

# *The usefulness of clinical data and the concept of clinical relevance*

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# Environmental: Preventable

## Dose-response

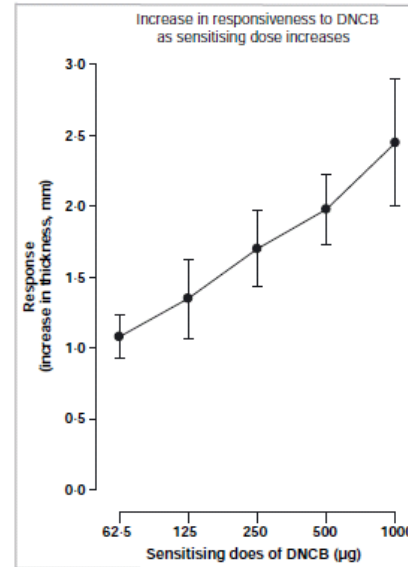
Thresholds in induction and elicitation

More get sensitized:

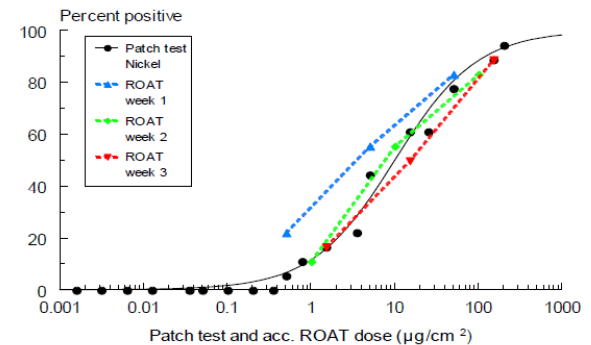
- Higher doses
- Repeated doses

-More elicit a reaction with:

- Higher doses
- Repeated doses



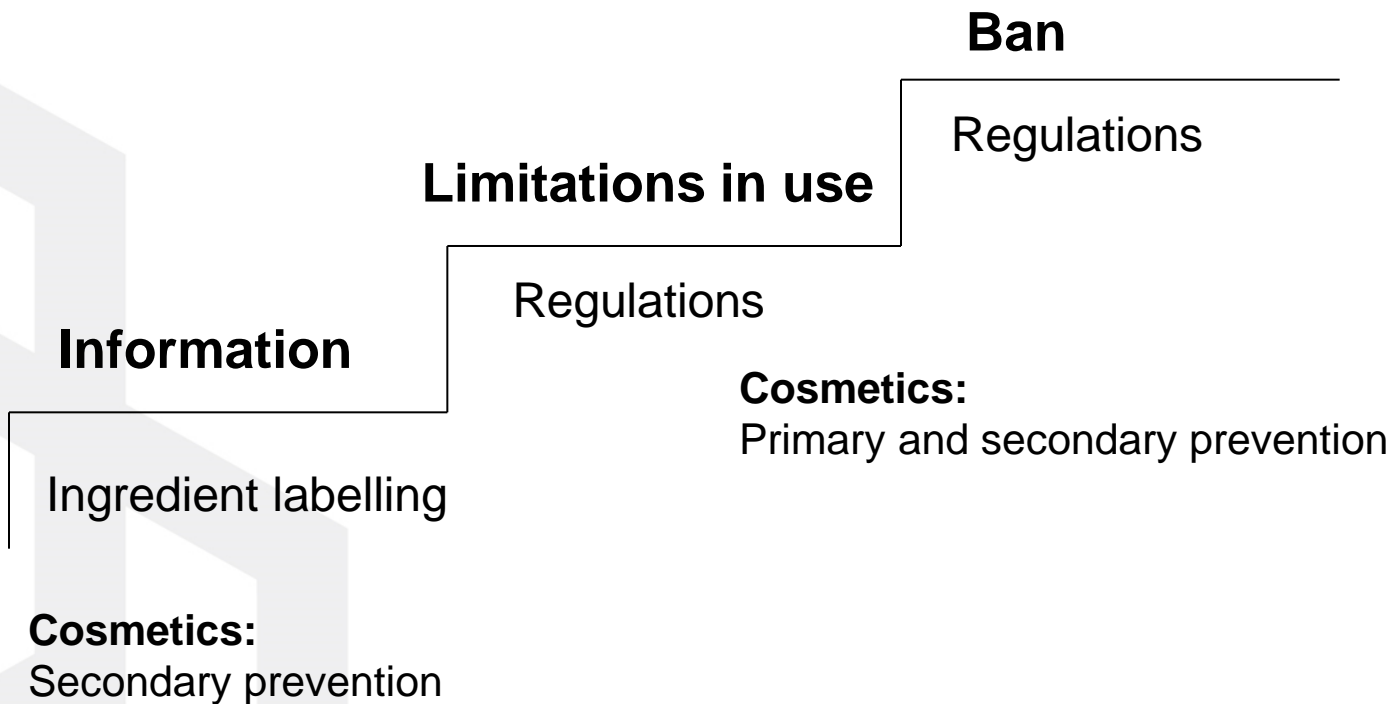
P. Paramasivan,\* C. Lai,\* C. Pickard,\* M. Ardern-Jones,\* E. Healy\* and P.S. Friedmann\*  
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Fischer LA et al. Contact Dermatitis 2009

