UCARE LEVELUP

NEWSLETTER 2
DECEMBER 2021

The Physician Education and Communication Program

Dear urticaria treating physician,

It is fantastic that we can bring you our second *LevelUp* newsletter.

The *LevelUp* Program has taken off at a speed of note and we are proud to say that up until now we have held 6 Journal Clubs, 2 Webinars, our first Fireside Chat, 12 new Podcasts building on the All things Urticaria program, we have a call for abstracts out for our 1st Poster session and we are already working on the next activities.

The big focus now, is the Hybrid UCARE Conference 2021 from Hiroshima Japan that will take place from the 9th to 11th of December 2021. If you have not registered yet, please do so:

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In this newsletter we are discussing the new EAACI Guideline for the Definition, Classification, Diagnosis and Management of Urticaria, and look at recent Publications relating to Bradykinin receptors, Machine learning and the effects of Spirituality on the experience of CU.
We Talked to Dr Dorothea Terhorst-Molawi and Dr Mojca Bizjak about their project Cold-CU, what motivated them to start a study about Cold induced urticaria and what their most important findings were.

The results of recent clinical trials on Ligelizumab, Fenebrutinib, Lirentelimab and Dupilumab gives more insight about safe treatment for patients that are intolerant to current options. We also look back at UDAY 2021 with optimism for UDAY 2022.

Enjoy the read, and please share this newsletter with your entire network. If you have not yet signed up for the newsletter and want to be invited to other *LevelUp* events please sign up here:

Sign up to the LevelUp Newsletter

GA²LEN Global Allergy and Asthma European Network
Network of Excellence

UCARE Urticaria Centers of Reference and Excellence
A GA²LEN NETWORK

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Contact us: ucare-levelup@ga2len.berlin

HOT TOPICS

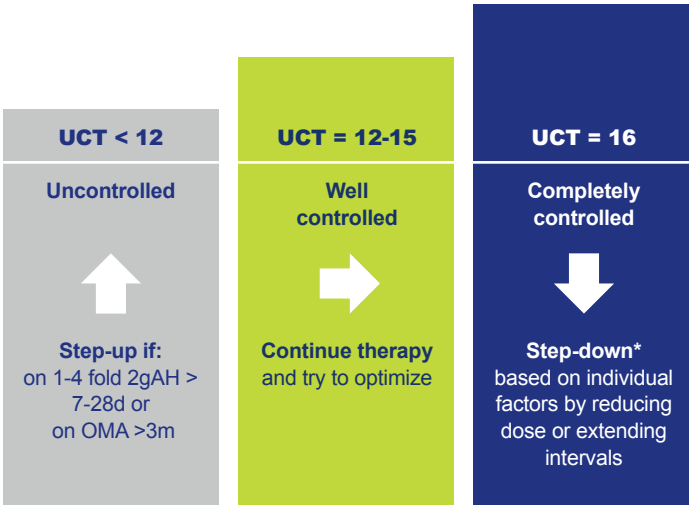
The International EAACI/GA²LEN/EuroGuiDerm/APAAACI Guideline for the Definition, Classification, Diagnosis and Management of Urticaria published in October 2021:

A short briefing by Désirée Larenas -Linnemann, M.D., Mexicocity, Mexico.

After almost a year of preparation, reviewing with the guidelines development core group recent publications with all latest evidence on chronic urticaria diagnosis and treatment, finally, beginning of December 2020 the decisive guideline meeting was held in hybrid format in the Charité, Berlin. Apart from the expert panel, the organizers - under the leadership of Torsten Zuberbier - welcomed the participation of representatives from 50 national and international societies and from 31 countries.

The major discussible issues, related to chronic urticaria, had been formulated as clinical questions and during the above mentioned 1-year-long meeting preparations working groups had formulated suggestions and recommendations based on the thorough evaluation of evidence, safety, costs, and patient preferences according to the GRADE procedure. The answers to these clinical questions were now voted on by all guideline development members.

