacy Updates

Episode 40 of the AAAAI podcast, Conversations from the World of Allergy,



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## **November Board of Directors Meeting Summary**

The members of the AAAAI Board of Directors met virtually November 6-8, 2020, to discuss current and future activities. The members of the Board of Directors appreciate the work of AAAAI committee members and chairs as they strive toward the AAAAI mission to advance the knowledge and practice of allergy, asthma and immunology for optimal patient care. Over the course of the meeting, a number of significant decisions and actions were made. Here are the highlights:

## **Presentations**

AAAAI President Mary Beth Fasano, MD, MSPH, FAAAAI, provided further insights on her presidential initiatives. Incoming AAAAI President, Giselle S. Mosnaim, MD, MS, FAAAAI, discussed her presidential initiatives for 2021 including her presidential theme of Difficult-to-Control Asthma and her intent to establish a multilevel disparities task force. Board members also heard presentations from representatives from Hart Health Strategies, the FDA Center for Biologics Evaluation and Research, the FDA Center for Drug Evaluation and Research, NHLBI and NIAID.

## **Approvals**

A number of approvals took place during the Board meet-AAAAI committee appointments were reviewed and utilize a Lectureship rotation schedule.

What The next Board of Directors meeting



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**Miscellaneous** 

ing, including approval of the 2021 operating budget and changes to the AAAAI Bylaws. The development of a Gold Open Access journal was approved, and the 2021-2022 approved, as was the budget to support the work of the Joint Task Force on Practice Parameters. Hiring a technology consultant to provide Zoom training for Annual Meeting faculty was discussed and approved as well. Approval also went through for the AAAAI Authorizing Policy for the Practice, Diagnostics and Therapeutics Committee Process for Overseeing Development and Approval of Position Statements, Work Group Reports, and Systematic Reviews. On the AAAAI Foundation side, approval was granted for their operation budget, updates to the expectations and milestones for the Faculty Development Awards, and to limit fundraising to 13 Lectureships and to develop and

Frank S. Virant, MD, FAAAAI, was selected as the 2021 At-Large Executive Committee member. In addition, the Board discussed planning implementation strategies to accomplish the 2020-2023 AAAAI Strategic Plan. Funding to support the 2021 Program Directors Virtual Winter Meeting, as well as the Academic Leaders Virtual Winter Meeting was discussed. The Board also met with patient advocacy organizations to learn more about how the COVID-19 pandemic has been impacting their work and how the AAAAI can assist them moving forward.

### When

February 24-25, and March 6, 2021

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