

**Table 1. Allergic bronchopulmonary aspergillosis (ABPA)**

Referral Guideline	Rationale	Evidence Type
Patients with suspected/proven asthma or cystic fibrosis who have pulmonary infiltrates and peripheral blood eosinophilia.	Allergen skin testing and in vitro tests, when correlated with history, can establish the diagnosis of ABPA. <sup>1</sup>	Diagnostic
Patients with known ABPA for management.	Allergist/immunologists are specifically trained to manage this disease <sup>2</sup> , and outcomes of such management have been reported by allergist/immunologists. <sup>3-5</sup>	Indirect outcome (ABPA management)

**References:**

1. Greenberger PA. Allergic bronchopulmonary aspergillosis. J Allergy Clin Immunol 2002; 110:685-92. Evidence Grade: IV
2. Allergy and Immunology Core Curriculum Outline 1996. Core Curriculum Subcommittee of the Training Program Directors. American Academy of Allergy, Asthma and Immunology. J Allergy Clin Immunol 1996;98(6pt.1):1012-5, updated in 2002 ([http://www.aaaai.org/professionals/careers/training\\_programs.stm](http://www.aaaai.org/professionals/careers/training_programs.stm)). Evidence Grade: IV
3. Patterson R, Greenberger PA, Radin R, et al. Allergic bronchopulmonary aspergillosis: Staging as an aid to management. Ann Int Med 1982; 96:286-91. Evidence Grade: III
4. Patterson R, Greenberger PA, Halwig M, et al. Allergic bronchopulmonary aspergillosis. Natural history and classification of early disease by serologic and roentgenographic studies. Arch Int Med 1986; 146:916-18. Evidence Grade: III
5. Patterson R, Greenberger PA, Lee TM, et al. Prolonged evaluation of patients with corticosteroid-dependent asthma stage of allergic bronchopulmonary aspergillosis. J Allergy Clin Immunol 1987; 80:663-8. Evidence Grade: III