

Jill is about to have  
asthma symptoms and  
she won't know why.

Timothy grass

Dog dander

House dust mites

ASTHMA

 **ImmunoCAP**<sup>®</sup>  
*Is it allergy?*

Underlying allergies affect **asthma**

**Discover the connection**

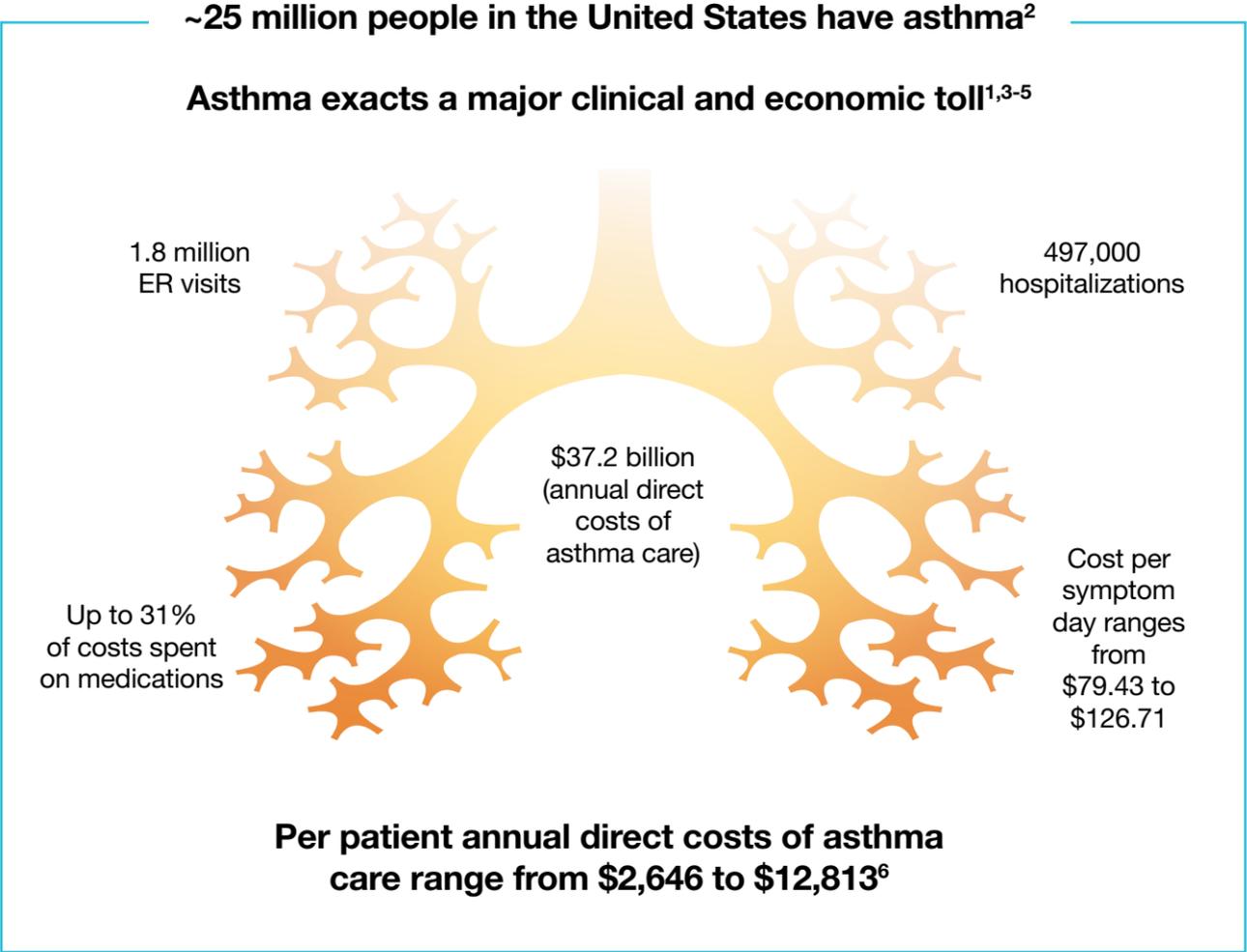
**ImmunoCAP Specific IgE blood testing** helps you identify  
allergic triggers and develop an exposure reduction plan  
for improved patient well-being

**Thermo**  
SCIENTIFIC

# Discover the connection between asthma and allergy

DISCOVER THE CONNECTION

Recognize that asthma rates — and its costs — are increasing.<sup>1</sup>



It may be time to go beyond asthma controller therapy.

