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Reply

Thomas Platts-Mills, MD, PhD

“The authors of the position paper have extensive experience in the field, and they applied clearly defined criteria in evaluating the published evidence. In addition, the position paper was reviewed by the Board of Directors of the AAAAI in November 2005. Thus, although reasonable persons might disagree with the emphasis of the article in some areas or with any particular details, **it has been determined that there is no reason for withdrawing the position paper.**”

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Reply

[Thomas Platts-Mills, MD, PhD](#)

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To the Editor:

The recent position paper entitled "The medical effects of mold exposure," by Bush et al¹ has stimulated considerable comment. The comments, particularly those in the letter from Kilburn et al,² raise several questions.

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First, they correctly point out that the article should have been published with a conflict of interest (COI) statement. The failure to include a COI was an oversight shared between the American Academy of Allergy, Asthma and Immunology (AAAAI) and the Journal. We have now published the conflict statements for these authors,¹ and we have changed the procedures so that a COI statement will be part of all position statements in the future, as they are for other JACI publications. Among the possible conflicts in relation to the mold article was the fact that 2 of the authors have acted as witnesses in law cases concerning possible mold-related illness. COI forms for all speakers and authors have been updated for both for the Journal and for the AAAAI to specifically ensure that appropriate disclosures will be provided in relation to acting as a witness in relevant cases.

Second, the authors raise the question of whether the position paper had sufficient scientific rigor in the review or presentation of the evidence. It is important to point out that there are a wide range of scientific questions about which many of us disagree. There are other important issues over which opinions have changed radically over relatively short periods of time. The authors of the position paper have extensive experience in the field, and they applied clearly defined criteria in evaluating the published evidence. In addition, the position paper was reviewed by the Board of Directors of the AAAAI in November 2005. Thus, although reasonable persons might disagree with the emphasis of the article in some areas or with any particular details, it has been determined that there is no reason for withdrawing the position paper.

It is clear that there is still disagreement about the medical effects of exposure to mold products and particularly about the effect of mycotoxins on the health of

both allergic and nonallergic subjects. The current position paper is not the last word on the subject. What is needed is more research designed to answer definitively in what ways mold exposure in buildings does or does not contribute to health problems. The Journal and the AAAAI both welcome scientific research in this area. We look forward to a continuation of the dialogue of which this position paper is part.

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From the American Academy of Allergy, Asthma and Immunology, Inc, Milwaukee, Wis

Disclosure of potential conflict of interest: T. A. E. Platts-Mills has received grant support from the National Institutes of Health, has consultant arrangements with Sharper Image and Indoor Biotechnologies Scientific Advisory Board, and is serving a term as president of the American Academy of Allergy, Asthma and Immunology.

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Reply

Robert A. Wood, MD^a, Robert K. Bush, MD^b

“Our approach to developing the position statement was to require **definitive evidence for all conclusions and recommendations.**”

From the Medical Effects of Mold Exposure Doc:

“Calculations for both acute and subacute exposures on the basis of the maximum amount of mycotoxins found per mold spore for various mycotoxins and the levels at which adverse health effects are observed make it highly improbable that home or office mycotoxin exposures would lead to a toxic adverse health effects. 1, **29**”

Thus we agree with the American College of Occupational and Environmental Medicine evidence based statement and the Institute of Medicine draft, which conclude that the evidence does not support the contention that mycotoxin-mediated disease (mycotoxicosis) occurs through inhalation in nonoccupational settings.”

Reference:

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Reply

[Robert A. Wood, MD^a](#), [Robert K. Bush, MD^b](#)

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To the Editor:

We appreciate the thoughtful responses regarding the position statement on mold allergy published in the February 2006 issue of the Journal.¹ Because many of these letters contain similar sentiments,^{2, 3, 4, 5, 6, 7, 8} we will respond to them as a group but make every effort to address the major points from each.

Our approach to developing the position statement was to require definitive evidence for all conclusions and recommendations. For example, although it is recognized from clinical observation that molds can cause allergic rhinitis, the rigor of scientific studies and the resulting body of evidence on this association to date were considered to be insufficient to permit definitive conclusions about this relationship. As was well stated by Dr Marinkovich,⁹ lack of evidence is not necessarily evidence against.

The issue of mycotoxins was a major concern in most of the letters. We struggled with this topic and concluded that the weight of the evidence does not support a clear relationship between mycotoxin exposure and adverse health effects. We did an exhaustive literature search in the preparation of this statement and clearly did not overlook the many citations provided in the above letters. We also made it clear in the statement's introduction that space constraints limited the number of references that could be included. In our final analysis, we believed that the purported adverse health effects of mycotoxins are still not definitive. Many of these citations, in fact, do support the adverse health effects of mold exposure but not necessarily the specific contribution of mycotoxins to these health effects. We fully admit that this might be another example of an overly conservative approach.

Several of the letters expressed concern about our conclusions regarding the utility of IgG antibody assays. We respect the opinions expressed in these letters and have carefully reviewed the citations provided. We continue to believe, however, that these assays have only a limited role in the assessment of mold-related illness and should not be widely recommended.

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It is clear that this is an area of great controversy. It is also clear that this is a rapidly evolving science and that much of the controversy will be settled with ongoing evidence-based research. To that end, we are confident that the Academy and the Journal will continue to lead the way in analyzing and disseminating this information. This position statement was intended to provide an up-to-date review of this topic but was never intended to be the final word. Further research is needed on many of these mold-related topics before definitive conclusions can be reached.

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