Overall Evaluation

Activity Content

62 overall evaluations turned in.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Neutral</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will apply the knowledge/skills I learned</td>
<td>45</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>Activity fulfilled my education needs</td>
<td>49</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Educational activity enhanced my ability to apply learning objectives to my practice</td>
<td>43</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Activity will improve my ability to effectively treat and manage my patients</td>
<td>45</td>
<td>13</td>
<td>0</td>
</tr>
</tbody>
</table>

Applicability to Practice

Based upon information you received from this activity, please list at least two applications that can be made to your clinical practice.

- Management of severe exacerbations (ics/LABA)
- Increased awareness of eosinophilic esophagitis
- Use of new medications for mgt of asthma
- Vitamin D
- As needed combination treatment
- More frequent monitoring of vitamin D levels
- Innovative anti-itch such as naltrexone
- RX/Eval of food allergies and rhinosinusitis and asthma – prn laba
- Measure alpha gal
- Obesity and vitamin D in asthma
- Prevention of food allergy
- Immunodeficiency screening, EoE Dx & Tx
- Check md level for some asthmatic patients
- Start to mix splenda with ....response for EoE
- Treatment of EoE (standardized protocol)
- Able to advise my patients more effectively about ITX
- Discussion status of future treatment options for several conditions – food asllergy, asthma, rhinitis, and sinusitis.
- Immunotherapy
- Asthma – ICS maintenance vs intermittent tx
- Check vitamin D levels in asthmatic pt
- Be more aware of delayed food reactions to beef, port or lamb.
- More aggressive use of ICS – try PRN ICS/LABA
- Excellent discussion on Thursday, we need more of this type of discussion
- Challenge or treat for localized allergic rhinitis – intermittent use of inhaled steroids
- Better screen for immunodeficiency patients
- Better dx and rx of EoE
- Intermittent asthma therapy in some patients
- Think about Vitamin D levels in severe asthma patients
- New approach to nasal polyps; management of mild asthma
- Improved care of pts with EoE
- Ordering Att2/Att8 for peanut allergy
- Consider new rx for mild asthma
- Tic bit issues alpha-gal
- Measure Vitamin D levels in severe asthmatics and replace/improve my approach to patients with chronic pruritus
- IT preventing further sensitization; start IT sooner; CGD can prevent in adults; check for this
- CGD
- Intermittent asthma treatment
- EoE therapy
- Vitamin D
- SCIG
- Healthier respect for Vitamin D, asthma and obesity
- Food allergy advice regarding label reading; EoE approach for therapy
- Alpha-gal
- EoE
- Food Allergy
- Management of Asthma
- PIDD diagnosis
- EoE treatment
- Consider vitamin D supplementation especially in hard to control asthmatics; advise to add potential antigen foods earlier to diet in infants.
- The applications most easily implemented will be with food allergies/challenge and derm eval/rx
- Change guidance of early food allergy issues
- Ck vitamin D levels in many of my asthmatics
- Better screening for cat/pork syndrome and delayed beef anaphylaxis
- Better management of asthmatic patients
• Better management of non allergic rhinitis
• Think about local allergy in my pts with reg skin testing; think about PRN inhaled steroid treatment in mild asthma patients
• Thinking about nasal challenge for possible local allergy; PRN combination ICS/LABA – our patients do this anyway

What degree of confidence do you have that you will apply your “new” learning in your practice?