Common triggers that may induce or worsen asthma:

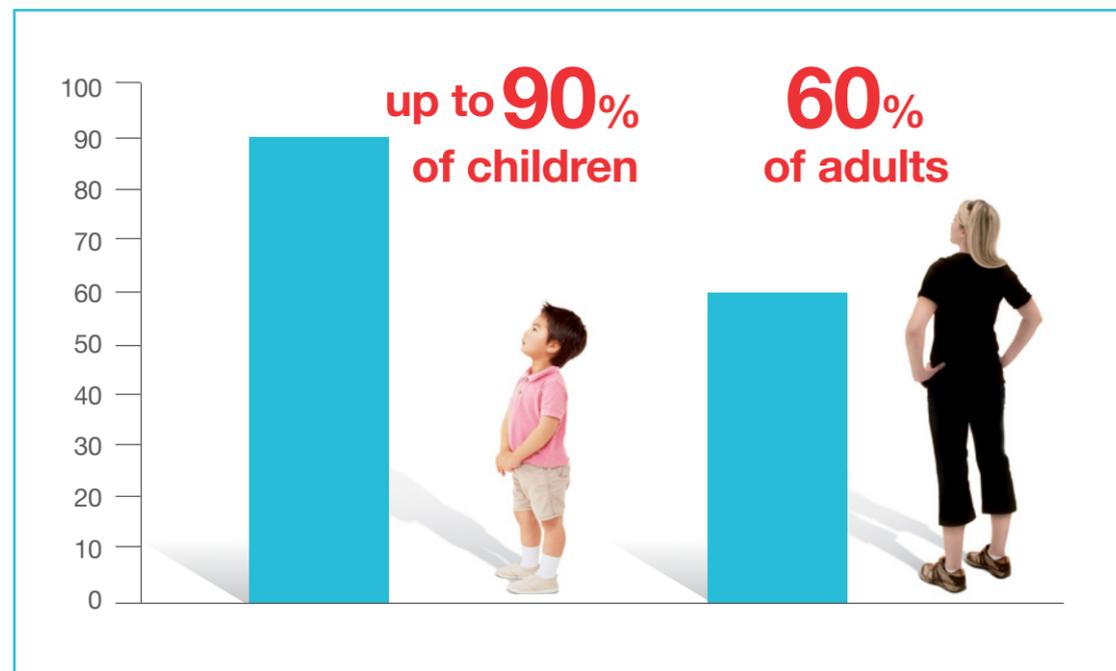
**86%** of patients taking controller medications experience daily symptoms<sup>7</sup>



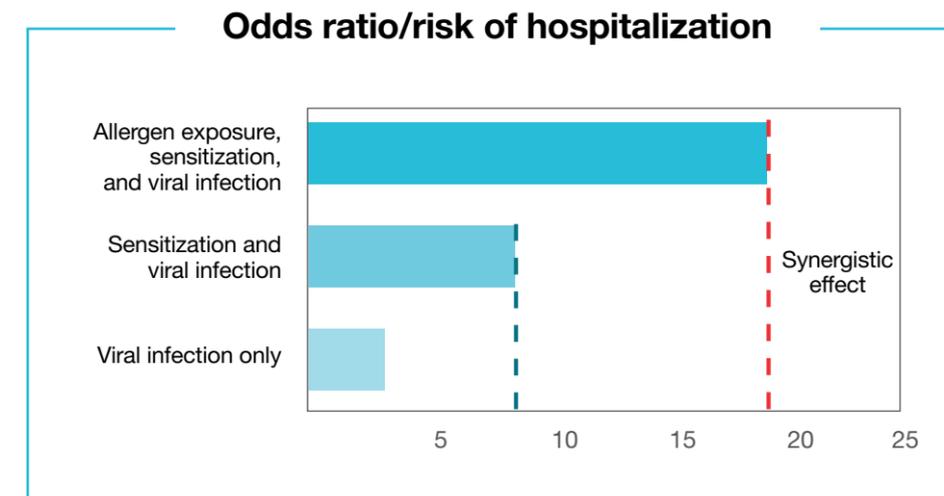
# Discover the connection between asthma and allergy

