Are We Ready for Oral Food Immunotherapy?

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Oral Immunotherapy works

The Answer Is Yes
277 plus articles in Pubmed
43 Clinical Trials humans Pubmed

Oral Immunotherapy for food allergy was effective
Oral Immunotherapy was relatively safe

Recommendations from Academic Center and Research Centers and NIH Food Allergy Guidelines

Oral Food Immunotherapy is not ready for clinical practice

Guidelines for Diagnosis and Management of Food Allergy in US NIAID expert panel

Is There a Cost For This Opinion?

Yes for Patient’s Health and with Financial Implications

Treatment- Avoidance-Epinephrine Auto-injectors Success?
25% use of epinephrine when severe reactions occurred
12% to 35% accidental exposures
Anaphylactic Deaths occurred in patients who knew they had allergy to food which killed them

Jarvinen K Curr Opin in All and Clin Immunol 2011 11 255-261
Deaths from food allergy reported in US and England
US 2001-2006 31 deaths
England 1999-2006 48 deaths
Authors state probably under reported

Emergency Visits for food allergic reaction
US 203,000 per year
Probable food anaphylaxis 90,000 per year

US death Estimate 1 per million annually

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Avoidance ? Epinephrine?

- Risk Taking Behaviors in Adolescents and Young Adults
- Most Deaths 12-19
- Restaurant Deaths and Reactions: Patients do not alert Restaurant Staff
- School Policies – Difficult to enforce at times, Voluntary Basis
- Siblings: needs and action
- Small children cannot give own epinephrine

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Quality of Life

- Parental Anxiety: Mothers worse than Fathers
- Parental Over Protectiveness
- Limitation of Lifestyle
- Other Psychosocial problems -increased Bullying(25%)
- Generally poorer HRQ. Multiple Food Allergies =poorer HRQL as perceived by caregivers

Lieberman Curr Opin All Clin Immunol 2011 11 936-49

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Quality of Life

- Food Allergic Children poorer on general health, social functions, problem continues into adulthood Health and Vitality issues
- Real Life problems: Overnight stays with friends, parties, vacations
- Anaphylaxis general more impact on QOL

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Summary

- The present expert recommendations of avoidance and autoinjectors are working somewhat
- Certainly less than optimum
- Require cooperation of a lot of other people and institutions for success

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Bela Schick

- First the Patient
- Second the Patient
- Third the Patient
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We are Physicians
Oral Immunotherapy
for food allergy is
needed by our
patients...parents
and society

The reagents needed are available
There are well trained caring
committed clinical allergy
specialists who can provide this
treatment in a careful professional
manner

Can it be done today in the allergy office?
Yes if the trained allergist and staff are committed
to the procedures. It is not a trivial procedure.
Reagents are available and inexpensive
Patient/parent Education and Training is very
important. Informed Consent and explanations.
US (FARN) 300 plus patients from clinical
practices with 75%-80% desensitization success
including anaphylaxis, skin disorders, gi reactions.
Milk, egg, wheat, soy and peanuts (to be published)
Israel 100+ milk

We and our
patients are
ready for Oral
Food Immunotherapy
Epinephrine Usage in Patients/Parents issued autoinjectors is low (10 to 35%)

There is a well documented cost in quality of life for children, parents, siblings, adults. This includes fear, obsessive behaviors, abnormal life styles

A successful therapy does not require complete understanding of the mechanisms for clinical utility and Benefit

The avoidance epinephrine autoinjector strategy has not been successful enough to meet the needs of patients and society. It has had negative impacts as well as benefits

There has been concern among the researchers that patients could be harmed by oral Immunotherapy. Outpatient reactions have included anaphylaxis. Anaphylaxis in controlled expectant situation is preferable to accidental unexpected reactions

During outpatient dosing all patients should have epi pen and have been shown how to use it. The staff should believe they will

No deaths from oral Immunotherapy for food allergy

There have been no deaths from Oral Food Immunotherapy

An allergic reaction in a more controlled situation is preferable to a reaction by accident

First the patient
Second the patient
Third the patient

Bela Shick MD
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Maintaining an unsuccessful strategy does not lead to success

Reagents for oral immunotherapy for food allergy are easily obtained for most common foods.

Need to be ready to treat severe allergic reaction with trained staff and resources ie like allergen immunotherapy.

There is no evidence reported that oral food immunotherapy procedure cannot be performed by a well trained allergy specialist and staff.

Guidelines for the Procedure by interested physicians

Can this be achieved?

Costs of ED visit can be many thousands
Cost of hospitalization Many thousands
Cost of Fear Priceless

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