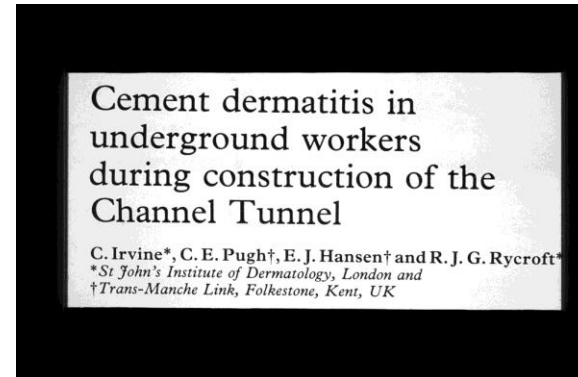


# Prevention



# A practical example: Prevention of chromium allergy (cement)

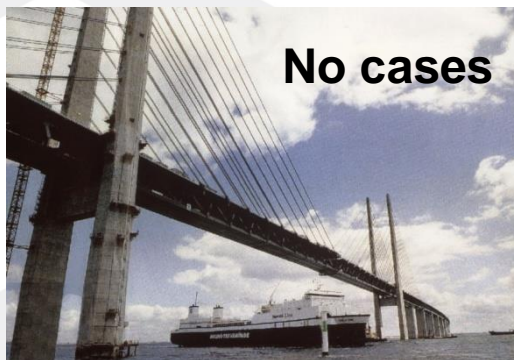
**CrVI in cement: severe problems**



**Scandinavian regulation (1981)**

Reduction of CrVI to CrIII

17% of construction workers got CrVI allergy



**EU-law: 2005**



**NATIONAL ALLERGY RESEARCH CENTRE**

# Chromium allergy and leather

CONTACT DERMATITIS AND ALLERGY

BJD British Journal of Dermatology

The prevalence of chromium allergy in Denmark is currently increasing as a result of leather exposure

J.P. Thyssen, P. Jensen, B.C. Carlsen, K. Engkilde, T. Menné and J.D. Johansen

Department of Dermato-Allergy, National Allergy Research Centre, Gentofte Hospital, University of Copenhagen, Hellerup, Denmark



**Leather is tanned with Cr(III)**

- may be released from leather
- may be converted to Cr(VI)

**-Increasing trend among women with feet dermatitis**

Investigation of 18 pair of shoes: 44% released CrVI



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Hansen MB et al. Contact Dermatitis 2003

Geier J et al. Dermatol Beruf Umwelt 2000

# REACH

## Threshold for restriction:

3 mg/kg (0.0003%) CrVI in the total dry weight of the leather.

Based on elicitation dose-response studies (patch tests).

**The threshold is expected to be 80 % effective** in reducing the occurrence of new chromium VI-related allergic dermatitis cases due to chromium VI in leather articles.

**The effectiveness** of the restriction on the number of cases of chromium allergy **can be determined by monitoring cases** of chromium VI-related allergic dermatitis

American authorities (EPA) has set very low limits to the presence of CrVI in wood to prevent chromium allergy to occur.



# EU nickel regulation: based on clinical data

The European Directive restricting the use of Nickel  
THE EUROPEAN PARLIAMENT AND OF THE COUNCIL  
DIRECTIVE 94/27/EC  
of 30 June 1994

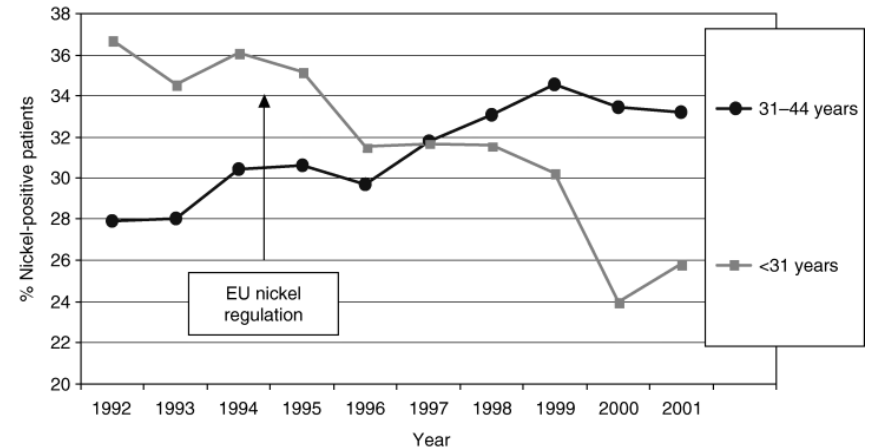
Products which comes in prolonged contact with skin e.g. buttons, watches, jewellery :

**Nickel release  $<0.5 \mu\text{g}/\text{cm}^2/\text{week}$**

Lower for piercing jewellery (2004)

## Decrease in nickel allergy in young eczema patients

### Positive patch tests



*Schnuch, A. et al. Contact Dermatitis 2003*

Reduction in new cases estimated value  
in DK: 1.3 billion Euro/20 years



# Dimethyl fumarate: cause of shoe allergy

Contact Dermatitis 2009; 61: 249–260  
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CONTACT DERMATITIS

## Shoe contact dermatitis from dimethyl fumarate: clinical manifestations, patch test results, chemical analysis, and source of exposure

ANA GIMÉNEZ-ARNAU<sup>1</sup>, JUAN FRANCISCO SILVESTRE<sup>2</sup>, PEDRO MERCADER<sup>3</sup>, JESUS DE LA CUADRA<sup>4</sup>, ISABEL BALLESTER<sup>2</sup>,  
FERNANDO GALLARDO<sup>1</sup>, RAMÓN M. PUOL<sup>1</sup>, ERIK ZIMERSON<sup>5</sup> AND MAGNUS BRUZE<sup>5</sup>

<sup>1</sup>Department of Dermatology, Hospital del Mar IMAS, Universitat Autònoma, Barcelona, Spain.