DISCOVER THE CONNECTION

The majority of asthma patients suffer from allergies.<sup>8-10</sup>



Combination of allergy and viral infections increases the risk for severe asthma exacerbation.<sup>11</sup>



Multivariate analysis of odds ratios (95% CI) for risk factors of hospital admission for acute asthma exacerbation in children ages 3 to 17 years.<sup>11</sup>

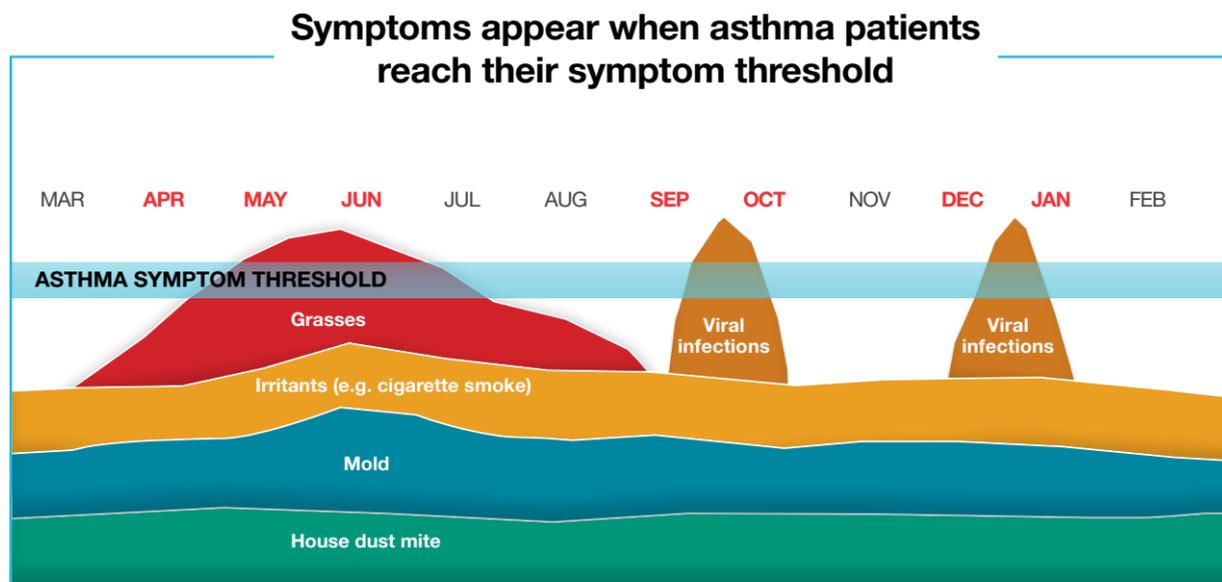
Reduction of exposure to a patient's specific allergic trigger cuts risk of severe asthma exacerbations in half.<sup>11</sup>

Identifying triggers early is the key to improved patient management and overall well-being