Management decisions and treatment adjustments*



* For CINDU individual decisions are based on estimate trigger exposure (e.g. cold-urticaria in winter)

Many solid recommendations from the previous guideline were passed on to this one. Moreover, in acute spontaneous urticaria a recommendation against routine diagnostic tests was agreed upon. For chronic spontaneous urticaria (CSU) patients in specialist care routine testing (differential blood count, CRP and/or ESR), was extended to also include total IgE and IgG-anti-TPO. Further testing may be performed only as indicated by history, physical examination, and basic testing.

Management decisions and treatment adjustments*

ADJUST
- Step up if inadequate control
- Change if side effects occur
- Step down if symptom free for 3-6 months

ASSESS
- Diagnostic procedures
- Comorbidities
- Severity - use UCT and PROMs
- Patient preferences
- Side effect of treatment

ACT
- Modify treatment and treat comorbidities
- Look at non-pharmacological interventions esp. in CIND
- Educate the patient

* For UINDU individual decisions are based on estimate trigger exposure (e.g. cold-urticaria in winter)

In the treatment section several major changes can be detected. The management of chronic urticaria is now divided into three steps, with two sub-steps: 1) second generation oral H1 antihistamines (sg-AH1), 2) omalizumab and 3) cyclosporin A. Steps 1 and 2 are divided in: standard-dose or up-dosing (up to 4-times for sg-AH1; up to 600mg every 4 weeks for omalizumab). Then, there is a nice new figure that indicates the management of urticaria is a circular process, continuously re-novating itself: Assess, Act and Adjust (Figure 1). Moreover, clear suggestions are given of when to think about stepping-up and stepping down, according to the patient's UCT-score and level of control.

This guideline has been acknowledged and accepted by the European Union of Medical Specialists (UEMS).

Zuberbier T, Abdul Latiff AH, Abuzakouk M, Aquilina S, Asero R, Baker D, et al. The international EAACI/GA²LEN/EuroGuiDerm/APAAACI guideline for the definition, classification, diagnosis, and management of urticaria. Allergy. 2021 Sep 18. doi: 10.1111/all.15090. Epub ahead of print. PMID: 34536239.

STUDY RESULTS

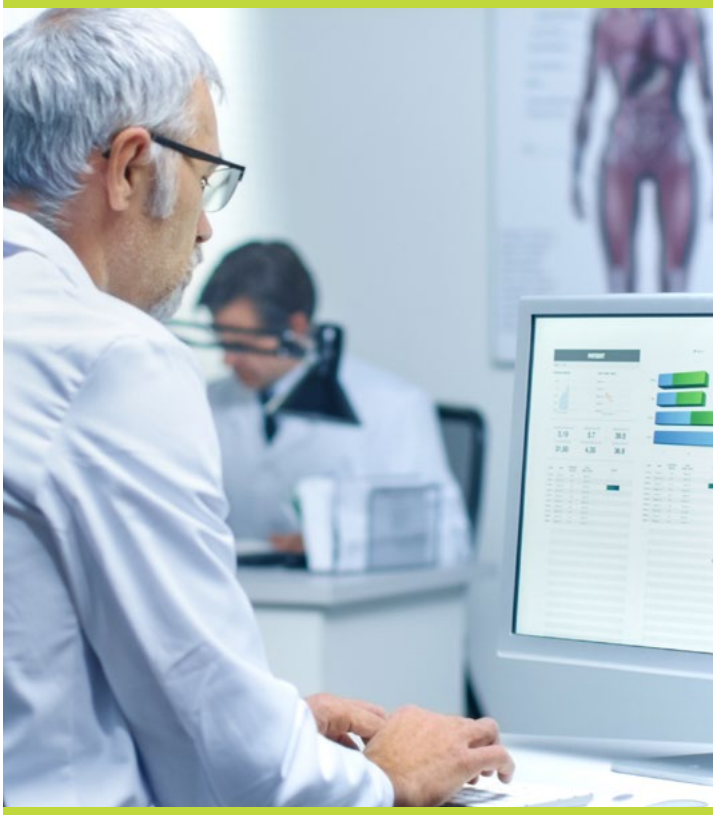
Prepared by:
Sérgio Dortas Junior - Rio de Janeiro, Brazil

