Shared Decision-Making in Food Allergy

Right treatment, right patient, right time

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Core Shift

The old:

Can we treat food allergy?

What treatment is best?

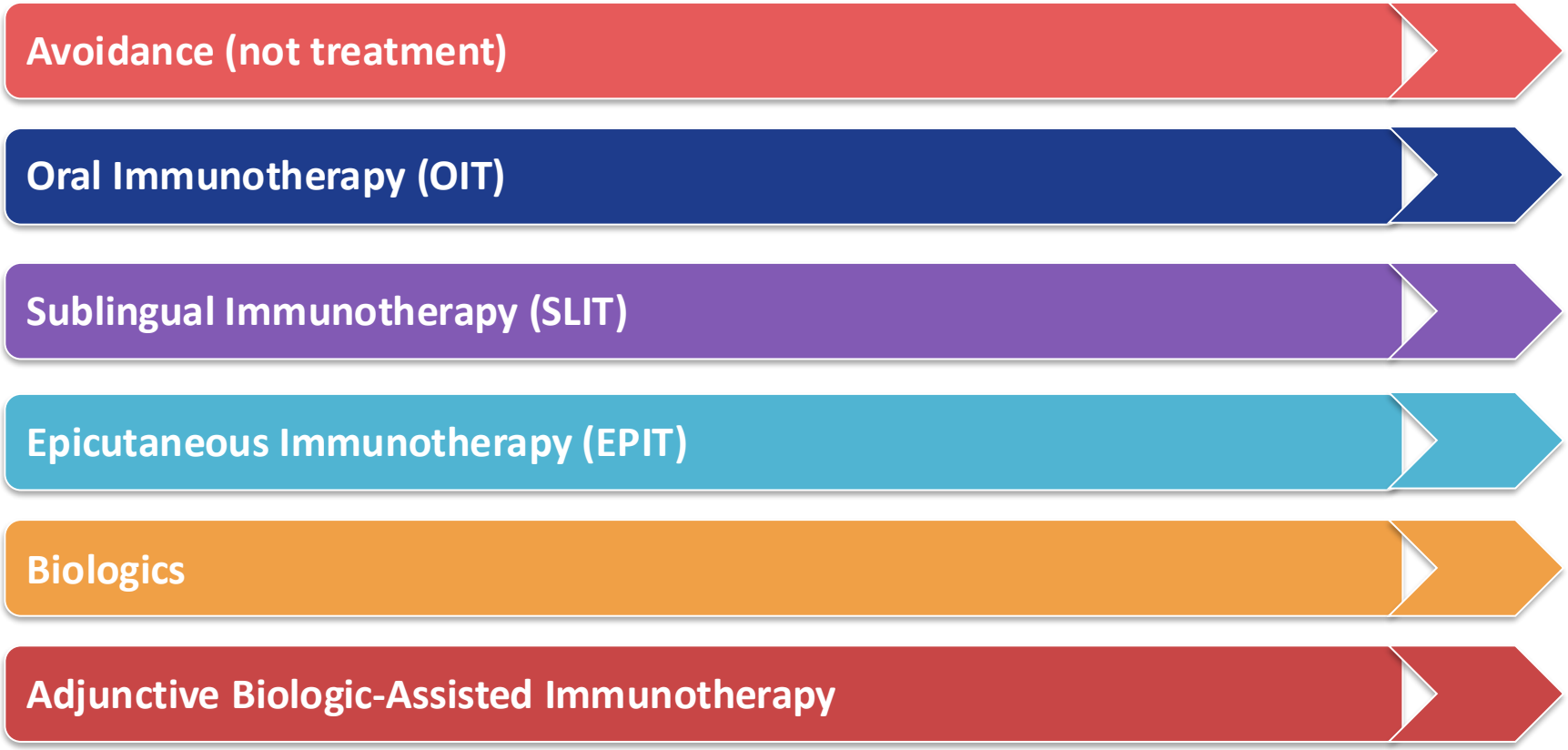
The new:

Which treatment best aligns with this patient's goals, risk profile, resources, and stage of life?

