

Sustained Unresponsiveness Panel

What Is Sustained Unresponsiveness?

- Is SU a meaningful goal for all foods or only for some?
- Is SU clinically relevant outside of clinical trials?
- Does SU have a purpose?
 - Clinical endpoint
 - Reassurance for dosing lapses
- Is remission a better term?
- Is there another, better term?

Who Should/Could Be Challenged

- Duration of maintenance
 - Time since the last AE
- Changes in sIgE and/or SPT
- Pre-OIT reaction history
- Duration of pre-challenge avoidance
- Amount of challenge food

Post-challenge Instructions

- Epinephrine
- Exposure limitations (i.e., quantity)
- Activity restrictions
- Frequency of post-challenge dosing

Let's talk remission, if we must - Windom

- 7-55 y.o. peanut allergy, 2 years dosing 4 g OIT, POISED study
- At 2 years, OIT discontinued in 60 pts, changed to 300 mg in 35
- OFC at 2 years and Q3 months in those tolerating 4 gm
- OFC: 5mg – 50 – 220 – 625 – 1000 – 1050 - 1050

POISED Study - Windom

Full remission -

pts. continuing to tolerate 4 g after 2 years 4 g OIT (n=51) then stopping

Interval OFC	P - 0 (OIT stopped)
3 months	41%
6 months	24%
9 months	18%
12 months	16% (n=8, 13% by ITT)

POISED Study - Windom

- Build up to 4 g OIT took ~1 year
- 84% reached maintenance

OFC at 3 months	P - 0 (OIT stopped)
Pass 900 mg	86%
Pass 1900 mg	73%
Pass 4 gm	41%

Pearls from POISED - Windom

- 25% completed 2 yrs of 4 g OIT with only mild symptoms.
- Higher baseline sIgE/IgE ratio, sIgE, and araH2 significantly associated with adverse events and lower odds of success in OFC's
- Trajectory of sIgE different in those passing 3 month OFC vs failures

Wrong Target - Window

- Rather than focusing on 10-15% full remission, are we shifting threshold after ≥ 2 years of OIT above minimal clinically relevant threshold (MCRT)?
 - Like stopping SCIT after 5 years, most stay well
- If not, by staying on 1-3 peanuts weekly you exceed MCRT, at what risk of adverse events vs. daily?

11-year-old girl wants to stop maintenance pOIT for summer camp – Sugerman

- Flushing and vomiting with first taste of peanut butter at age 2 years -> sIgE peanut 50 kU/L
- Started peanut OIT escalation at age 7 years
 - Baseline sIgE peanut 100 kU/L
 - 1 month post escalation 23.7 kU/L (IgG4 >100 mcg/mL)
 - 2 years post escalation 10 kU/L
 - 4 Years post escalation 10.4 (Ara h2 7.69 kU/L)
- At age 11 years she requests a 4 week vacation from maintenance OIT during sleepaway camp.
- SU challenge 4 weeks after stopping OIT -> Grade 2 anaphylaxis with 5 peanuts.
- Advised to resume 3 peanuts once daily -> discontinued 8 months later due to oral aversion and parent – child conflict.

15-year-old Boy Stopped Peanut Maintenance OIT on His Own – Sugerman

- Grade 1 reaction to peanut at age 15 months -> sIgE peanut >100 kU/L
- Grade 3 reaction to peanut at age 4 years -> sIgE peanut >100 kU/L
- Started peanut OIT escalation at age 6 years
 - Baseline sIgE peanut 30 kU/L baseline
 - 1 month post escalation 15.6 kU/L
 - 5 years post escalation 12.4 kU/L
 - 7 years post escalation 10.50 kU/L
- Lost to follow-up for 15 months.
- Discontinued maintenance pOIT at age 15 years without informing parents or physician.
- Resumed 8 peanuts once daily after 5+ month treatment hiatus -> no adverse reaction!
- Advised to continue 8 peanuts once weekly indefinitely.