

Goals of treatment

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Peanut cross-contamination in randomly selected baked goods

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Results: Of 154 samples from 18 bakeries, 4 (2.6%) had detectable peanut contamination with peanut protein levels ranging from 0.1 mg/100 g to 650 mg/100 g. Consumption estimates for single occasion ingestion of a contaminated item ranged from 0.07 mg to 832 mg of peanut protein.

How do we look at risk of cross contamination?

Part A. Snack Chips Mixes		Threshold Dose - Post Immunotherapy Treatment (mg of peanut protein)						
		1	3	10	30	100	300	1000
Baseline Threshold Dose (mg of peanut protein)	1	0%	29.6%	61.6%	87.7%	99.0%	99.9%	NR
	3		0%	45.5%	82.6%	98.6%	99.9%	NR
	10			0%	68.0%	97.4%	99.9%	NR
	30				0%	91.7%	99.8%	NR
	100					0%	98.0%	NR
	300						0%	NR
	1000							0%

Part B. Cookies		Threshold Dose - Post Immunotherapy Treatment (mg of peanut protein)						
		1	3	10	30	100	300	1000
Baseline Threshold Dose (mg of peanut protein)	1	0%	29.9%	63.6%	87.6%	99.1%	99.9%	NR
	3		0%	48.1%	82.4%	98.7%	99.9%	NR
	10			0%	66.1%	97.5%	99.9%	NR
	30				0%	92.7%	99.8%	NR
	100					0%	97.0%	NR
	300						0%	NR
	1000							0%

Part C. Doughnuts/Snack Cakes		Threshold Dose - Post Immunotherapy Treatment (mg of peanut protein)						
		1	3	10	30	100	300	1000
Baseline Threshold Dose (mg of peanut protein)	1	0%	24.3%	50.6%	75.0%	96.1%	99.9%	NR
	3		0%	35.1%	67.0%	94.8%	99.9%	NR
	10			0%	49.1%	92.0%	99.9%	NR
	30				0%	84.4%	99.8%	NR
	100					0%	98.8%	NR
	300						0%	NR
	1000							0%

Part D. Ice Cream		Threshold Dose - Post Immunotherapy Treatment (mg of peanut protein)						
		1	3	10	30	100	300	1000
Baseline Threshold Dose (mg of peanut protein)	1	0%	22.7%	46.8%	68.7%	90.4%	99.5%	99.9%
	3		0%	31.1%	59.5%	87.6%	99.4%	99.9%
	10			0%	41.2%	82.0%	99.1%	99.9%
	30				0%	69.5%	98.5%	99.9%
	100					0%	94.9%	99.9%
	300						0%	98.6%
	1000							0%

Risk Reduction Scale



Bite proofing vs free eating

- Pros and cons of both approaches
- Compliance may be dependent on dose
 - higher doses may have lower compliance
- Age may be a factor

2 main approaches – multiple variations

- **Low** target dose and **later** determination/confirmation of **high** threshold
 - SLIT is a fantastic example of this
- **High** target dose and **early** determination/confirmation of **high** threshold

How do we ensure patient goals and our approaches are aligned?



