Output factsheet: Pilot actions

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| Project index number and acronym | CE 111 FOCUS IN CD |
| **Lead partner** | MUNICIPALITY OF MARIBOR (LP MOM) |
| Output number and title | O.T3.1 Development and implementation of 10 pilot projects – pilot “Detecting and managing CD patient within a 'cohort of super allergic population” |
| **Responsible partner (PP name and number)** |  PP5 University of Trieste Italy - Sblattero Daniele |
| **Project website** | <https://www.interreg-central.eu/Content.Node/Focus-IN-CD.html> |
| **Delivery date** | 01- 2019 |

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| Summary description of the pilot action explaining its experimental nature and demonstration character  |
| We have preliminary data confirming that “super allergic” patients have an increase frequency of CD.By putting together different expertise such as allergologists, paediatric GI and biotechnologist our aim was to speed up patients’ collection and analysis to confirm data.This study had the aim to identify a new clinical condition at risk of CD, which calls for screening in other hospitals within the region and to other health care institutions in order to prevent possible complications of untreated CD.Our activities performed are listed below:- we have enrolled a total of one hundred and twenty children (72 M, 48 F, mean age 10±3 years) with very severe food allergy (98 with cow’s milk allergy, 48 with egg allergy, 15 with wheat allergy).Serum samples were analyzed - for IgA anti-endomysium antibodies (AEA) - IgA–IgG anti-TG2 antibodies - The susceptibility alleles for CD were determined by PCR Intestinal biopsy was recommended to subjects testing positive to both the serologic and the genetic tests, so as to obtain definitive diagnosis of CD. - At the end of the study we find **that Nine subjects** (9/120, 7.5%, 6 M, 3 F) **with severe food allergy tested positive for both the serological CD markers** (AEA and anti-tTG), and HLA DQ2/8 haplotypes.The results obtained so far reinforce the idea that **active screening of celiac disease is necessary among those with severe allergy** and that this practice should be included in the pediatrician clinical activity. |

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| NUTS region(s) concerned by the pilot action (relevant NUTS level) |
| The NUTS regions involved in the pilot project are listed here below **NUTS 1 ITC** NORD-OVEST**NUTS 2 ITC1** Piemonte **NUTS 3 ITC15** Novara **NUTS 1 ITH** NORD-EST**NUTS 2 ITH4** Friuli-Venezia Giulia**NUTS 3 ITH44** Trieste**NUTS 3 ITH42** UDINE  |

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| Expected impact and benefits of the pilot action for the concerned territory and target groups |
| * During this pilot action we have identified a new group at risk of celiac disease and diagnosed celiac patients that were unaware of their disease condition.

 * Our screening will help them to better manage their condition, to gain knowledge of the disease, to reduce problems and disorders complications risks thanks to a strict diet compliance.
* We have confirmed that a specific population of patients (super allergic) have a higher risk of presenting as associated disorder CD. This will lead, by the help of HCPs and stakeholders, to share new CD-diagnostic guidelines.
* We have shared our knowledge on the allergy/CD relation with pediatricians and allergologists of the involved regions that are now able to recognize and manage these new CD related clinical conditions.
* We have established a stable presence of stakeholder groups in the region interested on this specific field that will allow the diffusion of the knowledges acquired during this project and at the end better quality of life of allergic/celiac disease patients
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| Sustainability of the pilot action results and transferability to other territories and stakeholders |
| * **Sustainability of the pilot action**

- the idea behind the pilot project was verified by a working group (paediatricians, allergologists, gastroenterologists and researcher) that was born during the project, but that as single units continue to operate continuously even after the end of the project. Therefore, no problems are foreseen to continue a future collaboration in this specific field which is part of the normal therapeutic diagnostic institutional activities. - The availability of Guidelines acquired by the pilot clinical and diagnostic experience will allow to diffuse the knowledge and the application of the screening procedure for CD diagnosis by other working groups so to become a hopefully standard diffuse procedure. * **Transferability Outside your region**

We aim to present our data to colleagues both in other “working groups” we are participating as well as in scientific societies working in the same field (CD and Allergy). So far pilot activities and achievements were transferred to other regions and countries through our participation at transnational events: i.e. Data from this study will be presented at the ESPGHAN annual meeting  |

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| Lessons learned from the implementation of the pilot action and added value of transnational cooperation |
| The merge of basic research and daily clinical practice (both in the clinical allergy service as well as in the gastroenterology one) has force partners to have frequent interactions and share mutual feedback on clinical results and patient’s follow-up. This has strengthened a stable collaboration that has substantial advantages for both the patients as well as for all the staff involved. The close collaboration within the stakeholders ie the regional allergological group, the center for research in autoimmunity (in Novara -Italy) and PP5 and PP7 has created a scientific network with wider connections (national and internationals) that will help in disseminating out the outcomes and guidelines produced. |

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| References to relevant deliverables and web-linksIf applicable, pictures or images to be provided as annex |
| Project web sites- <https://www.interreg-central.eu/Content.Node/Focus-IN-CD.html>- <https://www.facebook.com/focusincd/>- <https://www.celiachia-info.it/focusincd-it> |