

5. Braun H, Buzina W, Freudenschuss K, Beham A, Stammberger H. "Eosinophilic fungal rhinosinusitis": a common disorder in Europe? *Laryngoscope* 2003;113:264-9.
6. Collins M, Nair S, Smith W, Kette F, Gillis D, Wormald PJ. Role of local immunoglobulin E production in the pathophysiology of noninvasive fungal sinusitis. *Laryngoscope* 2004;114:1242-6.
7. Krouse JH, Shah AG, Kerswill K. Skin testing in predicting response to nasal provocation with alternaria. *Laryngoscope* 2004;114:1389-93.
8. Taylor MJ, Ponikau JU, Sherris DA, Kern EB, Gaffey TA, Kephart G, et al. Detection of fungal organisms in eosinophilic mucin using a fluorescein-labeled chitin-specific binding protein. *Otolaryngol Head Neck Surg* 2002;127:377-83.
9. Lackner A, Stammberger H, Buzina W, Freudenschuss K, Panzitt T, Schosteritsch S, et al. Fungi: a normal content of human nasal mucus. *Am J Rhinol* 2005;19:125-9.
10. Gosepath J, Brieger J, Vlachtsis K, Mann WJ. Fungal DNA is present in tissue specimens of patients with chronic rhinosinusitis. *Am J Rhinol* 2004;18:9-13.
11. Shin S-H, Ponikau JU, Sherris DA, Congdon D, Frigas E, Homburger HA, et al. Rhinosinusitis: an enhanced immune response to ubiquitous airborne fungi. *J Allergy Clin Immunol* 2004;114:1369-75.
12. Ponikau JU, Sherris DA, Weaver A, Kita H. Treatment of chronic rhinosinusitis with intranasal amphotericin B: a randomized, placebo-controlled, double-blinded pilot trial. *J Allergy Clin Immunol* 2005;115:125-31.
13. Buzina W, Braun H, Freudenschuss K, Lackner A, Habermann W, Stammberger H. Fungal biodiversity—as found in nasal mucus. *Med Mycol* 2003;41:149-61.
14. Ponikau JU, Sherris DA, Kephart GM, Kern EB, Congdon DJ, Adolphson CR, et al. Striking deposition of toxic eosinophil major basic protein in mucus: implications for chronic rhinosinusitis. *J Allergy Clin Immunol* 2005;116:362-9.
15. Inoue Y, Matsuzaki Y, Shin S-H, Ponikau JU, Kita H. Non-pathogenic, environmental fungi induce activation and degranulation of human eosinophils. *J Immunol* 2005;175:5439-47.
16. Weschta M, Rimek D, Formanek M, Polzehl D, Podbielski A, Riechelmann H. Topical antifungal treatment of chronic rhinosinusitis with nasal polyps: a randomized, double-blind clinical trial. *J Allergy Clin Immunol* 2004;113:1122-8.

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Adverse health effects of indoor mold exposure

To the Editor:

We read with interest your recent position paper on the controversial subject of adverse health effects of mold exposure.¹ When anyone writes a position paper, we question whose ox is being gored. You state in your article that "it is important for the members of the allergy-clinical immunology community who are frequently asked by patients, parents, and other interested parties to render opinions."¹ Who are these other interested parties? Was there a separate agenda for this position paper that also agrees with the American College of Occupational and Environmental Medicine's evidence-based statement on indoor molds?² Dr Andrew Saxon coauthored both these position papers.

In our review paper on the adverse health effects of indoor mold exposure,³ we cited 171 references in contrast to your 44 and the American College of Occupational and Environmental Medicine's 83. You state, "We will review the state of the science of mold-related diseases and provide interpretation as to what is and what is not supported by scientific evidence." What criteria did you use to decide this? Expert scientific testimony is admissible if it is reliable based on methods and procedures of science.

What evidence to the contrary do you have that you summarily dismiss the findings of Gray, Thrasher, Crago, Campbell, and Vojdani? Could you have selectively dismissed the many other references that we cited? What are the "unproved assertions that exposure to indoor molds caused a variety of ill-defined illnesses?" What, for example, is ill defined about neurotoxicity, a disorder ranking in the top 10 causes of occupational injury? Is PCR identification of *Stachybotrys* species and its mycotoxins not "specific" enough for "fungus-fungal products purported to cause the mold-related illness?"

If you condemn the "measurement of clinically useful tests of autoimmunity," as well as "a wide range of nonspecific immunologic parameters," how would you know whether there are adverse reactions to the immune system? The practice of occupational and environmental medicine requires the objective evaluation of biomarkers of exposures and biomarkers of the effect of exposures to establish causation. Your statement that "testing is expensive and does not provide useful information that will benefit in diagnosis, management, or both of disease and is to be discouraged" makes us suspicious of the message of this position paper.

We agree that mold exposure has become a litigious issue. But are we as physicians to choose sides? Or are we to evaluate objectively the alleged effects of toxic mold exposure? We suspect your interpretation of what is and what is not supported by scientific evidence might, at least in part, represent an agenda for the defense.

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REFERENCES

1. Bush RK, Portnoy JM, Saxon A, Terr AI, Wood RA. The medical effects of mold exposure. *J Allergy Clin Immunol* 2006;117:326-33.
2. Hardin BA, Kelman BJ, Saxon A. ACOEM evidence based statement. Adverse human health effects associated with molds in the indoor environment. *J Occup Environ Med* 2003;45:470-8.
3. Curtis L, Lieberman A, Stark M, Rea W, Vetter M. Adverse health effects of indoor molds. *J Nutr Environ Med* 2004;14:261-74.

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How solid is the Academy position paper on mold exposure?

To the Editor:

I disagree with much of the position paper by Bush et al.¹ There is much evidence supporting illness caused by water-damaged, moldy, or damp indoor spaces. Classic allergy accounts for only part of the problem. I am allotted only 500 words, and therefore the numbered statements lead to important references (see this article's additional references in the Online Repository at www.jacionline.org).