December 18, 2015 **ALLERGY & ASTHMA OF SOUTH JERSEY, P. A.** personal fax
C:\L1\AA\W-S\w-s '15.wpd Robert E. Coifman, M. D. 206.202.2105
www: aasj.com email: recoifman@.gmail.com
X-Millville NJ 08332-2529, 1122 N. High Street, tel 856.825.4100, fax 856.825.1700
-Galloway NJ 08205, 408 Chris Gaupp Drive Suite 200, tel 609.652.1009

Sneezin's Greetings

New drug blocking Urge to Cough

Our interest in patients with chronic cough led to our being invited to be a study center for an investigational new drug that selectively blocks the P2X3 receptor that triggers urge to cough. P2X3 receptors are only known to exist on certain populations of sensory neurons <http://www.ncbi.nlm.nih.gov/pubmed/22963434>, making this drug FREE (in theory) of the systemic side effects of most other potent cough medications. Clinical applications are discussed at <http://journal.frontiersin.org/article/10.3389/fncel.2013.00267/full>. The drug has been studied in other diseases mediated by the same receptor on other populations of sensory nerves and its use in chronic pain is reported at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3265711/>. To date its only significant side effect appears to be alteration of taste, which was reported by 100% of patients in a successful trial to control chronic cough <http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2814%2961255-1.pdf> . We will study lower doses for ability to control cough with less disturbance of taste. The drug is described at <*http://www.afferentpharma.com/programs/respiratory/*> and links from the button at top right of that page.

Most non-smoking & < 20 prior pk yr severe chronic cough patients age 18-80 should be eligible.

PLEASE CALL US IF YOU ARE INTERESTED OR IF YOU HAVE PATIENTS WHO MIGHT WANT TO PARTICIPATE IN THIS STUDY.

Update on Poison Ivy Vaccine

We accidentally discovered a method of vaccine delivery that produced the world's first predictable, measurable and durable immunological tolerance to real world exposure to poison ivy. Doses of our original vaccines were limited by their low concentration of urushiol (the active antigen) and only helped the most sensitive patients, teaching us that the more sensitive you are to the natural plant the more sensitive you also are to the vaccine. We have learned how to make more concentrated vaccines without losing an important co-factor and each of the 7 recipients of the more concentrated formulations we used in 2015 experienced a good clinical response. There were no significant adverse effects in after any of the 219 doses given in 20 complete and 4 partial courses of treatment. The 17-18 mg cumulative injection immunotherapy treatment dose we found to be safe and effective for poison ivy is the same cumulative treatment dose found to be safe and effective for inhalant allergy to pollens, danders, molds and dust mites, reinforcing our impression that we are working with the same mechanism and that our efforts to make peanut allergy vaccines for the same delivery system have a reasonable probability of success.

We also thank you for your referral of "ordinary" patients with allergic and non-allergic asthma, hay fever, sinusitis, eczema and urticaria as well as those with anaphylaxis, angioedema, food and insect sting allergies. **Your continuing referral of these patients gives us the resources to develop solutions for the less common conditions for which there are no satisfactory alternatives.**

Robert E. Coifman, M. D. and the staff of AASJ