ORAL IMMUNOTHERAPY - PATIENT CHECKLIST

Patient Name: _____		Date: _____	
Date of Birth: _____		<input type="checkbox"/> Family Doctor/Pediatrician _____	
<input type="checkbox"/> Up-to-date contact information	<input type="checkbox"/> Halton Pediatric Allergy Online Support Group		
<input type="checkbox"/> Video Watched	<input type="checkbox"/> Preferred Pharmacy Information		
Known Food Allergies: _____		<input type="checkbox"/> Reviewed	
<input type="checkbox"/> Milk	<input type="checkbox"/> Peanut	<input type="checkbox"/> Cashew	<input type="checkbox"/> Pistachio
<input type="checkbox"/> Hazelnut	<input type="checkbox"/> Almond	<input type="checkbox"/> Sesame	<input type="checkbox"/> Egg
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Walnut	<input type="checkbox"/> Pecan	<input type="checkbox"/> Pine Nut
<input type="checkbox"/> Pea			
Food Allergy Evaluation: _____		<input type="checkbox"/> Reviewed	
<input type="checkbox"/> SPT (mm in the past 12 months): _____			
<input type="checkbox"/> Bloodwork: _____	<input type="checkbox"/> >100 kU/L		
<input type="checkbox"/> Oral Challenge: _____	<input type="checkbox"/> Declined	<input type="checkbox"/> Pending	
Co-morbidities: _____		<input type="checkbox"/> Reviewed	
<input type="checkbox"/> FEV1/Reversibility: _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Asthma Signs/Symptoms	
<input type="checkbox"/> Rx Puffers	<input type="checkbox"/> Asthma Action Plan	<input type="checkbox"/> Asthma Education	
<input type="checkbox"/> GI/GERD: <input type="checkbox"/> No <input type="checkbox"/> Yes _____	<input type="checkbox"/> EoE/ELORS Reviewed		
OIT Knowledge Assessment: _____		<input type="checkbox"/> Reviewed	
Pre-Test	A: _____	B: _____	C: _____
Post-Test	A: _____	B: _____	C: _____
Family Questions: _____		<input type="checkbox"/> Reviewed	
Family Goals:			
Topics of Discussion: _____		<input type="checkbox"/> Reviewed	
<input type="checkbox"/> Not Standard of Care	<input type="checkbox"/> Struggles/Distaste/Anxiety	<input type="checkbox"/> Epinephrine Use/Carriage	
<input type="checkbox"/> Long Term	<input type="checkbox"/> Exercise Restrictions	<input type="checkbox"/> IgE >100 kU/L	
<input type="checkbox"/> Tolerance Lost	<input type="checkbox"/> Illness Precautions	<input type="checkbox"/> Asthma	
<input type="checkbox"/> Not a Cure	<input type="checkbox"/> EoE/ELORS	<input type="checkbox"/> Voluntary/Free to Withdraw	
<input type="checkbox"/> Alternatives (EPIT, SLIT, Avoid)	<input type="checkbox"/> Mild-Mod-Sev Reactions	<input type="checkbox"/> Removal from Program	
<input type="checkbox"/> Daily Dosing	<input type="checkbox"/> Reaction Management	<input type="checkbox"/> Clinic Schedule	
OIT Status: _____		<input type="checkbox"/> Start <input type="checkbox"/> Possible <input type="checkbox"/> Declined	

- The mean (SD) time of the face-to-face counseling discussion after the test and CVs was 61.1 (14.6) minutes.
- A review of the completeness of discussion revealed that in all 221 patient CCDs, 100% of the necessary topics were discussed.