Bradykinin receptors seems to play a role in the pathogenesis of chronic spontaneous urticaria (CSU)

Obtulowicz A et al reported that Bradykinin receptors are elevated in selected populations of lymphocytes in symptomatic CSU patients compared to healthy controls. They found a statistically significant higher concentration of BR1 expression in lymphocytes of CSU patients compared to the control group ($p < 0.001$). Moreover, a statistically significant positive correlation was observed between UAS-7 and BR1/BR2 expression in CD14++CD16- cells ($p = 0.03$, $R = 0.4$).

Obtulowicz A, Dubiela P, Dyga W, Migacz-Gruszka K, Mikolajczyk T, Wojas-Pelc A, Obtulowicz K. The Role of Bradykinin Receptors in the Etiopathogenesis of Chronic Spontaneous Urticaria. Medicina (Kaunas). 2021 Oct 19;57(10):1133.

LINK TO STUDY



STUDY RESULTS

Results of the CORSA Study

Positive basophil test is linked to known features of type-IIb autoimmune chronic spontaneous urticaria (TIIbaiCSU) and novel characteristics

Marcelino J et al performed a cross-sectional study of 85 CSU patients and identified that these patients showed higher disease activity and impact, lower levels of disease control and total serum IgE, as well as higher rates of having a positive autologous serum skin test (ASST), angioedema, nocturnal symptoms, symptoms for >5 days/week, and thyroid autoantibodies.

Marcelino J, Baumann K, Skov PS, Pereira Santos MC, Wyroslak I, Scheffel J, Altrichter S, Woetmann A, Pereira-Barbosa M, Costa C, Maurer M. What Basophil Testing Tells Us About CSU Patients - Results of the CORSA Study. Front Immunol. 2021 Sep 28;12:742470.

LINK TO STUDY

STUDY RESULTS

Machine Learning based (ML-based) algorithms may be used to identify chronic urticaria (CU) subtypes

Türk M et al suggest that ML-based algorithms can be used to establish patient signatures, which may then be used to better characterize relevant and distinct pathomechanisms of CU subgroups. They retrospectively analyzed the medical charts of a cohort of 431 CU patients. Institutional review board was obtained, and due to retrospective nature of the study, patient consent was not required. ML-based k-means clustering with principal component silhouette analyses (PCA) and use of the elbow method of dimensionally reduced data showed 4 clusters of CU patients.

Türk M, Ertaş R, Zeydan E, Türk Y, Atasoy M, Gutsche A, Maurer M. Identification of chronic urticaria subtypes using machine learning algorithms. Allergy. 2021 Oct 4. doi: 10.1111/all.15119. Epub ahead of print.

LINK TO STUDY

STUDY RESULTS

Spirituality may play a role in the experience of chronic urticaria (CU) patients

Dortas Junior et al, by means of validate questionnaires, evaluated the spiritual wellbeing (SpWB) in CU patients with different levels of disease control, and its relationship with SpWB and HRQoL. The authors highlight that those subjects with poorly controlled CU had significantly lower SpWB and worse HRQoL than subjects with controlled disease. Additional research is needed to better investigate it, and therefore planning targeted intervention programs designed to manage the SpWB of patients with CU.

Dortas Junior SD, Azizi GG, Moret RN, Bastos Junior RM, Valle SOR. Spiritual well-being and quality of life are impaired in chronic urticaria. Eur Ann Allergy Clin Immunol. 2021 Sep;53(5):221-227.

