

Foreword

Allergy Immunotherapy: Are We Making Progress or Just Standing Still?



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It has been over a century since Noon and Freeman began injecting allergic patients with allergens.¹⁻⁴ Their rationale was based on the work of Edward Jenner, who had demonstrated that injecting cow pox conveyed immunity to smallpox. Surprisingly, Noon and Freeman were right. Not only did they “cure” many of their patients, they did not kill any of them. However, they did have to administer epinephrine a few times during “rapid desensitization.” Interesting, they realized early on that “leisurely inoculations” (ie, conventional buildup schedules) were inconvenient for the patients and began experimenting with more rapid buildup schedules, rush and cluster immunotherapy. Although their treatment was successful, it was not until 1969 that it was discovered that the immune response involved a totally different immunoglobulin than immunoglobulin G. This was when Kimishige Ishizaka and his wife Teruko Ishizaka discovered immunoglobulin E. In the 1950s, Frankland, Lowell, and Franklin proved allergen immunotherapy was dose dependent and allergen specific.^{5,6} But it was not until the 1980s that we began to elucidate the complex mechanisms of allergen immunotherapy.

This is the third issue of *Immunology and Allergy Clinics of North America* of which I’ve had the honor of being an editor. In the first issue, the entire focus was aeroallergen immunotherapy.⁷ In the second issue, it was apparent that food allergy immunotherapy was making progress, and so I asked Anna Nowak-Wegrzyn to guest edit that issue.⁸ In this issue, we decided to include venom immunotherapy (VIT).

The issue begins with 2 excellent review articles by Mübecce Akdis and Cezmi Akdis and colleagues on the mechanisms of subcutaneous and sublingual immunotherapy and highlights of novel vaccination strategies in allergen immunotherapy. They are followed by Mario Sánchez-Borges and colleagues’ article reviewing subcutaneous

immunotherapy safety and risk factors. Sublingual immunotherapy for other indications, such as venom large local reactions, latex and food allergy, and atopic dermatitis, is reviewed in Smith and Freeman's article. David Golden's article addresses some provocative and unanswered questions regarding Hymenoptera allergy and VIT, such as when to stop recommending an epinephrine autoinjector at all times and when is it safe to stop VIT. The cost-effectiveness of allergen immunotherapy is explored in an article I wrote alongside Andrew Murphey and Cheryl Hankin. Smeekens and Kulis review the evolution of the immune responses in food immunotherapy. Mimi Tang and colleagues present the "state-of-the-art" in peanut oral immunotherapy. Vázquez-Cortés and colleagues tell us "what we need to know" about the safety of food oral immunotherapy. Next, Waldron and Kim's article explores sublingual and epicutaneous immunotherapy for food allergy. The use of adjuvants with food immunotherapy is explored in Nicolaides, Parrish, and Bird's article. Albuhaire and Rachid explore novel therapies for the treatment of food allergy. The issue concludes with Remington and Baumert's article on risk reduction in peanut immunotherapy.

This issue is packed with cutting-edge review articles written by some of the world's experts in allergy and immunology. It may not be as engaging as an Agatha Christie murder mystery novel, but it should be a "must-read," and after all, you are physicians/scientists, not police detectives.

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