<sup>2</sup>Department of Dermatology, Hospital General Universitario, Alicante, Spain.

<sup>3</sup>Department of Dermatology, Hospital General Universitario Morales Meseguer, Murcia, Spain.

<sup>4</sup>Department of Dermatology, Hospital General Universitario, Valencia, Spain, and

<sup>5</sup>Department of Occupational and Environmental Dermatology, Malmö University Hospital, Malmö, Sweden

A Summary of shoe allergic contact dermatitis caused by dimethyl fumarate in Spain

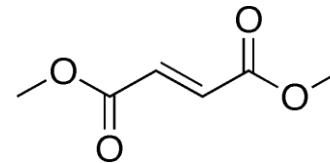
Juan Francisco Silvestre<sup>1</sup>, Fernando Toledo<sup>1</sup>, Pedro Mercader<sup>2</sup> and Ana María Giménez-Arnau<sup>3</sup>, on behalf of the Spanish Research Group of Allergic Contact Dermatitis due to Dimethyl Fumarate in Spain

<sup>1</sup>Dermatology Department, Hospital General Universitario de Alicante, 03010 Alicante, Spain, <sup>2</sup>Dermatology Department, Hospital General Universitario Morales Meseguer, 30008 Murcia, Spain, and <sup>3</sup>Dermatology Department, Hospital del Mar, 08003 Barcelona, Spain.

Fig.3 a.



Fungicide: dimethyl fumarate



EU Directive: From March 09 not allowed to  
import products treated with DMF.



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# Contact allergy – allergic contact dermatitis

- Contact allergy
  - Altered immune status induced by a specific substance, demonstrated by a positive patch test.
  - Defines the population at risk
- Allergic Contact Dermatitis
  - Exposure to the substance causes/have caused clinical symptoms (disease)
    - Unknown
    - Yes, previously
    - Yes, currently
    - Yes, tomorrow



