AMERICAN ACADEMY OF ALLERGY
ASTHMA & IMMUNOLOGY

Guidelines for the Programming of CME for the AAAAI with Consideration of Requirements for ACCME Accreditation and External Scrutiny

Approved by the AAAAI Board of Directors
November 2009

Principles:

1. **Until there is an FDA approved product, biologic or device, knowledge about the potential cure or important advance for any allergic or immunologic condition is science (basic, clinical, translational, etc.) and not a treatment or product**. Indeed, the product or device could be years away and often is never approved by the FDA. Furthermore, the product, biologic or device may never be effective clinically (indeed, there is only a single monoclonal antibody approved for use in the U.S. for asthma, and there is none for allergic rhinitis). However, there have been many abstracts that have presented experimental data as potential therapeutic targets or advances in diagnosis and treatment. Such are the expected steps in discovery, regulation and business economics before there is an approved product or device available for use. Nevertheless, the science can be critically important and worthy of dissemination and CME. For example, based on animal studies, it was hypothesized that an antibody to IL-5 would be useful in treatment of asthma and preliminary data demonstrated reductions in peripheral blood and tissue eosinophilia. While initial clinical studies did not find the expected reduction or attenuation of the late bronchial response to aeroallergen provocation, more recent studies suggest that anti-IL-5 might have a therapeutic role in a subset of asthma patients. This example of the dynamic nature of our understanding of asthma biology is exactly the reason that the exclusion of this type of scientific information from programming impedes the learning/knowledge acquisition/analysis steps in critical thinking for delegates to the AAAAI meetings, as well as in being experts in providing care to patients with allergies, asthma and immunologic conditions. Learning about a potential agonist in a disease process is very important; recognizing the limitations or benefits of antagonizing the potential agonist is part of the ongoing process of refinement of thinking. Thus, CME may be provided for science described above.

2. **Presentations concerning FDA approved products, biologics or devices or by industry employed investigators may be considered for CME programming** under the following circumstances:
    a. The subject matter is consistent with the mission of the AAAAI "to advance the knowledge and practice of allergy, asthma and immunology for improved patient care;"
    b. The presentation and speaker are approved by the Annual Meeting Program Committee (AMPC);
    c. The presentations report breakthrough observations with an emphasis on clinically (as opposed to statistically significant) important changes in diagnosis, treatment, avoidance of harm, and reduction in healthcare expenditures;
    d. The presentations report critical advances of knowledge e.g. demonstration of responses to a bronchodilator based on phenotypic or pharmacogenomic profiling, use of anti-cytokine therapy to reduce severity of disease in animal models or human subjects, identification of a novel biomarker, cytokine, master switch, etc.;
    e. The presentations describe use of novel technology or novel analysis;
    f. The presentation meets the following additional specific conditions:
        1) it does not describe "hands on" use of a device or product;
        2) it describes a study that is considered a non-inferiority study of clinical impact;

3) the study describes comparison with an active comparator or placebo, but in the opinion of the AMPC, the hypothesis is truly meritorious or educational and is not considered primarily promotional.

g. The speaker has complied with the policies of the AAAAI.

3. Prohibitive exclusions of faculty as speakers at the Annual Meeting based on employment status are discriminatory and conflict with the Bylaws and the spirit of the interactive, collegial environment that characterizes the AAAAI. Furthermore, the AMPC will not knowingly provide CME for any programs by any speakers, which in the opinion of peer specialists in allergy/immunology, would be considered marketing, thinly veiled as education.

4. There is great value to practicing physicians, allied health providers, academicians, industry scientists, students, residents and fellows, and pharmacists in learning from cutting edge investigators. There may be direct participation in discussions or in witnessing the critical analysis of educational material that is presented as science or evidence that occurs at the AAAAI meetings.

For the 2010 Annual Meeting, there will be no CME credit for any oral abstract or poster session. For CME sessions, when the important investigations have come from industry-employed investigators, the AMPC may decide to invite the investigators to present their scientific discovery and observations. It is recognized that basic, clinical and translational science findings, in accordance with the policies of the AAAAI and as approved by the AMPC, should be considered appropriate for consideration of presentation and discussion. It is hoped that the AAAAI can continue to be the forum for discourse and analysis of the major topics and potential advancements in the specialty of allergy/immunology.

CME credit will not be provided when there are studies or presenters that are not consistent with 1 and 2 above and current ACCME requirements.

Continuing the current policy, industry-employed scientists, physicians or other AAAAI members will not be permitted to serve on the AMPC or board of directors but may be elected to roles on the Interest Sections or Assemblies. Interest Section and Assembly leaders, who are industry employed, may not participate in the activities of the AMPC.

These guidelines should be applied to decisions for all of the programs reviewed by the AAAAI CME Committee.