LINK TO STUDY

TREATMENT ADVICE

How to Manage Omalizumab treatment in CSU patients

by Roberta Criado - Santo Andre, Brazil

Chronic spontaneous urticaria (CSU) causes severe impairment in patients' quality of life (QOL) through pruritic wheals, angioedema, and sleep disturbances. The international guideline on CSU recommends to "treat CSU until it is gone." It also recommends using pharmacotherapy "as much as needed and as little as possible.[1,2]

Based on this, in patients whose complete response was not reached with an optimized dose of antihistamine, omalizumab (an anti-IgE monoclonal antibody) is recommended as the third-line treatment option.[1]

Several studies have helped us to understand how and why patients with CSU respond when treated with omalizumab (complete, partial, or no response; fast vs slow response), with important insights on relevant mechanisms and potential predictors of treatment outcome. [2,3]

Firstly, all kinds of chronic urticaria could be treated with omalizumab (wheals, angioedema, or both) after partial or non-response with an optimized dose of antihistamine.[1,2]

The response varies with the endotype of CSU: faster in type I autoimmune endotype, slower, partial, or non-response in Type IIb autoimmune and other endotypes. [3] Furthermore, omalizumab can be suitable for CSU associated with Chronic Inducible Urticaria (CIndU), which occurs in 10-50% of CSU patients, although the administration of omalizumab in isolated CIndU is "off-label." The starting dose is300mg per month, and this dose can control urticaria in most patients. If the response is incomplete or the patient is a non-responder after 12 weeks of treatment, the specialist may increase the dose, reduce the interval or bothup to a maximum of 600 mg every two weeks or add on cyclosporine. (Both off label for urticaria patients). [1,-3]

One tool that can be helpful is monitoring the IgE level. If the IgE is less than 40UI/ml or does not double at the second dose of omalizumab, there is a great risk that the patient is a poor responder or non-responder. [2,4]

The duration of treatment with omalizumab is variable; the average time is more than one year. In fact, (we need to continue treatment until the symptoms have completely resolved). After complete control, we start spreading the injection intervals by one week at every visit until the dose of 300 mg every 8 weeks is reached. Afterwards, the treatment can be discontinued. If the symptoms return, we could restart the treatment.[2]

(Antihistamines need to be continued since omalizumab is an add-on treatment to the antihistamines) even in patients with poor or no response to them. After achieving a good response to omalizumab, the antihistamine dose can be tapered. If exacerbation occurs, antihistamines can be restarted, and if necessary, up dosed. If these measures do not work treatment with glucocorticosteroids for up to 10 days might be considered to treat acute flares.[1,2]

Finally, it is important to emphasize the use of omalizumab in special groups, like children, pregnant women, breastfeeding, and the elderly. For children, omalizumab is licensed from 12 years of age for CSU and 6 years old for allergic asthma. However, there are case series showing the successful use of omalizumab in children under 12 years of age for chronic urticaria[5]. During pregnancy and breastfeeding, omalizumab is considered category B by the FDA and several case reports have shown safe use of omalizumab in these situations.[2,4] In the elderly population, omalizumab doesn't interfere with hepatic or renal metabolism, and therefore, can be safely used.[6]

In conclusion, we are learning more every day about urticaria treatment with omalizumab that will lead to better treatment for t patients suffering from this disease.

REFERENCES:

1. Zuberbier T, Abdul Latiff AH, Abuzakouk M, et al. The international EAACI/GA²LEN/EuroGuiDerm/APAAACI guideline for the definition, classification, diagnosis, and management of urticaria [published online ahead of print, 2021 Sep 18].Allergy. 2021;10.1111/all.15090. doi:10.1111/all.15090.

2. Türk M, Carneiro-Leão L, Kolkhir P, Bonnekoh H, Buttgereit T, Maurer M. How to Treat Patients with Chronic Spontaneous Urticaria with Omalizumab: Questions and Answers. J Allergy Clin Immunol Pract. 2020;8(1):113-124. doi:10.1016/j.jaip.2019.07.021.

3. Metz M, Vadasz Z, Kocatürk E, Giménez-Arnau AM. Omalizumab Updosing in Chronic Spontaneous Urticaria: an Overview of Real-World Evidence. Clin Rev Allergy Immunol. 2020;59(1):38-45. doi:10.1007/s12016-020-08794-6.