# Diagnosis of fragrance allergy (baseline series)

## FM I since 1980 (Larsen W, 1977):

**Evernia prunastri (Oak moss abs.)**

Isoeugenol

Cinnamal

Cinnamyl alcohol

Eugenol

Hydroxycitronellal

Geraniol

alfa-amyl cinnamal

## FM II since 2005 (Frosch PF, 2005):

**Hydroxyisohexyl 3-cyclohexene carboxaldehyde (HICC)**

Citral

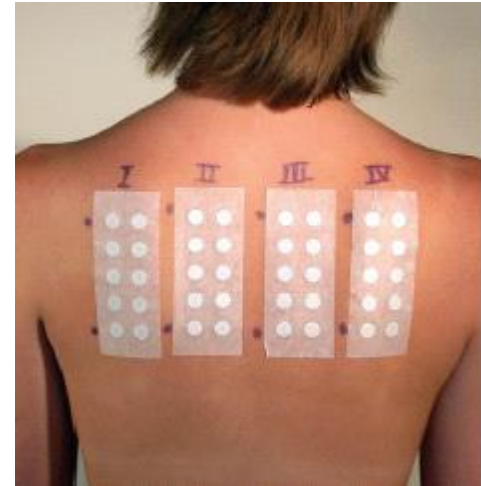
Farnesol

Citronellol

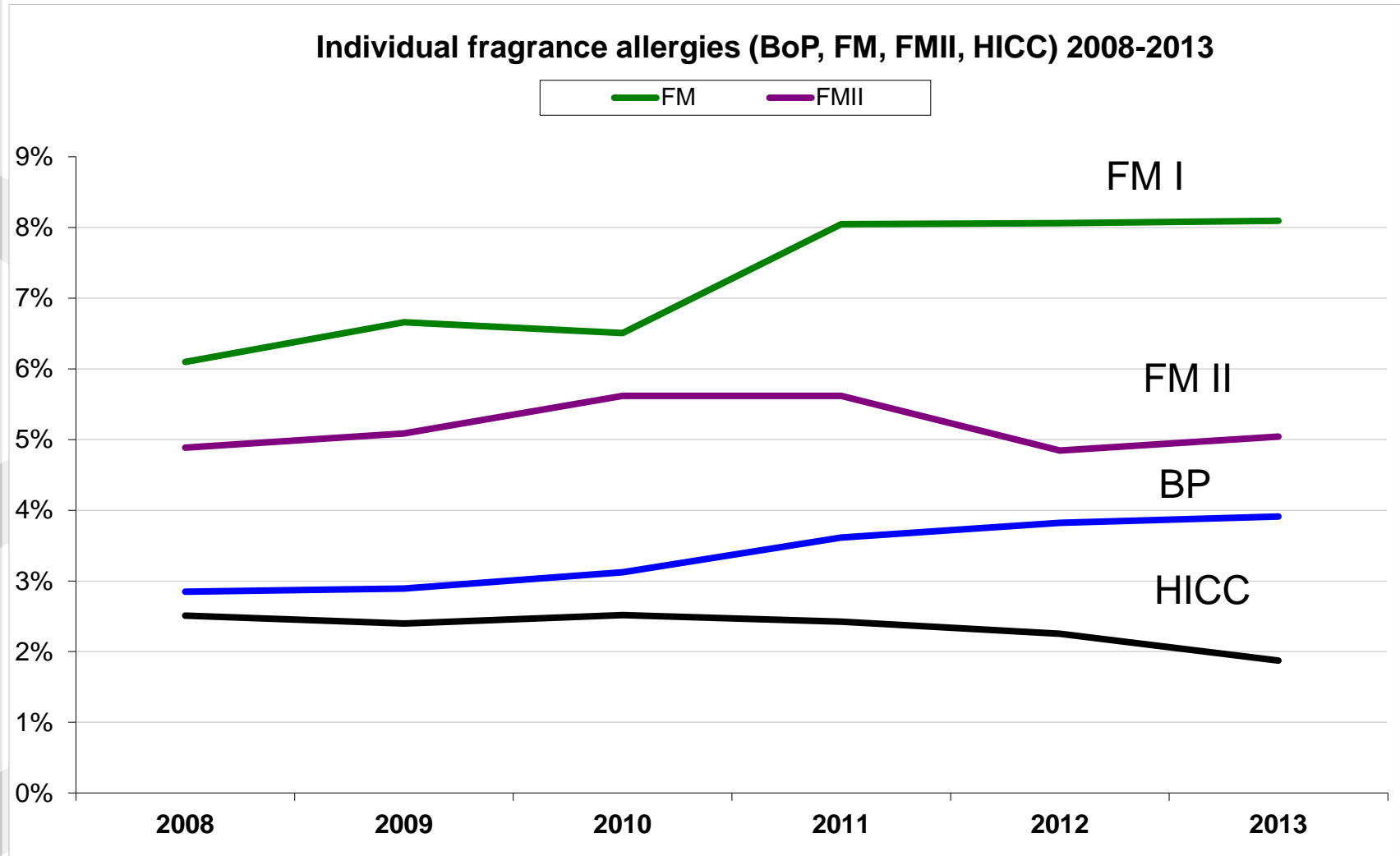
Hexyl cinnamal

Coumarin

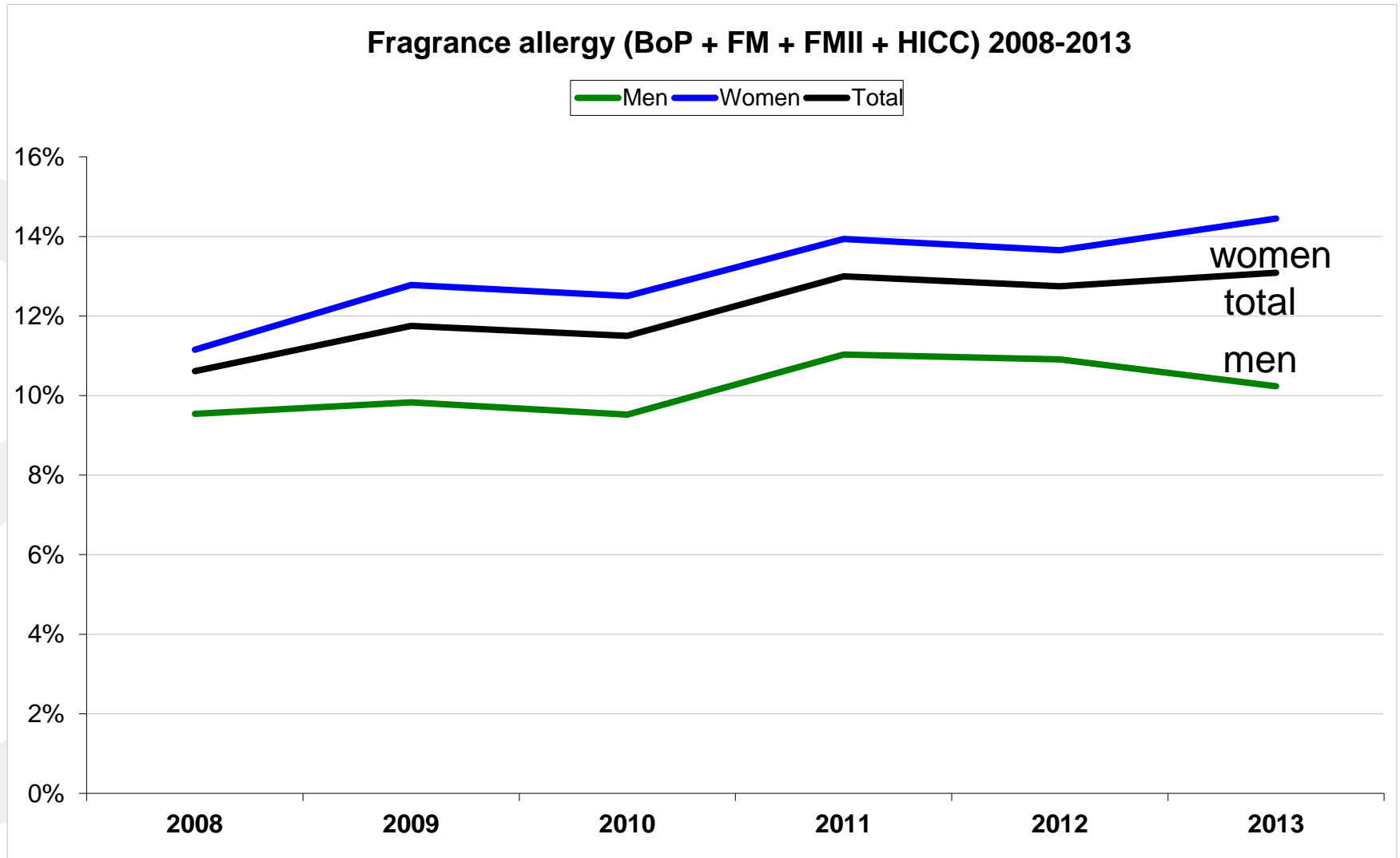
## Balsam of Peru (INCI: myroxylon pereirae): **Since 1939**