# Uncover the benefits of allergen exposure reduction

DISCOVER THE CONNECTION

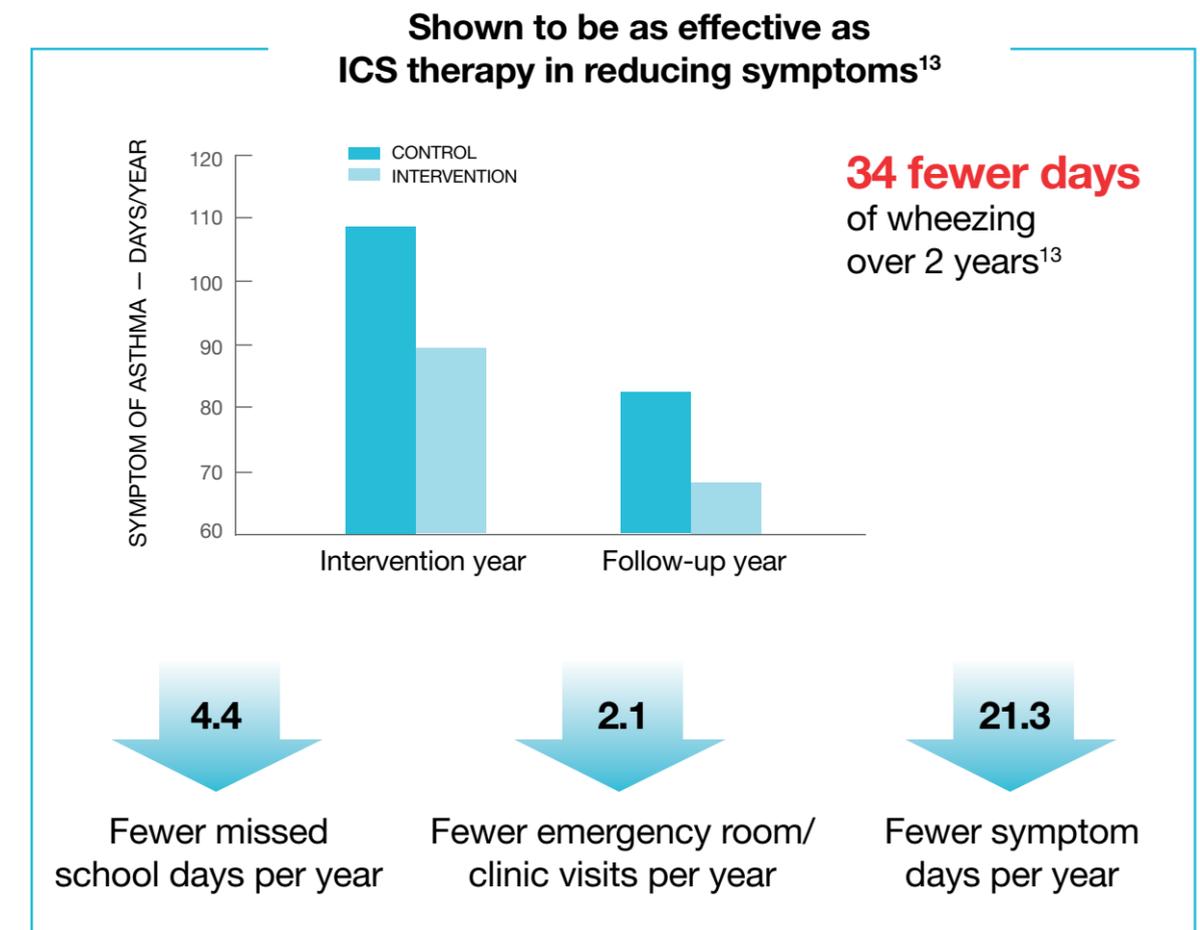
Identify the allergic triggers that can lead to asthma symptoms



- **90%** of people suffering with allergies are sensitized to **multiple allergens**<sup>12</sup>

Identifying allergic triggers will help you outline an exposure reduction plan to keep patients below their symptom threshold