CIRCLE ONE:  100%  75%  50%  25%  0%

  37   19   2   0   0

Overall Comments:

• Extremely enjoyable program but very long days
• Very practical lectures with many facts and technical points that are applicable to patient care
• Great balance of leading edge and practical/ready for prime time materials
• Ways to earn extra money; have 1 day of “meet the professor” breakfasts with all 10 speakers going on at once – limit to 12 each. 120 attendees x $60 each = $7,200 extra funds for WSAAI.
• Good conference, I won’t miss it!
• Great Meeting!
• Exceptional lectures. One of the most helpful/useful conference I have gone to in the last 10 years (this is my first WSAAI meeting, very impressed!)
• Good conference
• Excellent meeting
• Great conference; 30 minutes lectures even if material is split...(illegible)
• Excellent meeting and outstanding speakers
• Great job!
• Great conference – Prefer early AM session to PM sessions. Some lectures could have reduced the basic science in favor of clinical e.g. gene-environment interactions
• Conference provided more review and reinforcement than modification/alteration of TX’s that I (we) are already doing.
• Speaker selection excellent. Workshops excellent but should be scheduled with a view toward keeping an entire morning open for other family type activities.
• Great meeting
• I will refer to my notes
• Excellent EoE lectures! Nice recap on IT (SCIT); Helpful info or choice of patients for bronchial thermoplasty.
• Excellent meeting
• This is an amazing conference. Now that I have experienced this conference several times I don't ever want to miss it.
**Commercial Support / Perception of Bias**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Neutral</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The activity was free of commercial bias</td>
<td>54</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Disclosure of potential conflicts of interest by faculty were clearly communicated</td>
<td>54</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

**Comments:**

- No issues
- Presenters were probably a bit too cavalier about industry
- Well done
- I hope pharma realizes how important support of excellent educational activities really is.
- I did not see any commercial bias – overt or covert
- Dr. O’Byrne only one that showed obvious bias
- Most speakers skipped over slide with conflict of interest. It was hard to tell who paid for their research.
- There is no commercial bias anywhere in the course
- No issues

**Activity Atmosphere**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Neutral</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The facility was conducive to learning</td>
<td>52</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>The location was reasonably convenient</td>
<td>49</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>The activity’s audiovisual support was good</td>
<td>48</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

**General**

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Neutral</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you have the opportunity to discuss practice-relevant issues with the speakers?</td>
<td>37</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Was the length of activity adequate?</td>
<td>25</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>Too short</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too long</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46 – Did not check either too long or too short.</td>
<td>25</td>
<td>13</td>
<td>5</td>
</tr>
</tbody>
</table>
- More days not longer days
- Neither
- Slightly too long
- Just right
• Perfect
• Too long at times
• Written questions frequently ignored, preempted by microphone...so why have them?
• Too long, days with 1 less lecture
• Do not extend the days any longer, please!
• Too long on days of workshop
• ½ day programs are more conducive to retention of data

Describe two particularly strong features of this program:

• Fantastic speakers/great venue, as always strong meeting
• Cutting edge information
• Adequate time for Q&A
• Excellent speakers, excellent location
• Great speakers
• Intimate setting – good access to speakers
• As always, accessibility of speakers, the Q&A
• The excellence of the speakers – not only knowledge but speaking ability
• Speaker/attendee ratio
• Quality of speakers
• Small nature of the program so easy to interact outside of the meeting. Great way to develop relationships with regional allergists.
• Hawaii, great speakers
• The days were limited in the # of sequential (can't read) of lecture – allowed us not to get burned out.
• Hawaii (location)
• Availability of speakers
• Need to have mouse pointer so the speakers can show their points on both screens.
• Interaction with speakers; high caliber of lecturers
• Interaction with speakers
• The mind can only absorb as much as ones buttocks can endure – the daily offering is ideal with beautiful Kauai as the background.
• Derm/EOS
• Good mix clinical and basic science
• More applicable to practicing physicians/ most lectures were easily understandable
• Dr Holland – Science; Dr. Aceves; Dr. Platts-Mills
• Faculty, topics, location
• Excellent, well-published, renowned speakers with expert knowledge in their fields.
• Excellence and quality of speakers; smaller size (# of attendees) allows time and opportunities to discuss important questions and issues with faculty and colleagues.
• Ease of asking questions, accessibility of speakers
• Fedded some meals; valuable lectures
Outstanding speakers and important subjects; staff ran meeting excellently
Presentations by O’Byrne and Holland
EoE/Derm
Generally very good speakers and good questions
Didn’t have to choose between talks; time off during day
Good review of topics; state of art
Answered the hard questions that practitioners face
Asthma pathogenesis
Food allergy
Location; intimacy
Good, clinically relevant topics, especially 7-9am workshops
Great location – beautiful and family friendly
Welcome reception was great and conducive to meeting other people
Great speakers, venue
Quality of speakers, opportunity to socially mix
Hawaii, quality speakers