# Markers of fragrance contact allergy



# Fragrance contact allergy: In total



# Clinical relevance

## 1. History of the patient (rashes)

## 2. Re-exposures

- Patch testing with own products
- Use testing with a suspected product

## 3. Exposure analysis

- General knowledge (doctor)
- Ingredient labeling
- MSDS
- Chemical analysis



# History of the patient

## FM intensity of patch test

	+?	+	++	+++
% with pos. history	26%	53%	69%	100%

*Reacts to low levels of allergen*



## The prevalence and morbidity of sensitization to fragrance mix I in the general population

J.P. Thyssen, A. Linneberg,\* T. Menné,† N.H. Nielsen‡ and J.D. Johansen

General population

N=3460

Year 2006

Patch test (FM I)

Questionnaire



**Dermatitis to cosmetic products  
(past 12 months):**

Patch test pos FMI: 3.5 (2.0 -6.2)

**Dermatitis to cosmetics  
lead to medical consultations**

Patch test pos FM I: 3.4 (1.8 -6.2)

(Adjusted for age, sex and AD)



# Use tests: Repeated Open Application

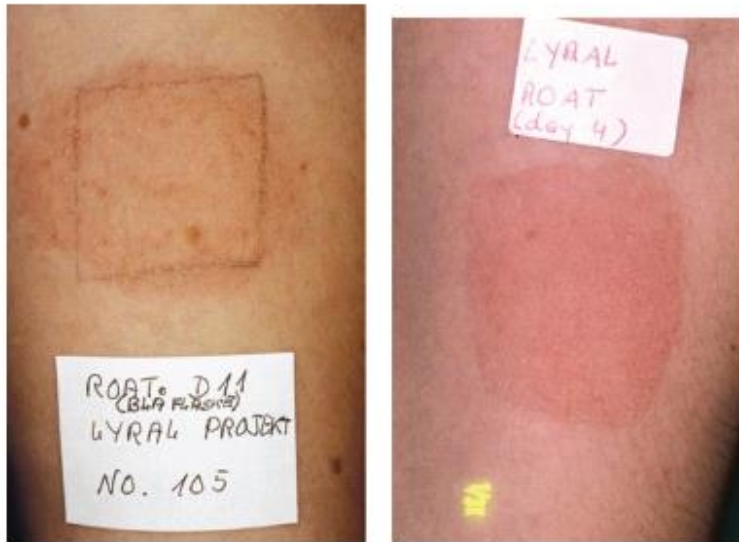


Fig. 5. Positive use tests to repeated applications of Lyrall® in ethanol.

## Repeated exposures

- Smaller concentrations needed for elicitation than for patch testing

## Recommended:

- 14 days two applications per day





# Factors of importance: Region and previous eczema

## Sensitivity depends on region

Axilla > arm

Face=neck > arm

Upper back > lower back

## Previous allergic eczema

Experimental nickel contact eczema.

*Challenge later - after*

- 8 months

- 4 months

- 1 months

Significantly higher reactivity at previous allergic eczema sites

*Johansen et al, Contact Dermatitis*

*Zacharia C. ESCD 2004*

*Hannuksela, Am J Contact Derm.*



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*Hindsén M et al. Contact Dermatitis 1997:37*

# Cocktail of allergens

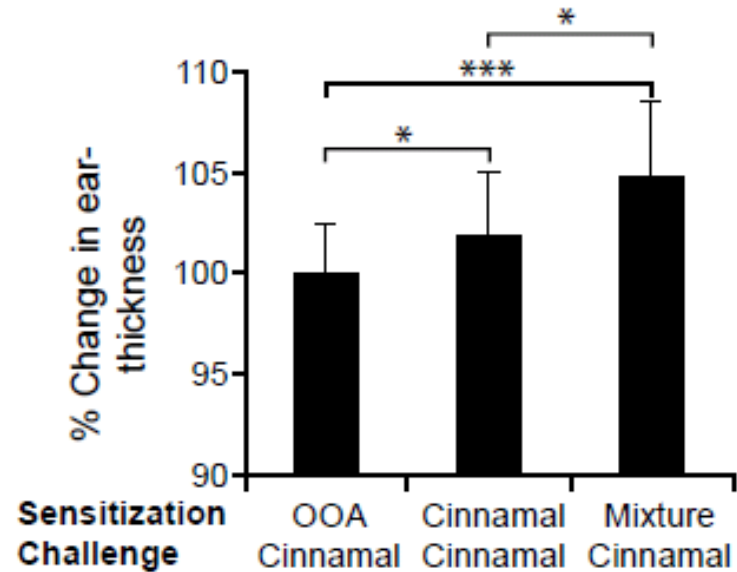
Reflects normal exposure:

Womens perfume: mean 12 allergens

In animal experiments:

Enhance induction

Enhance elicitation



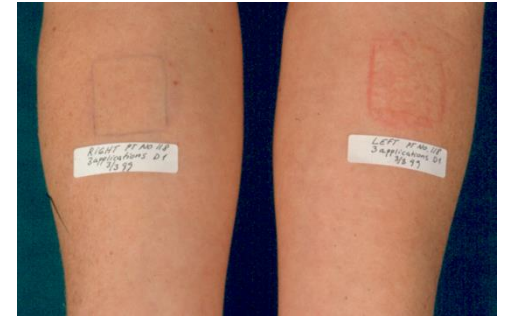
*Buckley DA. Br J Dermatol. 2007 Aug;157(2):295-300.*

