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Look for additional information on our website:
www.coloradoallergy.com

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| New Patient Forms | Research Studies | Flu Information | Allergy
Injections | Appointment Info | Patient Education | Pollen Counts



125 Rampart Way, Suite 200
Denver, Colorado 80230

Congratulations!

Mark Ebadi, MD



Founders Award Scholarships

In honor of the Founding Fathers of CAAC: David Pearlman, M.D., Sanford Avner, M.D., Jerome Buckley, M.D., and John Selner, M.D., our physicians proudly award four \$1000 scholarships each year to our patients. Eligibility requirements are: graduating high school seniors, college undergraduate or graduate students in good academic standing and have been accepted or are currently enrolled in an accredited U.S. college. Applicants must be a current patient of CAAC for a minimum of one year and a citizen of the United States. Applications and criteria can be found on our website at: coloradoallergy.com/about-us/scholarship/

FIND A CLINIC NEAR YOU

BRIGHTON

4700 E Bromley Ln, Ste 207
Brighton, CO 80601
Phone: (303) 500-8614
Fax: (303) 654-0955

BROOMFIELD

340 E 1st Ave, Ste 100
Broomfield, CO 80020
Phone: (303) 720-7139
Fax: (303) 412-2141

CASTLE ROCK

Alexander Building – Centura
Health Adventist Campus
2352 Meadows Blvd, Ste 300
Castle Rock, CO 80109
Phone: (720) 336-2204
Fax: (303) 797-2166

CENTENNIAL

Arapahoe Center
13111 E Briarwood Ave Ste 340
Centennial, CO 80112
Phone: (720) 465-2329
Fax: (303) 632-3692

DENVER

Rampart Campus
125 Rampart Way, Ste 100
Denver, CO 802302
Phone: (720) 325-1084 or (720) 325-1084
Fax: (720) 858-7610

DENVER HIGHLANDS

2490 W 26th Ave, Ste A120
Denver, CO 80211
Phone: (720) 466-1212
Fax: (720) 858-7488

FORT COLLINS

Timberline Office Park
2014 Caribou Dr, Ste 200
Fort Collins, CO 80525
Phone: (970) 425-4214
Fax: (970) 221-0948

GREELEY

3400 W 16th St
Bldg 5, Unit Y
Greeley, CO 80634
Phone: (970) 510-6863
Fax: (970) 356-3825

GREENWOOD VILLAGE

7180 E Orchard Rd, Ste 107
Greenwood Village, CO 80111
Phone: (303) 578-4086
Fax: (303) 740-7250

HIGHLANDS RANCH

Highlands Ranch Medical Plaza II
9331 S Colorado Blvd, Ste 100
Highlands Ranch, CO 80126
Phone: (720) 465-2577
Fax: (303) 797-2166

LAKEWOOD

Denver West Office Park
1667 Cole Blvd, Bldg 19, Ste 200
Lakewood, CO 80401
Phone: (720) 465-2583
Fax: (303) 420-1984

LITTLETON

Swedish Healthpark Southwest I
6169 S Balsam Way, Ste 360
Littleton, CO 80123
Phone: (720) 465-2595
Fax: (303) 948-0339



BREATHE BETTER LIVE BETTER

2018/2019 ANNUAL NEWSLETTER

The Penicillin Allergy Problem

By Erin Kempe, DO



Of all medication allergies, penicillin is the one most commonly reported by patients. Up to 10% of patients report a history of reaction to penicillin. This is a significant problem, as the issues of drug-resistant bacterial infections and the high cost of healthcare become more prevalent. When a patient has a suspected penicillin allergy, in order to avoid a potential allergic reaction, alternative medications are prescribed to help fight the bacterial infections that might otherwise be controlled with penicillin or a related antibiotic. This can contribute to multiple-drug resistant organisms, which has created a public health issue. This also contributes to the high cost of healthcare, as alternative antibiotics are often significantly more expensive than penicillin or related medications.

in childhood, and may be difficult to recall. Many patients do not even remember having a reaction, and were simply told by family members to avoid penicillin.

RELIABLE TESTING IS KEY

Fortunately, there is a reliable test to determine whether a patient has a true penicillin allergy. It is key for patients who think they are allergic to penicillin to be evaluated for true allergy. Several different portions of the penicillin molecule that are known to trigger allergic reactions in susceptible individuals are assessed with skin prick testing. If this testing is negative, a second step of intradermal testing (a small amount of extract is injected underneath the skin) to these same antigens is performed. If skin prick testing and intradermal testing are negative, this rules out penicillin allergy with nearly 100% certainty. Blood testing for penicillin allergy is not reliable, and not useful in ruling out true penicillin allergy.

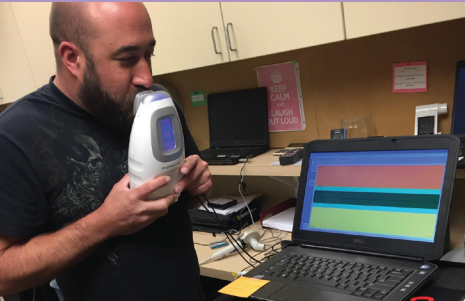
FAMILY HISTORY

Many patients avoid penicillin due to a family history of the allergy. There is no evidence that penicillin allergy is specifically inherited. If they have never personally had a reaction to it in the past, patients with a family history of the allergy do not need to avoid penicillin. Even for patients with a known history of allergy or anaphylaxis to penicillin and related antibiotics, 50% will develop tolerance over a 5-year period, 80% over a 10-year period, and up to 90% over a 20-year period. Once a patient has been tested and has tolerated a course of oral penicillin, their risk of re-developing penicillin allergy is very low. Removal of penicillin from a patient's allergy list can significantly improve available options for addressing infections and can simplify treatment plans for many patients.

