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Announcing the Exciting New Phase of the PEBBLES Study!

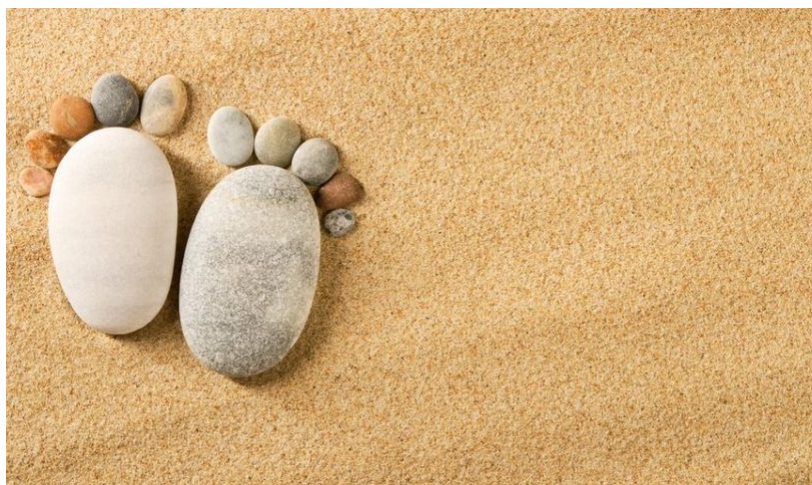


We are thrilled to be able to continue the follow-up of participants enrolled in the PEBBLES study. The National Health and Medical Research Council, (the Australian Government's agency for funding health research) awarded us a grant for an exciting new study phase. This new phase will examine whether the PEBBLES treatment - twice daily application of EpiCeram™ to the skin of infants for the first six months of life - can improve lung health and reduce the likelihood of asthma and further allergies in children at the age of four.

Childhood asthma is a serious health problem in Australia, and there is a strong association between early life eczema and development of asthma. Children with a family history of allergic disease, such as those in the PEBBLES study, are at a higher risk of respiratory problems.

Beginning in late 2022 - early 2023, all PEBBLES children will be invited for a lung function and allergy assessment when they turn four years of age. We will measure each child's lung function by asking them to breathe normally into a device. You can watch a video about the device [HERE](#). We will also perform another Skin Prick test - this time to 11 common allergens. Free Food Challenges will be offered for any children sensitized to a food. These assessments will provide valuable research data and give families important information on their child's allergies and lung health.

Ongoing PEBBLES Research Activities



-PEBBLES annual surveys

If your child is at least two years old, we have sent you a secure link to the confidential annual survey for age one - two years. We are extremely grateful for your answers to these surveys. They allow us to investigate the possible longer term protective effects of the PEBBLES treatment. We understand that for some, the one - two year old time period may have been a while ago. We really do appreciate your efforts in answering the questions as best as you can recall. If your child has already turned three, we will soon send you the survey for age two - three years old, plus the age three - four year old survey if your child is now four.

If you have any queries about the surveys or difficulties accessing the survey via your email, please contact us at pebbles-study@unimelb.edu.au.

Skin lipid analysis

You may recall from our last newsletter that PEBBLES received funding to examine possible links between the skin's natural fats -skin lipids- and the development of eczema or food allergy in young children. The necessary skin samples were already collected using sticky pads at the 12-month of age assessments. Analysis of these samples will soon begin at National Jewish Health in the United States.

Medicare and Pharmaceutical Benefits Scheme (PBS) data

We wish to thank everyone who completed consent forms for us to obtain data on Medicare and Pharmaceutical Benefits Scheme (PBS) claims for their children up to the age of 4.5 years. We will use this information to look at the economic burden of

would like to give your consent, please email us at pebbles-study@unimelb.edu.au.

Recent Eczema Research by The University of Melbourne



A long-term study, also run by the *Allergy and Lung Health Unit* at *The University of Melbourne*, has provided valuable information on childhood eczema and its association with adult allergies.

Diego Lopez (pictured above), a PhD candidate supervised by PEBBLES Chief Investigator, Associate Professor Adrian Lowe, recently published an article available [HERE](#). He analysed data from participants enrolled in the Melbourne Atopy Cohort Study (MACS) with a family history of allergic disease, to determine if there were different sub-types of eczema. When investigating eczema in children between birth and age 12, he found five different groups - 'minimal eczema' (those with a low chance of eczema), 'early-onset persistent' (those with a high chance of eczema early in life and continuing), 'early-onset resolving' (those with a high chance of eczema before six months of age but decreasing after that), 'mid-onset persistent' (those with a low chance of eczema before age one but increasing after that) and 'mid-onset resolving' (those with a high chance of eczema between ages one and two but declining after age two). The early-onset persistent group was the most likely to have food allergies as infants and children.

He also examined the results of allergy tests and surveys when participants were aged 18 and 25. Individuals in the 'early-onset persistent' and 'mid-onset persistent' eczema groups had higher odds of food allergies, hayfever (allergic rhinitis), and asthma than the other groups. The 'early-onset persistent' group had the highest risk of all. These findings add evidence that successfully treating eczema in infants and young children could be important for preventing allergic illnesses later in life.

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