Reducing allergen exposure improves asthma control<sup>13</sup>



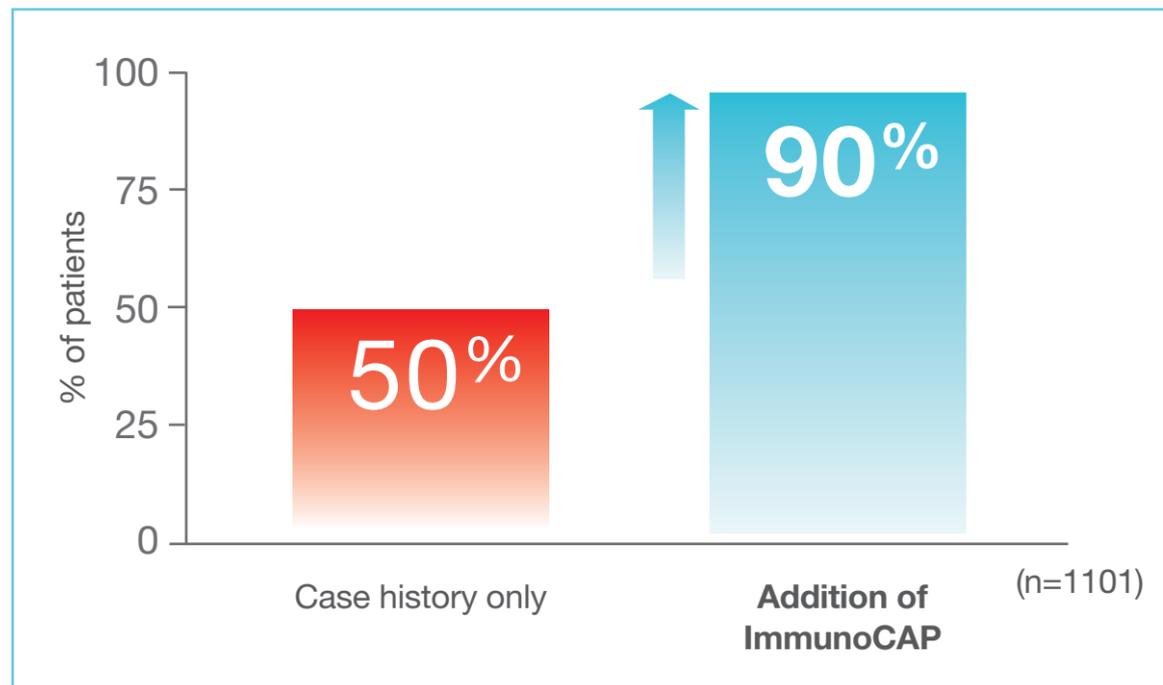
Inner-City Asthma Study (ICAS). Controlled trial of environmental interventions (education and remediation) for exposure to allergens and environmental tobacco smoke. Symptom results per patient for intervention year and follow-up year.<sup>13</sup>

# ImmunoCAP plus case history improves diagnostic certainty

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## Case history alone may not be enough...

Diagnostic certainty in allergy has been shown to increase when ImmunoCAP results are added to clinical history<sup>14,15</sup>



Adapted from: Duran-Tauleria E. Allergy 2004; 59 (suppl 78): 35-41. Niggemann B. Pediatr Allergy Immunol. 2008; 19:325-331. Study among patients with symptoms of eczema, wheezing and/or asthma, and rhinitis in primary care.<sup>14,15</sup>

NIH guidelines recommend IgE testing, such as ImmunoCAP, in addition to clinical history and physical exam for patients with asthma<sup>16</sup>

## ImmunoCAP testing can easily be performed irrespective of:

- Patient age
- Skin condition
- Medication
- Disease activity
- Pregnancy status