*Bonefeld C et al. Contact Dermatitis*



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# Concentration important



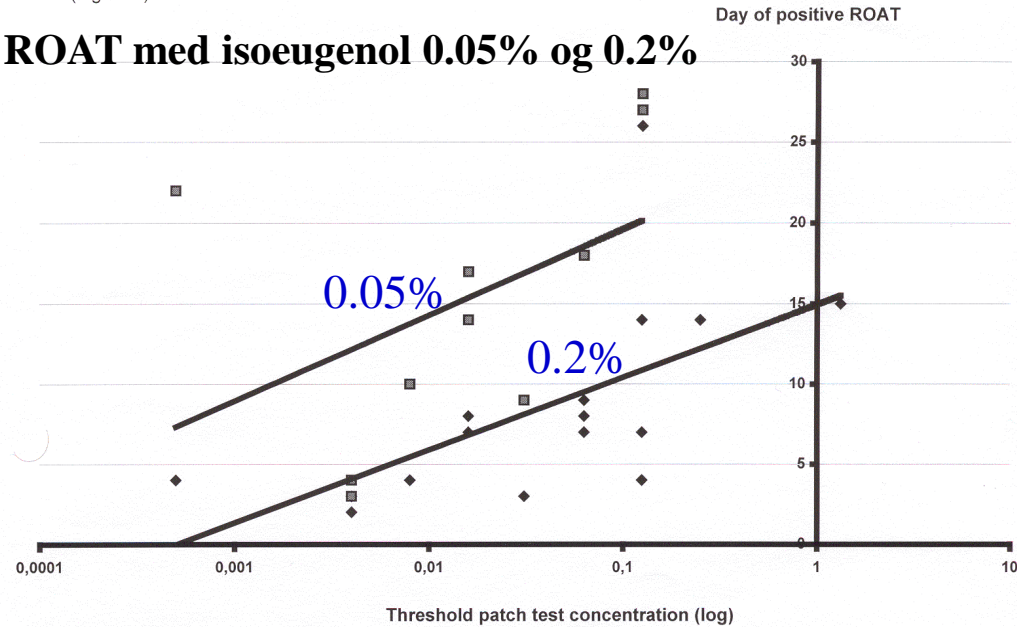
Number of days (exposures) until elicitation depends on exposure concentration:

0.2%: 7 days of exposure (median)

0.05%: 15 days of exposure (median)

-And the individual level of sensitivity

ROAT med isoeugenol 0.05% og 0.2%



Andersen KE et al. Toxicol Appl Pharmacol 2001;170:166-171

**Recommendation: 14 days of ROAT**



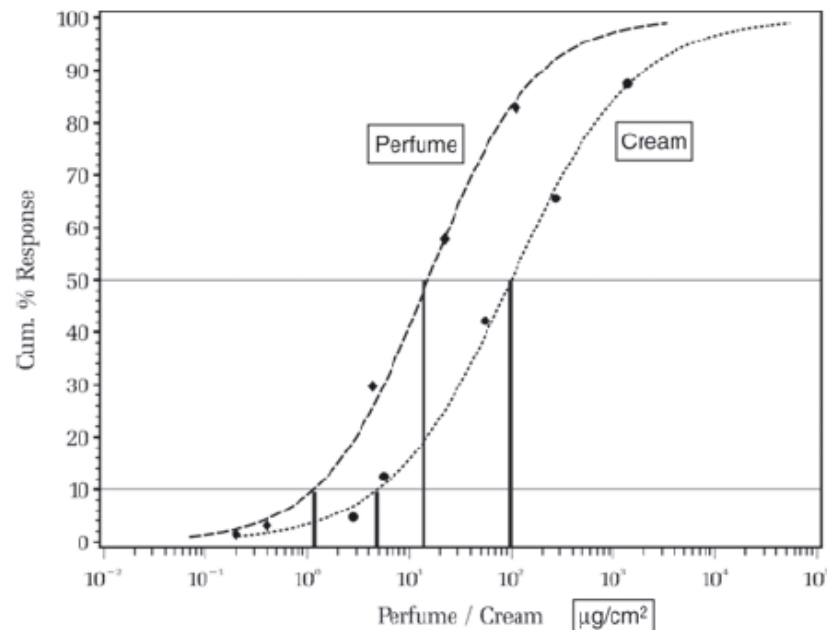
## Quantitative patch and repeated open application testing in hydroxyisohexyl 3-cyclohexene carboxaldehyde sensitive-patients

AXEL SCHNUCH<sup>1</sup>, WOLFGANG UTER<sup>2</sup>, HEINRICH DICHEL<sup>3</sup>, CHRISTIANE SZLISKA<sup>4</sup>, SIBYLLE SCHLIEMANN<sup>5</sup>, RICARDA EBEN<sup>6</sup>, FRANZISKA RUEFF<sup>6</sup>, ANA GIMENEZ-ARNAU<sup>7</sup>, HARALD LÖFFLER<sup>8</sup>, WERNER ABERER<sup>9</sup>, YVONNE FRAMBACH<sup>10</sup>, MARGITTA WORM<sup>11</sup>, MARGARETE NIEBUHR<sup>12</sup>, UWE HILLEN<sup>13</sup>, VERA MARTIN<sup>14</sup>, UTA JAPPE<sup>15</sup>, PETER J. FROSCH<sup>16</sup> AND VERA MAHLER<sup>17</sup>

64 subjects allergic to HICC

ROAT with 5 conc. of HICC in  
a cream-base and in a perfume (ethanol)

