

**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

**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

Jarvinen K. Curr Opin in All and Clin Immunol 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***

## Rebuttal

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*