4. Larenas-Linnemann DES, Parisi CAS, Ritchie C, et al. Update on Omalizumab for Urticaria: What's New in the Literature from Mechanisms to Clinic. Curr Allergy Asthma Rep. 2018;18(5):33. Published 2018 May 9. doi:10.1007/s11882-018-0787-5

5. Al-Shaikhly T, Rosenthal JA, Ayars AG, Petroni DH. Omalizumab for chronic urticaria in children younger than 12 years. Ann Allergy Asthma Immunol. 2019;123(2):208-210.e2. doi:10.1016/j.anai.2019.05.003

6. Nettis E, Cegolon L, Di Leo E, Canonica WG, Detoraki A; Italian OCUReL Study Group. Omalizumab in elderly patients with chronic spontaneous urticaria: An Italian real-life experience. Ann Allergy Asthma Immunol. 2018 Mar;120(3):318-323.

PROJECTS

Project COLD-CE
COLD urticaria and other cold-induced reactions – Comprehensive Evaluation

An Interview with

Dr. Dorothea Terhorst-Molawi
Berlin, Germany

Dr. Mojca Bizjak
Golnik, Slovenia

Interview by:
Dr. Emek Kocatürk
Istanbul, Turkey

Could you briefly explain what COLD-CE stands for?
COLD-CE is a shortened description of "COLD urticaria and other cold-induced reactions – Comprehensive Evaluation", investigator-initiated academic study that was led by the University Clinic Golnik and Charité – Universitätsmedizin Berlin.

What was the motivation for starting this project, why was it needed and why was it performed under the umbrella of UCARE network?
Cold urticaria is a form of chronic inducible urticaria that is often challenging to diagnose and treat, and the criteria for an increased risk of systemic reactions have not yet been precisely defined. We aimed to collect detailed real-life data on many still ill-defined characteristics of cold urticaria, cold-induced anaphylaxis, cold-induced pruritus, and possibly other rare cold-induced diseases. New insights that already resulted from COLD-CE are expected to globally improve evaluation and treatment strategies to the satisfaction of patients and physicians. The GA2LEN UCARE network enables perfect support for such a global study and connects the best global urticaria experts.

Who were the steering committee members?
The two of us were principal investigators and study coordinators and other steering committee members were Marcus Maurer, Mitja Košnik, Kanokvalai Kulthanan, Raisa Meshkova, and Simon Francis Thomsen.

How many centers from the UCARE Network participated in the study and how was the coordination of the data sending and contact with these centers enabled? Did you have difficulties?
Thirty-two UCAREs from 19 countries and 4 continents joined the study. All UCAREs were invited to participate at our annual conferences (GUF Berlin 2018, UCARE Conference Istanbul 2019, and GUF Berlin 2020) and with regular newsletters sent from the UCARE office in Berlin. It was quite demanding to coordinate this study, but this was a memorable positive experience for both of us.

In your opinion, what are the most important findings that were learned from the study?
We collected data on 551 cold urticaria patients between May 2019 and May 2021 and our first manuscript entitled "Risk factors for systemic reactions in typical cold urticaria: results from the COLD-CE study" was accepted for publication in Allergy (European Journal of Allergy and Clinical Immunology) in November 2021. We identified clinical features linked to cold-induced anaphylaxis, characterized the triggers that prompt it, and present predictors for its occurrence. We hope that the results of this study will contribute to improving the clinical care of cold urticaria patients. For the first time, we propose specific criteria for the prescription of adrenaline autoinjectors in high-risk patients. Analyses of extensive COLD-CE data are ongoing and we intent to publish additional results in high-impact journals.

Has the study ended or is it extended with a newer version?
We successfully reached goals that were set in the COLD-CE project plan. As previously explained, we are in the process of analysing the existing treasure trove of data. New questions are arising, and we are already thinking about how we can best find answers to them. But it is still too early to talk about newer versions.

MORE INFORMATION

CLINICAL TRIALS

Results of recent clinical trials on Ligelizumab, Fenebrutinib, Lirentelimab and Dupilumab

by Dr Iman Nasr – Muscat, Oman

Treatment options in chronic spontaneous urticaria patients who fail omalizumab or who are intolerant to such therapy, are in great need for better, safe and effective treatment rather than the off-label drugs such as ciclosporin. Novel therapies for CU with newly developed drugs and new targets are favourable.