Food allergy treatment is no longer a single lane road, but a multi-lane highway

Multi-lane highway of individualized therapeutic options

No pathway is universally superior—Each has tradeoffs



The skill now is to become fluent in **all** the options and matching the therapy to the patient in a personalized, flexible and **Shared-Decision Driven fashion**

Shared Decision-Making and Why it Matters

- No single therapy is right for every patient
- Food allergy tx is patient specific, with multiple, appropriate pathways available for the same patient phenotype
- Tx burden & psychosocial context matter
- Outcomes meaningful to families differ significantly
- The therapy with the highest efficacy is not always the therapy with the highest likelihood of long-term success.

Food Allergy Exists in a Larger EcoSystem

- Food allergy and its care are more than immunology and more than a product and a protocol
- They involve:
  - Immune system
  - Nervous system
  - Family system
  - Financial system
  - Healthcare system

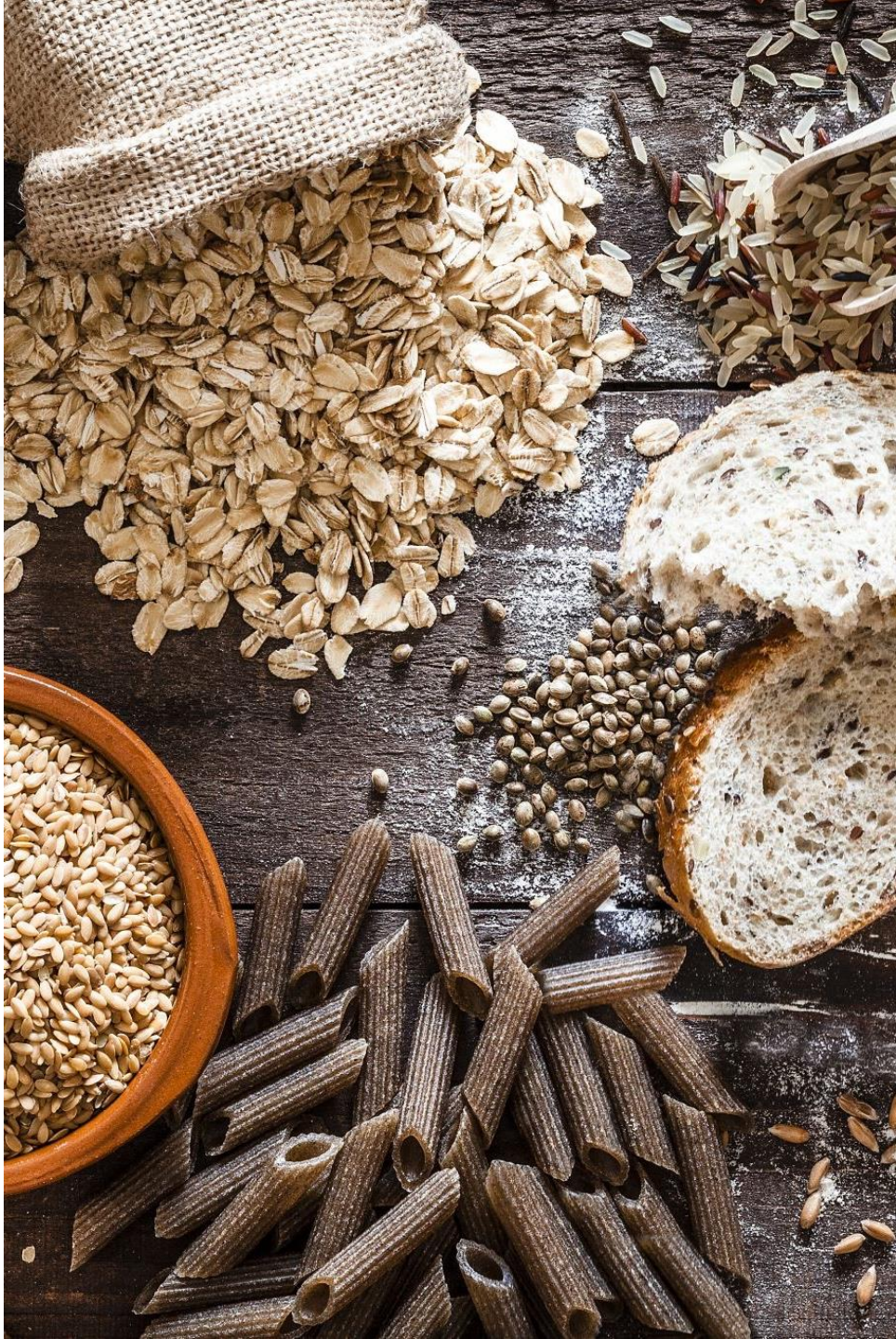
Shared-Decision Making Framework

7-Step Shared Decision Framework

1. Confirm diagnosis
2. Define clinical landscape
3. Present structured options
4. Elicit patient/family goals
5. Provide individualized physician recommendation
6. Make shared decision
7. Longitudinal reassessment

Steps 1 and 2

1. Confirm Diagnosis
2. Define Clinical Landscape
   - **Disease Factors**
     - Number of foods
     - Severity
     - Asthma
     - Age
   - **Context Factors**
     - Quality of life burden
     - Anxiety
     - ARFID
     - EoE
     - Family resources
     - Goals



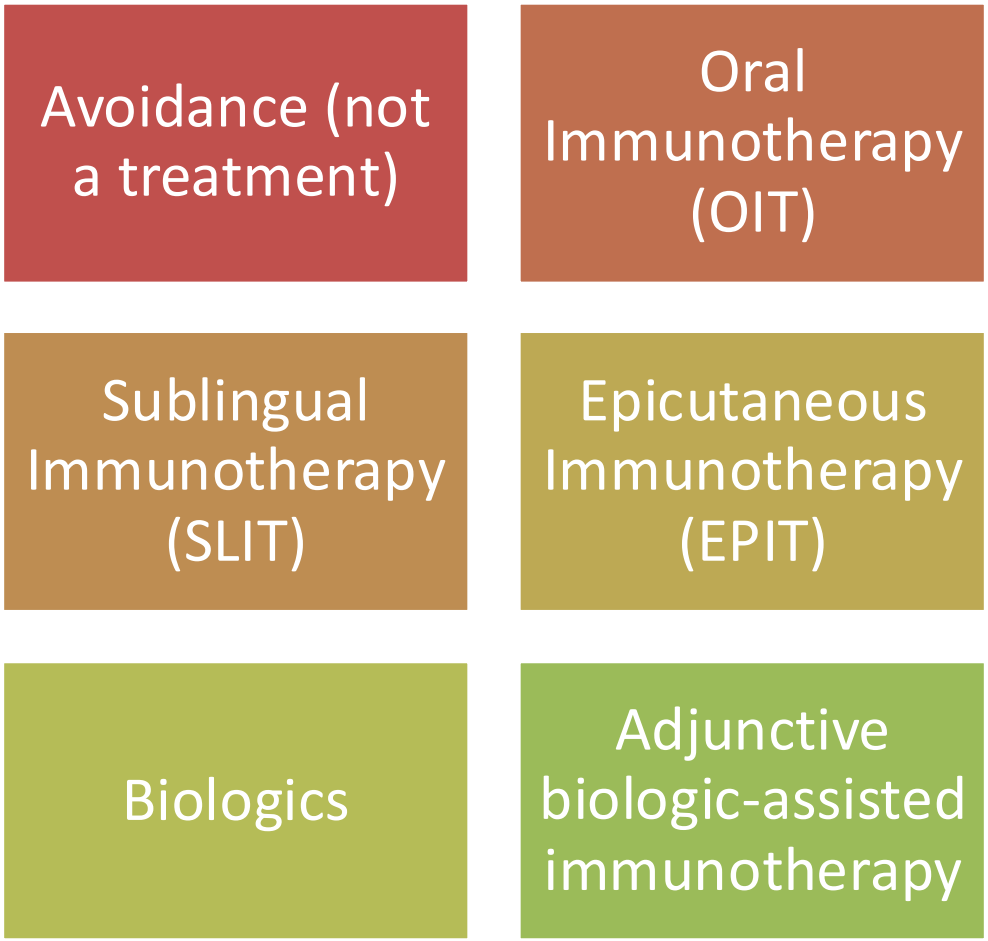
The Four Domains of Treatment Selection

1. Disease factors
    - Threshold
    - Number of foods
    - Severity
2. Patient factors
    - Age
    - Preferences
    - Motivation
3. Family factors
    - Anxiety/Trauma
    - Logistics
    - Capacity
4. System factors
    - Access
    - Cost
    - Geography

SDM occurs at the intersection of all four domains.