Cumulative responders >80%



# Exposure assessment

## Tool: Cosmetics Directive

- Full labeling since 1998 except for fragrance ingredients
- In 2005 ingredient labeling of :
  - 24 chemicals
  - 2 natural extracts

Incl. All FMI/FMII ingredients

## Limits:

Leave-on: 10 ppm or above

Wash-off: 100 ppm or above



*Implemented:*

- March 2005 for cosmetics
- October 2005 for detergents

Name (INCI)	Cas no	FM I	FM II
Amyl cinnamal	122-40-7		
Benzyl alcohol	100-51-6		
Cinnamyl alcohol	104-54-1	X	
Citral	5392-40-5		X
Eugenol	97-53-0	X	
Hydroxycitronellal	107-75-5	X	
Isoeugenol	97-54-1	X	
Amylcinnamyl alcohol	101-85-9	X	
Benzyl salicylate	118-58-1		
Cinnamal	104-55-2	X	
Coumarin	91-64-5		X
Geraniol	106-24-1	X	
<b>Hydroxyisohexyl-3-cyclohexene carboxaldehyde (Lyral)</b>	31906-04-4		X
Anisyl alcohol	105-13-5		
Benzyl cinnamate	103-41-3		
Farnesol	4602-84-0		X
Butylphenyl methylpropional	80-54-6		
Linalool	78-70-6		
Benzyl benzoate	120-51-4		
Citronellol	106-22-9		X
Hexyl cinnamal	101-86-0		X
d-limonene	5989-27-5		
Methylheptinecarbonate	111-12-6		
Alpha Isomethyl Ionone	127-51-5		
<b>Evernia prunastri (oak moss)</b>	90028-68-5	X	
Evernia furfuracea (tree moss)	90028-67-4		

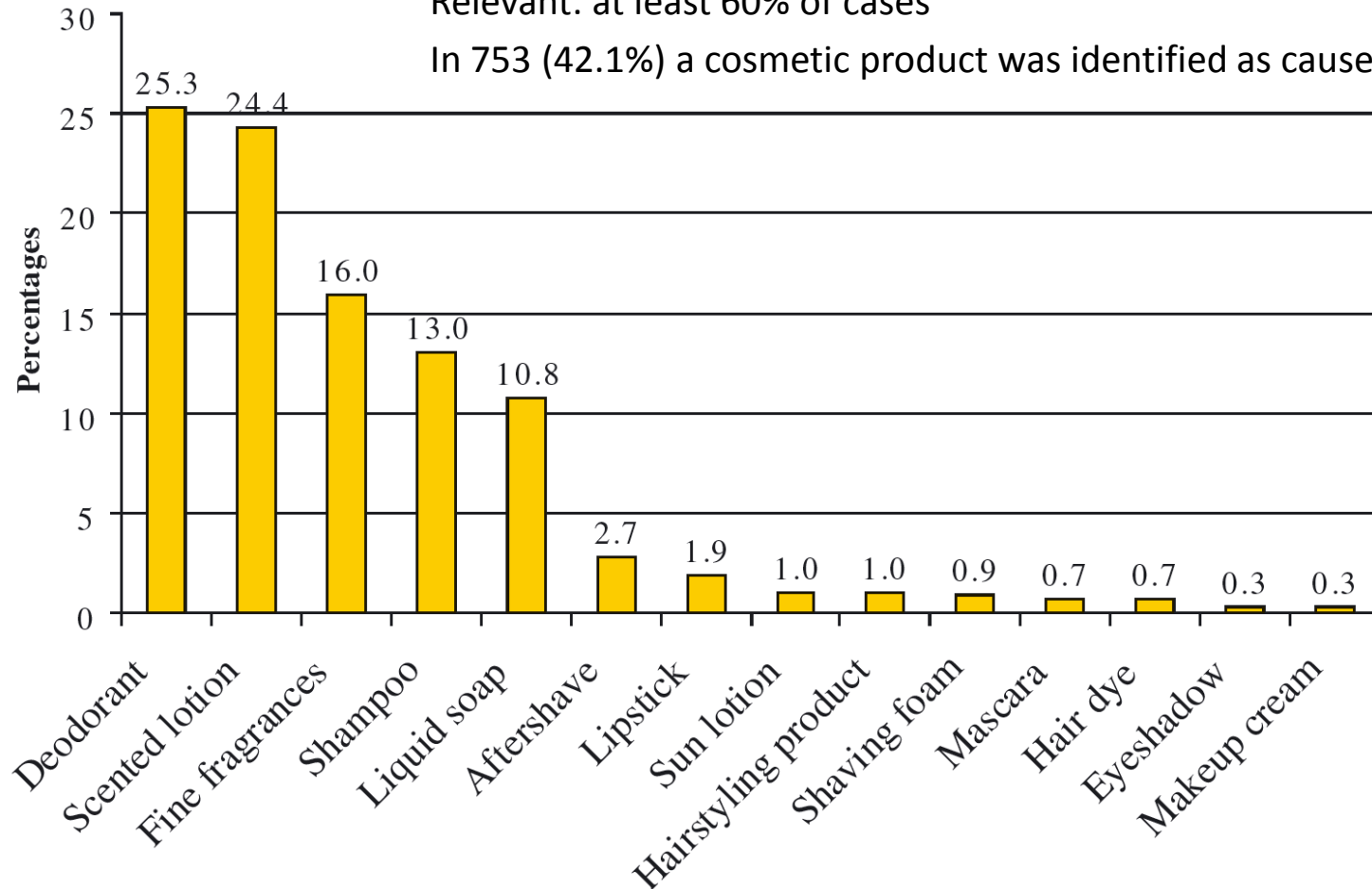


# Products involved in fragrance allergy

1790 patients with fragrance allergy

Relevant: at least 60% of cases

In 753 (42.1%) a cosmetic product was identified as cause of dermatitis.