LIGELIZUMAB

Ligelizumab is an anti-IgE monoclonal antibody that prevents the binding of IgE to its receptor like omalizumab but with higher affinity (40-50 fold). A phase 2, dose-finding randomized trial compared ligelizumab at three doses (24 mg, 72 mg, and 240 mg) to omalizumab (300 mg) or placebo, all given monthly, in over 338 adults with moderate to severe CSU after 2nd line therapy failure. The primary endpoint was complete control of hives at week 12, which was achieved in 30%, 51%, and 42% cof the ligelizumab treated subjects, compared with 26% of those receiving omalizumab and none in the placebo group. Ligelizumab was well tolerated, with mild to moderate injection site reactions being the main treatment-related adverse reaction. Higher doses of ligelizumab had a more prolonged effect after discontinuation with loss of complete response occurring 10.5 weeks after discontinuation of the 240 mg dose.

Kolkhir P, Altrichter S, Munoz M, Hawro T, Maurer M. New treatments for chronic urticaria. Ann Allergy Asthma Immunol. 2020 Jan;124(1):2-12. doi: 10.1016/j.anai.2019.08.014. Epub 2019 Aug 23. PMID: 31446134.

FENEBRUTINIB

Fenebrutinib is the most Bruton tyrosine kinase (Btk) selective molecule and inhibits only 3 of 286 off-target kinases, demonstrating a theoretical safety advantage. In a double-blind, randomized, placebo-controlled phase 1 study of healthy volunteers treated with Fenebrutinib, there were no serious or dose limiting adverse events. Review of dose-ascending cohorts and plasma concentrations suggest that a convenient once-daily dosing regimen would enable sufficient Btk inhibition. Efficacy and safety of another BTK inhibitor, LOU064, is currently being assessed in a phase 2b, multicentre, dose-finding RCT in adults with antihistamine-resistant CSU (NCT03926611).

Johal KJ, Saini SS. Current and emerging treatments for chronic spontaneous urticaria. Ann Allergy Asthma Immunol. 2020 Oct;125(4):380-387. doi: 10.1016/j.anai.2019.08.465. Epub 2019 Sep 5. PMID: 31494233; PMCID: PMC7056515.

LIRENTELIMAB

Lirentelimab is a humanized monoclonal antibody to Siglec-8, inhibits mast cell activity and depletes eosinophils. A phase 2a, open label pilot study of the safety and efficacy of AK002 is ongoing (NCT03436797). This study includes patients with CSU, omalizumab naïve and omalizumab refractory, as well as patients with cholinergic urticaria and patients with symptomatic dermographism.

Cohen JM. Ligelizumab for Chronic Spontaneous Urticaria. N Engl J Med. 2020 Feb 6;382(6):579. doi: 10.1056/NEJMc1915041. PMID: 32023384.

DUPILUMAB

Dupilumab (Dupixent) is an anti IL 4 receptor monoclonal antibody. It is approved for asthma, chronic rhinosinusitis with nasal polyposis and atopic dermatitis. It is currently being studied for CSU. The phase 3 clinical trial met its primary and all key secondary endpoints at 24 weeks with reduction of itch severity (63% with dupilumab vs 35% with antihistamines) and urticaria activity (65% with dupilumab vs 37% with antihistamines). The trial demonstrated safety results similar to the known safety profile of Dupixent in its approved indications. For the 24-week treatment period, the occurrence of treatment emergent adverse events were generally similar between the Dupilumab and placebo groups (50% with Dupilumab vs 59% with placebo). The most common adverse events were injection site reactions (11% Dupixent, 13% placebo).

Metz M, Maurer M. Use of biologics in chronic spontaneous urticaria - beyond omalizumab therapy? Allergol Select. 2021 Feb 12;5:89-95. doi: 10.5414/ALX02204E. PMID: 33615122; PMCID: PMC7890936.

