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Reply

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To the Editor:

The September 2006 issue of the Journal included a series of letters commenting on the American Academy of Allergy, Asthma and Immunology (AAAAI) Position Statement, "The Medical Effects of Mold Exposure." Responses were made on behalf of the AAAAI and the authors of the Position Statement. One letter¹ offered no scientific critique of the AAAAI statement but instead criticized an earlier Evidence-Based Statement issued by the American College of Occupational and Environmental Medicine (ACOEM)² and its authors. As the authors of that statement, we feel a response is appropriate. We respond as individuals and not as representatives of either ACOEM or the AAAAI.

Kilburn et al¹ are wrong when they assert that the ACOEM Statement was "based solely on the mathematic extrapolation from a single rat study." An actual reading of the ACOEM statement will show that most of the literature cited pertains to human beings, although it also contains calculations made to estimate airborne spore concentrations that would be comparable to exposures in inhalation studies of purified T-2 toxin (rats, mice, and guinea pigs)^{3, 4} and intratracheal (rats)^{5, 6} or intranasal (mice)⁷ instillations of spores. Kilburn et al¹ assert that those calculations "have been questioned," but the publication⁸ they cite makes no mention of the ACOEM statement or of the calculations it contains. The ACOEM conclusion that "delivery by the inhalation route of a toxic dose of mycotoxins in the indoor environment is highly unlikely at best" was based on the strength and quality of the total body of scientific and medical evidence available at the time.

The AAAAI states agreement with the ACOEM statement and the Institute of Medicine⁹ report with respect to mycotoxin-mediated diseases, but it is incorrect to say that the AAAAI statement "relies" on the ACOEM statement. The AAAAI statement is an independent re-examination of the science pertaining to indoor mold. It is significant that with the accumulation of additional years of information, the overall evaluation is unchanged.

Kilburn et al¹ incorrectly characterized Veritox, Inc (formerly GlobalTox, Inc) as "a defense litigation support corporation." Veritox, Inc, provides clients with a variety of consulting services, many unrelated to litigation, and is retained by both plaintiffs and defendants. Individually, Drs Hardin, Kelman, and Saxon all have been retained by both plaintiffs and defendants. However, current medical and toxicological science precludes our support for claims of mycotoxin-induced health effects as a result of exposure to mold spores or fragments in nearly all residential, office, and school environments.

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Like ACOEM² and the Institute of Medicine,⁹ the AAAAI¹⁰ has done a service by providing a concise overview of what mold-related health effects actually can or cannot be supported with sound science. Patients who believe their health has been harmed by indoor mold benefit from evidence-based medical practices. Misdirected medical evaluations and treatments that lack a sound basis in medical science and that address unproven etiologies do not contribute to identification and effective treatment of root causes for the patient's distress.

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Disclosure of potential conflict of interest: B. D. Hardin owns stock in Veritox, is employed by Veritox, has served as an expert witness for the defense in mold litigation and received compensation for that testimony, and has written papers on the effects associated with mold. B. J. Kelman owns stock in Veritox, is employed by Veritox, has served as an expert witness for the defense in mold litigation and received compensation for that testimony, and has written papers on the effects associated with mold. A. Saxon has served as an expert witness for the defense in mold litigation and received compensation for that testimony and has written papers on the effects associated with mold; he has no financial relationship with Veritox, Inc., and has never received any compensation from that company.

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