

# Pearls and Pitfalls of Starting: Top Things to Do and to Avoid

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# Objectives

- Identify key clinical and operational strategies for initiating OIT and SLIT.
- Recognize common challenges and pitfalls in early implementation.
- Share expert insights from real-world practice and research.

# Setting the Stage

- Rising demand and evolving evidence for SLIT and OIT and now biologics are emerging
- Customizing therapy based on practice size, patient population, and risk tolerance.
- Brief comparison: SLIT vs. OIT vs. Biologics as mono therapy or adjunct (indications, safety profiles, logistics)

# Pearl #1 – Start With the Right Patients

-  Use careful patient selection: age, comorbidities, motivation.
-  Ensure realistic expectations from family.
-  Avoid offering therapy to poorly adherent or highly anxious families without counseling.
-  Make sure all are in agreement

# Pearl #2 – Protocols and Infrastructure

-  Have standardized protocols for escalation, maintenance, reactions. Start slow.
-  Build a support team and ensure emergency preparedness.
-  Avoid ad hoc dosing or lax documentation.

# Pearl #3 – Education is Everything

-  Provide thorough education on benefits, risks, and routine.
-  Use written and visual materials.
-  Avoid rushing through consent or skipping risk documentation.

# Pearl #4 – Monitor and Adjust

-  Track side effects and adherence closely.
-  Be flexible and know when to pause or adjust.
-  Avoid pushing protocols through red flags.

# Pearl #5 – Collaborate and Stay Updated

-  Network with experienced centers and stay updated on research.
-  Collaborate across disciplines for best care.
-  Avoid operating in isolation.

# Special Considerations

- Understand the nuances of each therapy offered and where it may be most appropriate.
- Consider biologics in challenging cases (e.g., omalizumab).
- Know safety signals to escalate or refer.

# Summary

- Top 3 Pearls:
  - 1. Start with the right patients.
  - 2. Invest in protocols and education.
  - 3. Be flexible and patient-centered.
- Top 3 Pitfalls to Avoid:
  - 1. Skipping screening or consent.
  - 2. Overpromising outcomes.
  - 3. Ignoring intolerance signs.

# Q&A / Discussion

- Invite audience cases and practice-sharing.
- Discuss implementation: solo vs. group, billing, tech use.