UDAY 2021

World Urticaria Day 2021 – Who cares? U care!

Lea Kiefer, M.D. Berlin, Germany

After a year of preparation and development of ideas for this years 8th World Urticaria Day (UDAY), we celebrated the day in 2021 globally with physicians, patients, families and friends.

This year's leading platforms were digital, overcoming a pandemic and distance with the common aim to contribute to improvement for those of us living with urticaria. Everyone was invited to organize their own UDAY event bringing about 29 recorded events in 15 different countries, being able to reach out to patients and physicians in many different areas. With the increasing number of digital platforms, especially the presence of social media reached record numbers in 2021. Thousands of people of different generations were reached providing informative videos YouTube channel, over Twitter to Instagram, highlighting the new TikTok channel.

Besides virtual meetings, luckily local teams were able to celebrate together in a not to be overlooked green T-shirt. Thanks to our impressive hard-working UCARE teams, flyers were designed, press releases made, scientific and patient-based articles written and new UCARE centers welcomed and celebrated. Patient organizations even had a one-week long program directly addressing patients. We would like to thank you – without each and every one directly or indirectly involved – such an event would not be possible.

As we finished our successful UDAY we have already started preparations for the upcoming, searching for a new slogan that will further connect and let this community grow and by this making a long-lasting change for our urticaria patients. Please reach out to us, if you felt inspired and have any idea you want to share. Only together, we can change the world for Urticaria patients!

UDAY 2021 INITIATIVES

UCARE CONFERENCE 2021

GA²LEN UCARE Urticaria Conference
UCARE is an international medical center for urticaria certified by GA²LEN (European Network for Allergies and Asthma).
蕁麻疹国際会議 2021

The UCARE 2021 conference is a three-day long hybrid event to be held in Hiroshima, Japan

9th - 11th December 2021

UCARE Conference Registration is still Open

Register here

We expect that more than 300 physicians from around the world will attend.

The conference is organized by a scientific committee of renowned physicians:

Professor Michihiro Hide
of Hiroshima University

Professor Marcus Maurer of Charité
Universitätsmedizin Berlin

Professor Torsten Zuberbier of Charité
Universitätsmedizin Berlin

Professor Ana Giménez-Arnau
of Hospital del Mar, IMIM Universitat Autonoma de Barcelona

Professor Kanokvalai Kulthanan
of Siriraj Hospital, Mahidol University Bangkok

Dr. Luis Ensina
of the Federal University of São Paulo

What will be discussed during the Conference?

Session 1 (Day 1)
The GA2LEN UCARE Network - ongoing/new projects

- Torsten Zuberbier will talk about the growing GA²LEN CORE program and how different CARE projects can interact and use synergies with UCARE.
- Marcus Maurer will take the stage expanding on the projects' contents.
- Karsten Weller and Pavel Kolkhir will speak about CURE.

Current and upcoming UCARE Project will be explored. The first session will end with the talk **''Tribute to Mario Sanchez-Borges''** by Luis Ensina and Maximiliano Gomez.

Session 2 (Day 1)
Introduction of new UCARE centers

37 New UCARE centers will be introduced by the chairs Kanokvalai Kulthanan, Ana Maria Giménez-Arnau and Naoko Inomata.

Session 3 (Day 2)
A new frame of the pathogenesis of urticaria

- New roles of IgE and its receptors in the pathogenesis of urticaria
- Wheals with systemic symptoms
- Urticaria and COVID-19
- Roles of non-mast cells in the pathogenesis of urticaria

Session 4 (Day 2)
Advances in treatments of urticaria

- Mast cell-targeted treatments
- Non-mast cell targeted treatments
- New treatments for CIndU

Session 5 (Day 2)
Recurrent Angioedema collaborated with the ACARE NETWORK

- Bradykinin mediated angioedema
- Non-bradykinin mediated angioedema

GA²LEN UCARE Urticaria Conference 蕁麻疹国際会議 2021

Luncheon Seminar 1 (Day 2)
(Sponsored by Novartis)