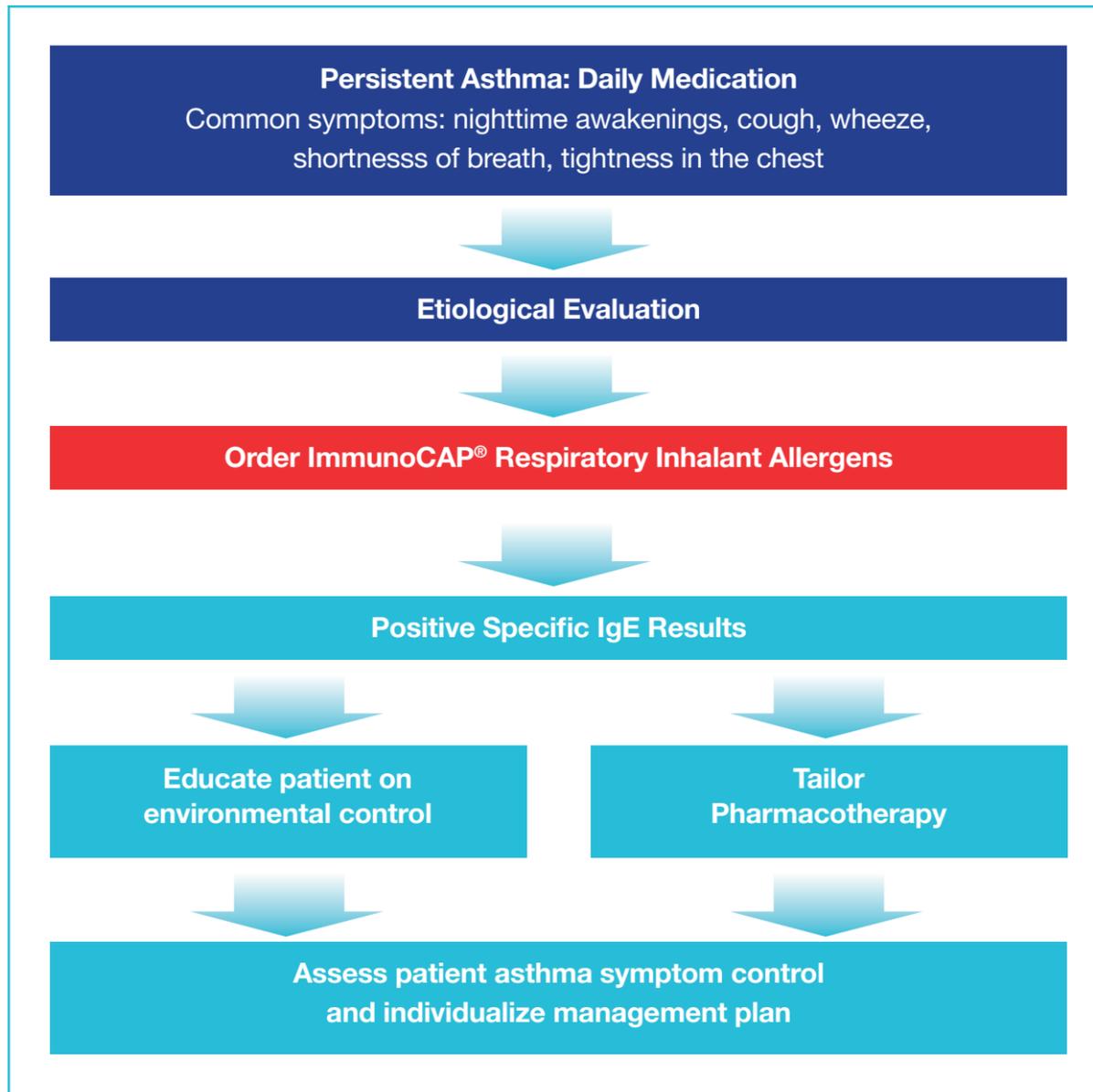
No precaution for severe reactions as with skin-prick test (SPT)



