had significantly shorter ICU length of stay, duration of continuously nebulized albuterol therapy, and duration of supplemental oxygen therapy and were significantly less likely to require intravenous β₂-AR agonist therapy, compared with those with the Arg/Arg or Arg/Gly genotype. Genetic polymorphisms at position 27 were not associated with response to β₂-AR agonist therapy or with the other clinical outcomes measured.

CONCLUSIONS. In this group of children with severe asthma exacerbations, those with the Gly/Gly genotype at position 16 of the β₂-AR had more rapid responses to β₂-AR agonist therapy and shorter ICU lengths of stay.

REVIEWERS COMMENTS. This article provides further evidence of the complexity of asthma genetics. The relationship between β₂-AR genotypes and responses to β₂-AR agonists is controversial, with different studies coming to opposing conclusions. Responses may depend largely on how the β₂-AR agonist is dosed (short-term, single-dose treatment versus long-term, repeated dosing). This study was limited by the small study size. However, the study presents another step toward linking asthma genotypes with asthma phenotypes. This should allow the use of pharmacogenetics to treat specific patient populations in an evidence-based manner, an exciting future!

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**Chromosome 17q21 Gene Variants Are Associated With Asthma and Exacerbations But Not Atopy in Early Childhood**


**PURPOSE OF THE STUDY.** To determine the association between the 17q12–q21 locus and various clinical characteristics of asthma and atopic sensitization during childhood.

**STUDY POPULATION.** The Copenhagen Prospective Study on Asthma in Childhood (COPSAC) included a birth cohort of 411 children born to mothers with a history of asthma. Three hundred seventy-six of these children underwent genotyping for a particular, single-nucleotide polymorphism (SNP), rs7216389, in the 17q12–q21 locus.

**METHODS.** Three hundred seventy-six children underwent genotyping for 20 SNPs, including rs7216389. Infants were enrolled at age 1 month and were seen once every 6 months until age 6 years. Parents recorded daily symptoms. End points included investigator-diagnosed asthma or atopic disease and objective measurements of lung function and atopic sensitization, at various follow-up points.

**RESULTS.** Homozygosity for the T allele at SNP rs7216389 was associated with experiencing wheezing (hazard ratio [HR]: 1.64 [95% confidence interval [CI]: 1.05–2.59]), asthma (HR: 1.88 [95% CI: 1.15–3.07]), and acute severe exacerbations (HR: 2.66 [95% CI: 1.58–4.48]). Significantly increased bronchial hyperresponsiveness was seen at ages 1 month and 4 years but not 6 years. However, increased risk of asthma exacerbations persisted through age 6 years (incidence ratio: 2.48 [95% CI: 1.42–4.32]). There was no increased risk for eczema, rhinitis, or atopic sensitization.

**CONCLUSIONS.** The rs7216389 SNP at the 17q12–q21 locus was associated with increased risk of asthma, asthma exacerbations, and bronchial hyperresponsiveness. However, it was not associated with any increased risk of atopic sensitization, eczema, or rhinitis.

**REVIEWER COMMENTS.** This particular polymorphism was shown previously to be associated with increased risk for developing asthma. The data from this study describe the clinical phenotype associated with this SNP in a population of infants and young children at increased risk for asthma. It seems to confer a specific risk for asthma without increased atopy. This study was performed with a selected population at high risk for asthma, and future research will need to determine whether these findings are replicable in the general population.

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**Serum Vitamin D Levels and Markers of Severity of Childhood Asthma in Costa Rica**


**PURPOSE OF THE STUDY.** To determine whether vitamin D levels are associated with asthma severity and allergy during childhood.

**STUDY POPULATION.** Six hundred sixteen Costa Rican children with asthma, 6 to 14 years of age, were included. Asthma was defined as physician-diagnosed asthma and ≥2 respiratory symptoms or asthma attacks in the past year.

**METHODS.** Study participants were identified on the basis of questionnaires sent to 113 Costa Rican schools. Participants answered additional questions and underwent pulmonary function testing, methacholine challenge testing, allergy skin-prick testing, serum total immunoglobulin E (IgE) and allergen-specific IgE measurements, peripheral blood eosinophil counts, and serum 25-hydroxyvitamin D₃ measurements. Linear and logistic regression models were created to assess associations between factors.

**REVIEWER COMMENTS.** This article presents another step toward linking asthma genotypes with asthma phenotypes. This should allow the use of pharmacogenetics to treat specific patient populations in an evidence-based manner, an exciting future!
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