- Review and perspective of allergic skin diseases associated with sweating
- Omalizumab Treatment in Chronic Spontaneous Urticaria: Real-world Evidences

Session 6 (Day 2)
Paediatric urticaria

- Chronic urticaria in children:
- Hereditary angioedema in children

Oral session 1 and 2 (Day 2)
Paediatric urticaria

20 Presentations (4 minute presentation with 3 min discussion to follow)

Session 7 (Day 3)
Case Discussion

- Case 1: CSU exacerbated with omalizumab
- Case 2: Food-independent exercise-induced anaphylaxis presenting cholinergic urticaria-like eruptions
- Case 3: Symptomatic dermographism with dyspnea treated with Alprazolam

Session 8 (Day 3)
Workshops

Introducing PROMs (Patient-reported outcome measures) ex. UCT, ACT

Luncheon Seminar 2
HAE (Sponsored by Takeda)

To improve patient's QOLwith careful attention and new treatment.
How to leverage our findings to improve HAE patients' lives? - Based on studies from Japan

Session 9 (Day 3)
Lectures: Urticaria Related Syndrome

- Urticaria and mast cells
- Mast cell activation syndrome (MCAS)
- Mathematical equation of multifarious eruptions in urticaria

LevelUp Activities

FIRESIDE CHAT The first fireside chat that took place on 1 December 2021 with Luis Felipe Chiaverini Ensina, Salma Taha, Hanna Bonnekoh and Cecilia Parente was a great success dealing with: **The next generation: What do junior urticariologists expect from the UCARE network, what do seniors expect from juniors?** The next Fireside chat will take place in February 2021.

JOURNAL CLUBS have taken place and will continue taking place every 2 weeks. Upcoming Journal Clubs: 16.12.2021

SIGN UP HERE

PODCAST We are on episode 29 in our **All Things Urticaria** series that has been integrated to LevelUp. All episodes are available on demand on

SPOTIFY | APPLE PODCASTS | MEDTHORITY

WEBINAR Upcoming: 26/27 January 2022
Year end Review UCARE Conference 2021 – summary of the UCARE conference.

POSTER SESSION
Submission deadline: 15.01.2022
We are currently accepting submissions of project protocols or of preliminary project data for our new Poster Sessions program.
Who can submit a project protocol? Early-stage clinicians and scientists.

Topic of the Poster Session: Diagnosis

How to submit your project protocol or preliminary data: Please send the following information to: ucare-levelup@ga2len.berlin

Please state “Poster Sessions” in the subject line. A draft/mock-up of the actual poster (in this case a PowerPoint presentation, no longer than 4 slides in length) to be displayed containing the following aspects: Title of project, Project runtime, Main focus/goals of the research project. Accepted submissions will be presented during the first week of March 2022 in form of an oral presentation.

GRAND ROUNDS Coming to you in 2022

EVENTS

Upcoming Events

09 – 11 December 2021
UCARE Conference 2021- Hiroshima Japan
A new era for urticaria – Advances in its classification and breakthroughs in its treatment

REGISTER HERE

19 January 2022
Make A Difference 4
ACQUIRED C1-INH DEFICIENCY (AAE)

REGISTER HERE

27 – 30 January 2022
Winter School on Basic Immunnology Reaserach in Allergy and Clinical Immunology 2022
EAACI – Event

Sign up for our newsletter and to invited to all our activities.

Follow us and join the conversation

https://twitter.com/UCARE_4U

Subscribe to our UCARE LevelUp YouTube channel to catch up on any of the content that you have missed.

Links to more information:

www.ga2len-ucare.com
www.acare-network.com
www.globalurticariaforum.org
www.allergie-centrum-charite.de
www.urtikaria.net

We would like to thank our Taskforce members that worked on distilling the multitude of information out there into the second LevelUp newsletter: Bahar Sevimli Dikicier, Désirée Larenas-Linnemann, Emek Kocatürk, Iman Nasr,Laura Schwenner, Rebekka Locke, Reinhardt Britz, Roberta Fachini Jardim Criado, Sérgio Dortas Junior, Solange Valle