# ImmunoCAP® results are essential to making the correct diagnosis

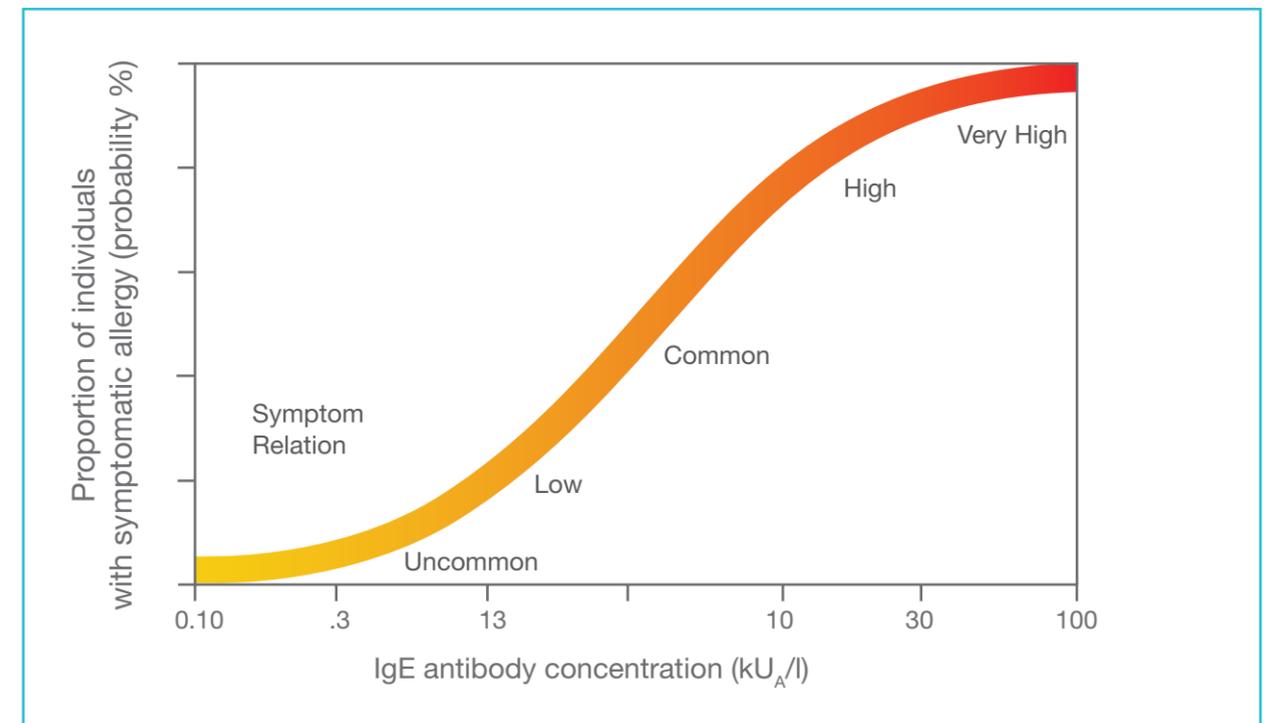
DISCOVER THE CONNECTION

## NIH guideline based asthma care<sup>16</sup>



Adapted from the NIH Guidelines for the Diagnosis and Management of Asthma and NIH Guidelines for the Diagnosis and Management of Food Allergy.

