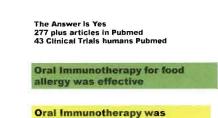
Are We Ready for Oral Food Immunotherapy?

> Lyndon E. Mansfield MD Clinical Professor of Pediatrics Paul Foster School of Medicine El Paso Texas

Oral food Immunotherapy works

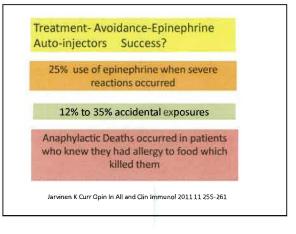


Oral Immunotherapy was relatively safe Recommendations from Academic Center and Research Centers and NIH Food Allergy Guidelines

Oral Food Immunotherapy is not ready for clinical practice

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





Are We ready for Oral Immunotherapy Lyndon E Mansfield MD

11/14/2011

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

Jarvinen K. Curr Opin in All and Clin Immunonol 2011 11 255-61

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

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

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

Lieberman Curr Opin All Clin Immunol 2011 11 936-49

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

Bela Schick

- •First the Patient
- •Second the Patient
- •Third the Patient





We are Physicians Oral Immunotherapy for food allergy is needed by our patients...parents and society

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

The reagents needed are available

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

We and our patients are ready for Oral Food Immunotherapy



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

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 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 epipen and have be 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 Schick MD

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



Are We ready for Oral Immunotherapy Lyndon E Mansfield MD

