Position Paper on Molds is Seriously Flawed

(Critique of the 2006 AAAAI mold paper)

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To the Editor:

As a longtime member of the Academy, I was shocked and disappointed by the position paper printed in the February issue of the Journal. A number of criticisms come quickly to mind:

1. At least 2 of the authors earn a substantial income testifying against patients in mold-related litigation. The potential conflict of interest is not addressed.

2. This is not a position paper generated from free and open discussion among Academy members. It is a one-sided opinion paper.

3. The authors seem to be ignoring one of the basic tenets of allergy: when symptoms appear after an exposure and abate on its cessation, chances are the patient is reacting to something in that exposure. Before we label her a hypochondriac, let us explore the details. Perhaps we can learn.

4. The authors draw conclusions about the health effects of indoor mold exposure for which they offer no positive support from the literature. The lack of evidence is not evidence against.

5. The authors have selected from the literature articles that, however tenuously, support their opinions and ignore the mountain of evidence that refutes their conclusions.

6. Two peer-reviewed literature references that do not support the authors' conclusions are cited and rejected as “poor quality” without discussion.

7. The authors' review of the literature involving the presence of mold-specific IgG antibodies reflecting the patients' exposure to mold is completely distorted. They seem to suggest that the measurement of mold-specific IgG antibodies cannot be a useful clinical parameter in diagnosing and monitoring the progress of patients with mold-related illness.

8. The conclusion that mycotoxins are not protei ins and therefore mycotoxin antibodies are not possible ignores the enormous literature on penicillin reactions (a mycotoxin). One of the articles cited by the authors specifically identifies IgG antibodies against mycotoxins but is given no value in reading their conclusion.

9. No reference is made to the very important work done by the group headed by Dr Sherris, formerly of the Mayo Clinic, now at the University of Buffalo, in which mold-specific IgG antibodies are
identified as markers of chronic rhinosinusitis, and no difference between patients and control subjects is seen with IgE antibodies.\(^7\)

I am astounded that the Academy would take such a blatant stand against the best interest of patients and disburse biased opinions as facts to its membership. I believe this article does not meet the minimal standard for a position paper by the Academy. It should be withdrawn. The Academy would do well to sponsor an open forum in which to debate the issues of health effects from mold exposure in the Journal.

References


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Disclosure of potential conflict of interest: V. A. Marinkovich has served as an expert witness in mold litigation cases.