If you have a history of penicillin allergy or have been told you should avoid this class of medications, we encourage you to talk with your allergist to determine if penicillin testing is appropriate for you.



Did you know that Colorado Allergy & Asthma Centers houses our own research division?



There are a number of reasons our patients elect to participate in clinical trials. Oftentimes they have asthma, COPD or allergies and are interested in finding a cure or better treatment of these conditions. Sometimes, they are healthy and want to improve treatment for a certain disease. The following are additional ways patients find value when participating in clinical research:

- ✧ Opportunity to contribute to the development of medical treatments
- ✧ Further understanding of their disease process
- ✧ Drugs under study are at no charge
- ✧ Additional medications may be provided at no cost
- ✧ Monetary compensation for time and travel
- ✧ Free medical tests and examinations e.g. / chest x-ray / laboratory tests/skin testing etc.

Interested? Contact CAAC Research today!
(720) 858-7510
<http://coloradoallergy.com/research/allergy-asthma-research/>

CAAC Gives Back!

For the 2nd year in a row, 2018 will be a year of giving back for Colorado Allergy & Asthma Centers.

The Board of Director's developed a Community Outreach Fund and will be distributing \$12,000 throughout our 12 clinics in an effort to give back to each of their respective twelve communities. Each clinic is allotted funds to serve to a particular organization of need within their community and is also encouraged to serve of their time as well. The CAAC Board of Directors feels that by providing these modest grant awards to our area non-profits, we can increase our local impact.

The programs that were served in 2017 include:

- The Samaritan House
- Denver's Homeless
- CEC Early College



- Rocky Mountain Diaper Depot
- Adam's Camp
- Colorado Youth for a Change
- Ronald McDonald House—Denver
- Gardens on Spring Creek
- Weld Country Food Bank
- Fresh Harvest Food Bank
- Douglas / Elbert County Task Force
- Parker Task Force
- Stepping Stone Support Center
- Project KARE
- Max Fund
- Hope House of Colorado
- Boys & Girls club of Metro Denver
- Colorado Coalition for the Homeless

Welcome Dr. Kara Crosby!

We are thrilled to announce that we have added another physician to our roster. Kara Crosby, DO joined CAAC in April of 2018 and has begun practicing at our Highlands Ranch location.



Dr. Crosby is passionate about providing high quality care to her patients. She believes in evidence based medicine with a patient centered approach. She employs thoughtful listening and communication to thoroughly understand the needs of the individual patient.

"Dr. Crosby comes to us with a wealth of experience in the private practice arena and a very distinguished academic resume. She is board-certified in pediatric and adult allergy/immunology, and is excited to share with our patients the latest treatments for the allergic diseases they face. With the population and

growth explosion of Denver and its surrounding areas, CAAC has strived to keep pace by adding convenient locations staffed by impeccably trained board-certified allergists. In the last three years we have added five new physicians to the practice, which we feel sets the table for another 45 years of serving the community."

says Mark Ebadi, M.D., President of Colorado Allergy & Asthma Centers.

Dr. Crosby received her bachelor's degree in biology from Ohio University and completed her medical school education at Lake Erie College of Osteopathic Medicine. She trained in pediatrics at Akron Children's Hospital and in allergy and immunology at the University at Buffalo.

Dr. Crosby lives in Denver with her husband and son. She enjoys hiking, biking, reading, and traveling.

Did you know that early introduction of peanut has been shown to decrease the risk of peanut allergy?

By Kara Crosby, DO

The Learning Early About Peanut (LEAP) study, published in The New England Journal of Medicine in 2015, showed that early consumption of peanuts in high risk infants dramatically decreases the risk of developing peanut allergy.

Infants from 4 to 11 months old with severe eczema, egg allergy, or both were randomized into two groups. One group was regularly fed peanuts and the other group completely avoided peanuts, until the age of 5. Additionally, they stratified patients into two groups at study entry, children with sensitivity to peanut extract and those without sensitivity (as determined by skin prick tests).

Upon completion of the study, they found that regular consumption of peanuts was associated with a 70% reduction in peanut allergy in those previously sensitized and a 86% reduction in those showing no prior sensitivity.

These were fantastic results but the question remained would this reduction last? The Leap-On study, published in 2016, was done to provide these answers.

The majority of children involved in the LEAP study continued with the Leap-On study. Following completion of the initial study, all the participants were instructed to completely avoid peanuts for 12 months. At 6 years old only 4.8% of the original peanut consumers were found to be allergic, compared to 18.6% of the original peanut avoiders. After a year of avoidance, there was no significant increase in peanut allergy prevalence



among the early peanut consumers. This indicates a sustained tolerance to peanuts.



How do we apply these studies to everyday life?

In infants with no risk factors, early introduction of peanut between 4-11 months can be done safely at home. After introduction, keep peanut protein in the diet regularly, in the study infants were fed 6 grams peanut protein per week until the age of 5.

However, higher risk infants including those with eczema, food allergy, or a sibling with food allergy should not have peanut introduced until seeing an allergist. Although, peanut introduction can still be beneficial in higher risk children, in those individuals it is important for us to skin test and/or perform oral food challenges to ensure the safe introduction of peanut. Hopefully, together we can get peanut introduced into more children's diets early on and help prevent peanut allergy!