## Clear results are easy to interpret and explain to patients<sup>16-18</sup>



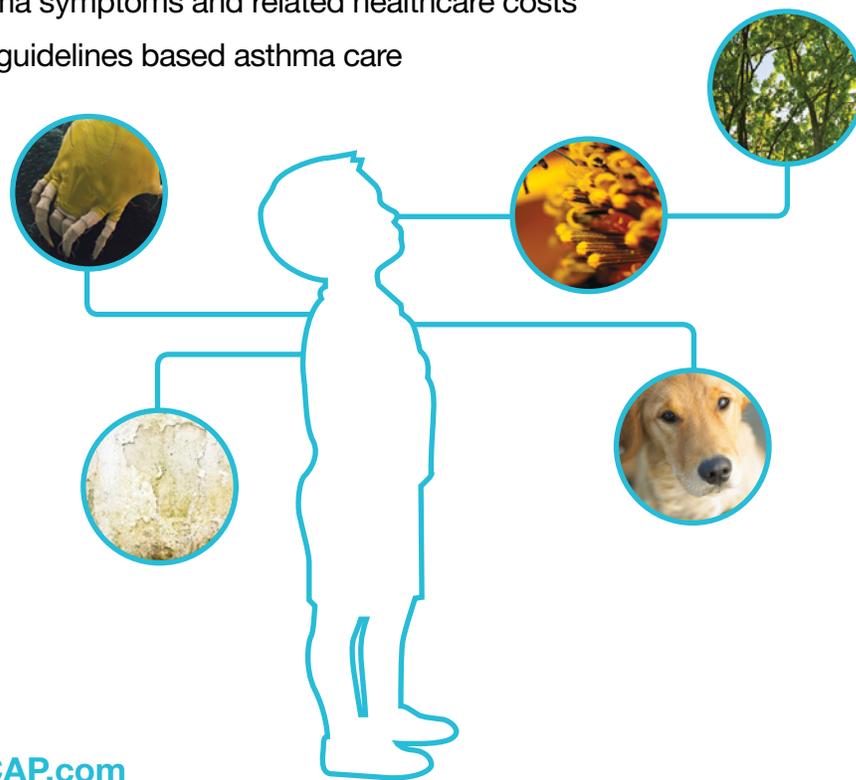
\* Factors to consider for a final diagnosis: Age, degree of atopy, allergen load, type of sensitizing allergens, previous symptoms, other triggering factors. Any reading of  $\geq 0.10$  kU<sub>A</sub>/l indicates sensitization.

**ImmunoCAP is the most extensively studied and widely used IgE blood test available**

# You've discovered the connection Now consider the benefits of ImmunoCAP®

## ImmunoCAP helps you to:

- Implement a personalized targeted exposure reduction plan
- Reduce asthma symptoms and related healthcare costs
- Comply with guidelines based asthma care



[www.MyImmunoCAP.com](http://www.MyImmunoCAP.com)

### References:

**1.** Kwong KYC, et al. *Am J Manag Care*. 2011;17:S447-S459. **2.** Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/nchs/fastats/asthma.htm>. Accessed February 22, 2012. **3.** Kamble S, et al. *J Asthma*. 2009;46:73-80. **4.** National Center for Health Statistics. <http://www.cdc.gov/nchs/data/hestat/asthma03-05/asthma03-05.htm>. Accessed April 10, 2012. **5.** Bollinger ME, et al. *Ann Allergy Asthma Immunol*. 2010;105:274-281. **6.** Cisternas MG, et al. *J Allergy Clin Immunol*. 2003;111:1212-1218. **7.** Colice GL, et al. *Ann Allergy Asthma Immunol*. 2012;108(3):157-162. **8.** Høst A, et al. *Allergy*. 2000;55:600-608. **9.** Milgrom H. AAAAI news release. Milwaukee, WI: American Academy of Allergy Asthma & Immunology; June 18, 2003. **10.** Allen-Ramey F, et al. *J Am Board Fam Pract*. 2005;18(5):434-439. **11.** Murray CS, et al. *Thorax*. 2006;61:376-82. **12.** Ciprandi G, Alesina R, Ariano R, et al. Characteristics of patients with allergic polysensitization; the polismail study. *Eur Ann Allergy Clin Immunol*. 40(3); 2008: 77-83. **13.** Morgan WJ, et al. *N Engl J Med*. 2004;351:1068-80. **14.** Adapted from Duran-Tauleria E, et al. *Allergy*. 2004;59 Suppl 78:35-41. **15.** Adapted from Niggemann B, et al. *Pediatr Allergy Immunol*. 2008;19:325-31. **16.** NIH. Guidelines for the Diagnosis and Management of Asthma, 2007. NIH publication 08-4051. **17.** Yunginger JW, et al. *J Allergy Clin Immunol*. 2000;105(6pt1):1077-1084. **18.** Ensari A. *Arch Pathol Lab Med*. 2010;134(6):826-836.

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