## **Fragrance contact allergic patients: strategies for use of cosmetic products and perceived impact on life situation**

SUSAN HOVMAND LYSDAL AND JEANNE DUUS JOHANSEN

### **Gentofte N=147 patients with fragrance allergy**

Questionnaire: Response rate 79.6%

86.3% read the label of cosmetics

- 45.3% had found scented products which they could tolerate.
- 22 % had tried but could not find any.
- 31.6% had not tried to find any scented products



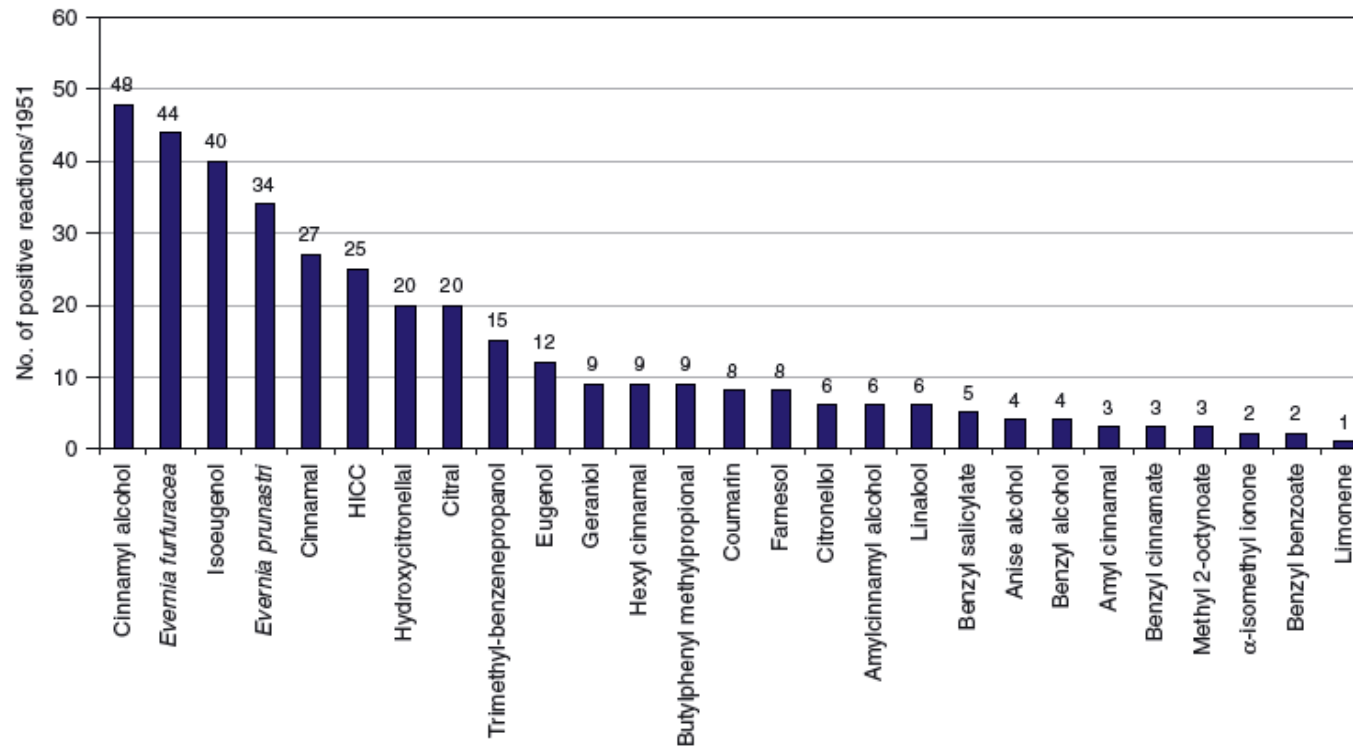


# Baseline series fragrance markers fail to predict contact allergy

Jack Mann<sup>1</sup>, John P. McFadden<sup>2</sup>, Jonathan M. L. White<sup>2</sup>, Ian R. White<sup>2</sup> and Piu Banerjee<sup>2</sup>

<sup>1</sup>Friends Dermatology Centre, Kent and Canterbury Hospital, CT13NG Canterbury, UK and <sup>2</sup>St John's Institute of Dermatology, St Thomas' Hospital, SE1 7EH London, UK

FRAGRANCE MARKERS FAIL TO PREDICT CONTACT ALLERGY • MANN ET AL.



# The selection of the 26

Based on human data:

Assessment 10 years later

Weight of evidence approach

— . . . . .

*Contact Dermatitis 2009; 60: 65–69  
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CONTACT DERMATITIS

Review Article

## Nothing is perfect, not even the local lymph node assay: a commentary and the implications for REACH

DAVID A. BASKETTER<sup>1</sup>, JOHN F. McFADDEN<sup>1</sup>, FRANK GERBERICK<sup>2</sup>, AMANDA COCKSHOT<sup>3</sup> AND IAN KIMBER<sup>4</sup>

Devided into: more or less proven allergens



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# Conclusion

## **Patch tests**

Simple test

Gold standard

## **Clinical relevance**

Fluctuating

Complicated

Resource demanding

## **Absolutely necessary:**

Exposure information



# From a medical point of view

## Full ingredient labeling

