

# Safety in Food Immunotherapy

Paul Detjen MD  
Kenilworth Medical Kenilworth, IL  
Knight Medical Research

Dareen Siri MD FAAAAI FACAAI  
CEO / Medical Director Midwest Allergy Sinus Asthma/Respiratory,  
Food Allergy Center for Treatment, SWIA Clinical Research

# Action Items for Safety

1. OIT selection considerations
2. Control of comorbidities
3. Travel considerations
4. When to down-dose
5. When to re-escalate
6. When to discontinue OIT

# OIT Selection Considerations

- Assess patient, family and caregiver readiness
- Compliant with AAP, OFCs, LEAP
- “Rules of the Road” line review
- Is communication an issue
- Would food anxiety add to risk
- Take staff opinions seriously
- Don’t be reluctant to say ‘not yet ready’
- Reassess periodically

# Control of Comorbidities

- Asthma - more aggressive therapy
- CSU - eliminate spontaneous urticaria
- SAR/PAR - differentiate AR vs URI
- Cardiac conditions - Beta blockers, contraindications
- Abdominal conditions - GERD, lactose, EoE, IBS
- Food anxiety or GAD - need list of therapists

Above conditions may not be strict contraindications for OIT  
However optimized control improves safety and CLARITY

# Travel considerations

- Airline travel, remote destinations
- Dose 3 hrs before boarding flight vs after landing
- Itinerary considerations - heat, activity
- Down-dose prophylactically
- Skipping dose is safer than rushing dose
- Review AAP in detail; must have cell access available
- Camp - schedule, nurse, self-carry?
- Have multiple epinephrine self-injectors, antihistamines, OCS
- “You are the Emergency Room”

# When to Down-dose

- Illness
- Travel
- Sports
- Vaccinations
- Menstrual cycle
- Dental procedures/lost tooth/surgery
- Missed doses

# When to Re-escalate

- At home vs in-office
- Duration of decreased dose?
- 100% for how long? Antibiotics?
- Dose/form?
- Reaction history?
- Adherence to ROR?

# When to discontinue OIT

- When therapy jeopardizes safety
- When therapy adversely affects quality of life

“Do no harm” - Hugh Windom, MD

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