Describe two areas for improvement you would like to see changed:

- Move workshops to just before or after regular session
- Add practical approach; have discussion group
- Use PPT instead of PDF format for micro-drive containing lectures
- Don’t extend days any longer
- Not a lot to improve here
- Emphasis on clinical applicability of material. Would like all presenters to have bullet take home points at the end of presentation
- Having access to program events/lectures prior to arrival to HI
- Though it may be difficult, some speakers change slides and it would be great to get them changed
- Have program topics and schedule posted on the website in advance of meeting (sooner the better)
- None
- Length of talks, have less sitting time; too early to start meeting/exhibits on Monday
- More topics/shorter talks (30 min) more breaks
- Several presentations were too esoteric; a little more clinical presentations
- More time with faculty
- No changes needed
- 3 hours of lectures without a break is unacceptable
- Audio forms available, especially some way to document Q&A; don’t some CME formats use pre-lecture and post-lecture responses and the demonstrable improvement are (can’t ready) for effectiveness.
- More readable slides – often illegible; noise from doors opening/closing is was distracting
- Better hotels if possible; cannot think of any other (can’t read)
• Not all speakers as good as past talks
• AV
• No complaints; no obvious need for change
• I really liked this years session; good mix of fun time, workshops and lecture
• None. Great meeting! – Thank you
• More about scientific meeting earlier on website...rain free location
• Its too hard listening to lecture for more than about 3 hours.
• More upper airway; more subjects (30 minute talks); more small breaks (so we can absorb);
  only AM 7a-12p; 3-5pm Sunday better schedule.
• Keep meeting clinically oriented and cutting edge
• Please go back to 4 Seasons
• One more day, Non-Science presentations with spouses invited – art, local culture, whales?

List three topics or experts you would find interesting and professionally relevant for future WSAAI meetings:

• Nasal allergen challenges in the office – how is it done?
• Treatment of nasal polyps with Xolair or IL-5 recep antagonists
• Try to minimize genetics – hard to stay awake
• Smoking and effect on asthma therapy
• Omalizumab in urticaria, EoE and other non-asthmatic uses
• Spiriva in asthma
• Urticaria
• Gut inflammation
• Airway remodeling
• What can we do to influence the FDA?
• How can we use current IT to influence adherence?
• That whole business of delay beef reactions and a-gal related to reactions to biologic infusions.
• Chronic Sinusitis
• Drug allergy
• Non allergic rhinitis
• Treatment/research of other EoE GI diseases
• More on allergic contact derm (we all know nickel and latex, need to learn more about other substances, systemic contact derm, etc.)
• Bronchial thermoplasty
• Food Allergy - Dr. Burks or Dr Sicherer; Asthma – Dr Lemanske; Eczema – Dr Donald Leung;
  Immunodeficiency Dr. Jennifer Puck
• Practical approach to evaluation of antibiotic allergy with testing protocol
• Relevance of IgE in urticaria
• Growth effects of inhaled steroids, both intranasal/lung (can’t read_ in children)
• Electronic Medical records and influence on allergy practice
• Nano medicine as applied to our field
Alan Kayler, David Koler – drug sensitivity; Wes Burks (very difficult to read comments)
5Q Immunotherapy/antigens – info from H-S or Greer? Chronic cough.
Migraine update
Immunologic/allergic issues/controversies related to autism.
Continued updates on food allergy topics
No good suggestions. At last years meeting the requests I made showed up on this year so looks like you have it down in terms of (?) changing topics.
Steve Holland, MD – Immunodeficiency; Seema Aceves, MD – EoE; Lisa Beck, MD – Dermatology, atopic dermatitis, basic and clinical science
COPD, sleep
A political/organized (?) talk related to allergists (ACO) MOC; Pneumonia, sleep apnea, new antibiotics
Mastocytosis
Asthma – always; angioedema and chronic urticaria; economics of our practice
Thermoplasty
Update around polyps from ENT standpoint
Review of biologies as the focus to include all available and development (?); EMR and use in allergy setting; choice of systems and meaningful use paramaters
Joshua Boyce
Viral infections in asthmatics
Atopic dermatitis and Xolair; Idiopathic urticaria and Xolair
Use of immunosuppressant in in chronic atopy/urticaria/atopic derm
Drug hypersensitivity
Anaphylaxis; differential diagnosis approached to asthma
Anaphylaxis, mastocytosis, durg allergy upper eosinophilic syndrome
Continued speakers on atopic derm/skin disease
Chronic urticaria
Cough experts
Adverse drug reactions/how can we evaluate/test
Dr Beck and derm issues always relevant
HAE Guidelines – Zuraw
The non-allergic/reactive patient – Dr Simon
The appropriate ways to patch test
Venom allergy update, TX length of immunotherapy, etc.
Venom IT
Chronic cough – peds and adults
Celiac disease
Review of all available monoclorals (?) and applications to atopic diseases and other diseases in allergist scope of practice.
Cluster immunotherapy
Bee venom tx – how long to treat
Treating anaphylactic emergencies in the office
Depression and allergic disease
- Complementary medicine
- R. Gruchalla, drug allergy and mgt review and update
- Refractory asthma and asthma endotypes
- Sleep related breathing disorders
- T-regulatory cells role in disease expression
- Food allergy/desensitization
- Atopic derm
- Immunodeficiency
- Childhood nutrition/dietary counseling
- Drug allergy – Marianna Castelles
- Review of innate immune responses

General comments and suggestions:

- Keep up the excellent programs, best meeting in the US!
- Excellent programs
- Could we have small group breakouts or workshops where 4 experts (speakers) each meet with 10 or so participants in a roundtable format?
- Another great meeting
- Balanced program but sense a trend toward the scientific. Would like to see better connection between science and clinical applicability.
- If we are going to strive for 24-26 hours of CME, have meetings over 5 days and limit to 5 hours per day.
- Really great meeting – kudos to karol and the program committee and chair!
- Stay in Hawaii
- Staff is great
- Outstanding meeting
- Wonderful meeting
- Excellent meeting as usual
- Loved the conference
- Interaction with speakers in small groups – PBL format
- Please have coffee available at all times
- Beautiful hotel; excellent overall meeting as always?
- Would like restrooms closer to the conference room
- Great meeting
- The subjects and speakers were excellent, good information
- If need to cut costs, could eliminate breakfast for the business meeting or final reception.
  First reception is important I think.
- The meeting as always good education. But please shorten lectures to 30 minutes
- Excellent meeting, everyone involved should be congratulated
- Totally irrelevant to the “knowledge” component of the conference, however, if we’re at the
beach (Hawaii), it would be fantastic if the beach were safe and enjoyable and usable. I miss the Four Seasons.

- The session with more audience interaction around PRN beta agonist/ICS use was very helpful.
- Would like pro and con debates on controversial topics such as leukotriene modifiers in real life asthma therapy or clinical trials vs. real world trials.
- Great job! Hopefully no change in the future.

You will be emailed a post-outcome survey within 3-6 months after the course date. Your cooperation would be greatly appreciated and will help us both gauge the effectiveness of the activity as well as provide for future enhancement.

Thank you for your input.