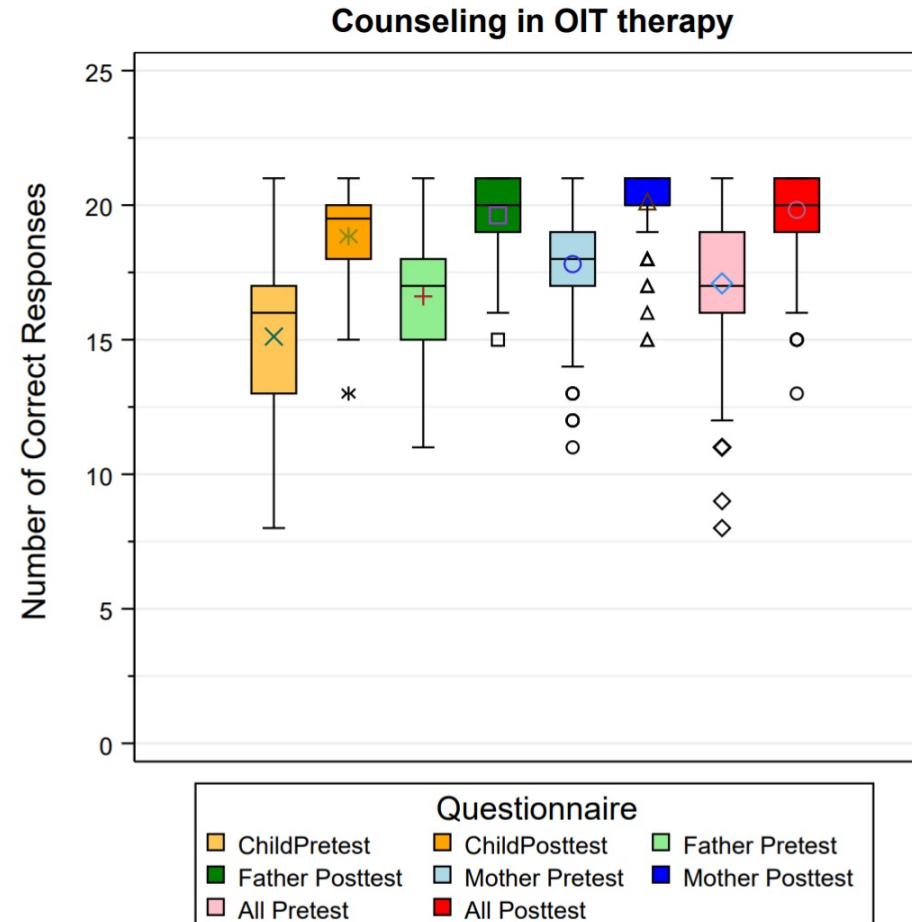


Figure 2. Performance on pre- and posttests by patient group revealing median, mean, Q1 and Q3, maximum observation below upper fence and minimum observation above lower fence, and outliers beyond the fences. OIT, oral immunotherapy.

Misconceptions

- Even after initial consultation and review of educational materials at home, more than 10% of the participants reported that:
 - (1) OIT was a potential cure for food allergy
 - (2) OIT is the standard of care
 - (3) epinephrine use has not been reported during OIT.

- “I hear you have a cure for my child’s food allergy”

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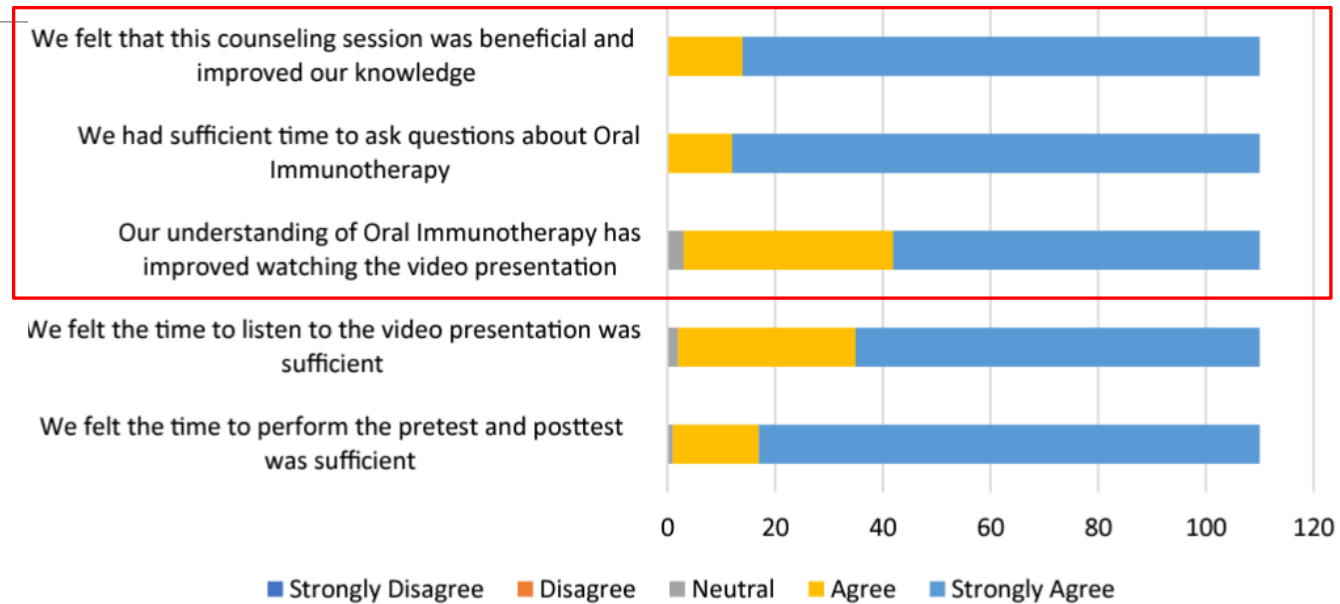


Figure 3. Representation of self-reported satisfaction on counseling feedback exit questionnaire.

Summary

- Goals may be different for every patient and family and food!
- Effective communication is key



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**Mark your calendars for the inaugural
NAPAAC meeting next year in Quebec City!**