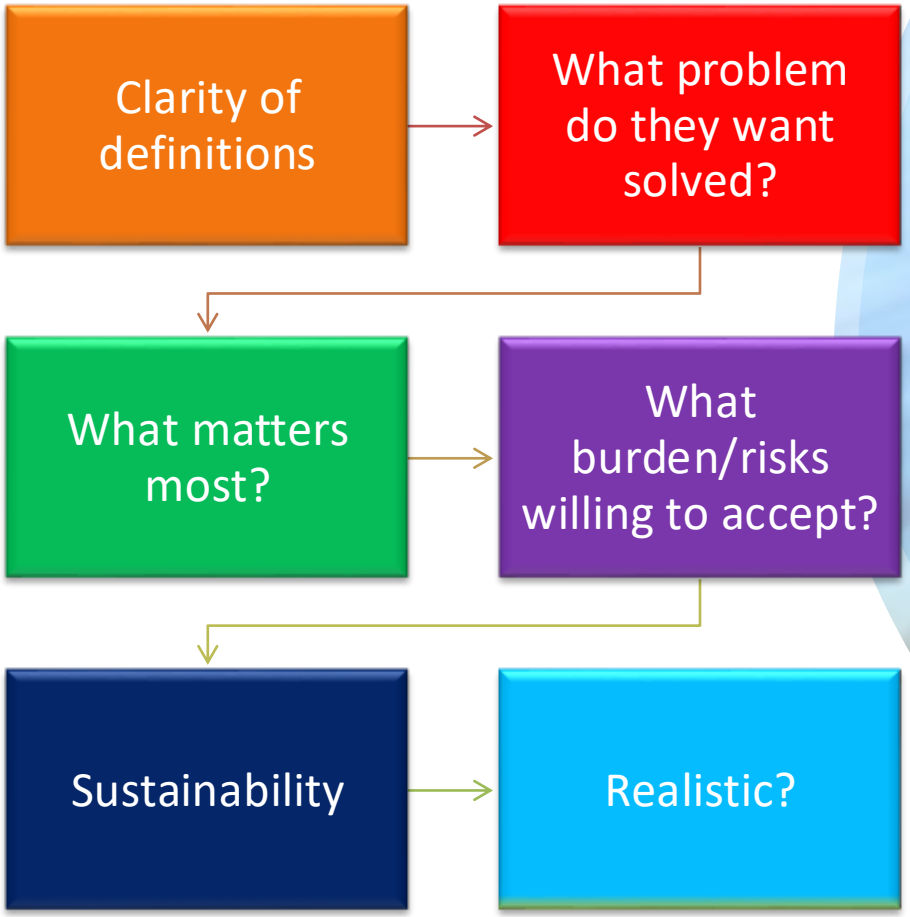
3. Present structured options

Every therapy has:
Benefits
Risks
Burdens
Opportunity costs



Are we sometimes guilty of matching patients to our preferred treatment instead of matching treatment to the patient?

4. Eliciting patient/family goals



The answer can evolve

What language are we speaking?

SDM requires clarity

Desensitization

Sustained Unresponsiveness

Free Eating

Threshold Increase

Bite Proof

Remission

Unrestricted Incorporation

Accidental Exposure Protection

Food Freedom

What About Non-standardized Variations?

Families increasingly ask about non-standardized therapies due to growing public awareness and marketing.

Markets as distinct from mainstream OIT/SLIT/biologic frameworks

Shared decision-making requires helping families distinguish marketing from published outcomes, and evidentiary strength

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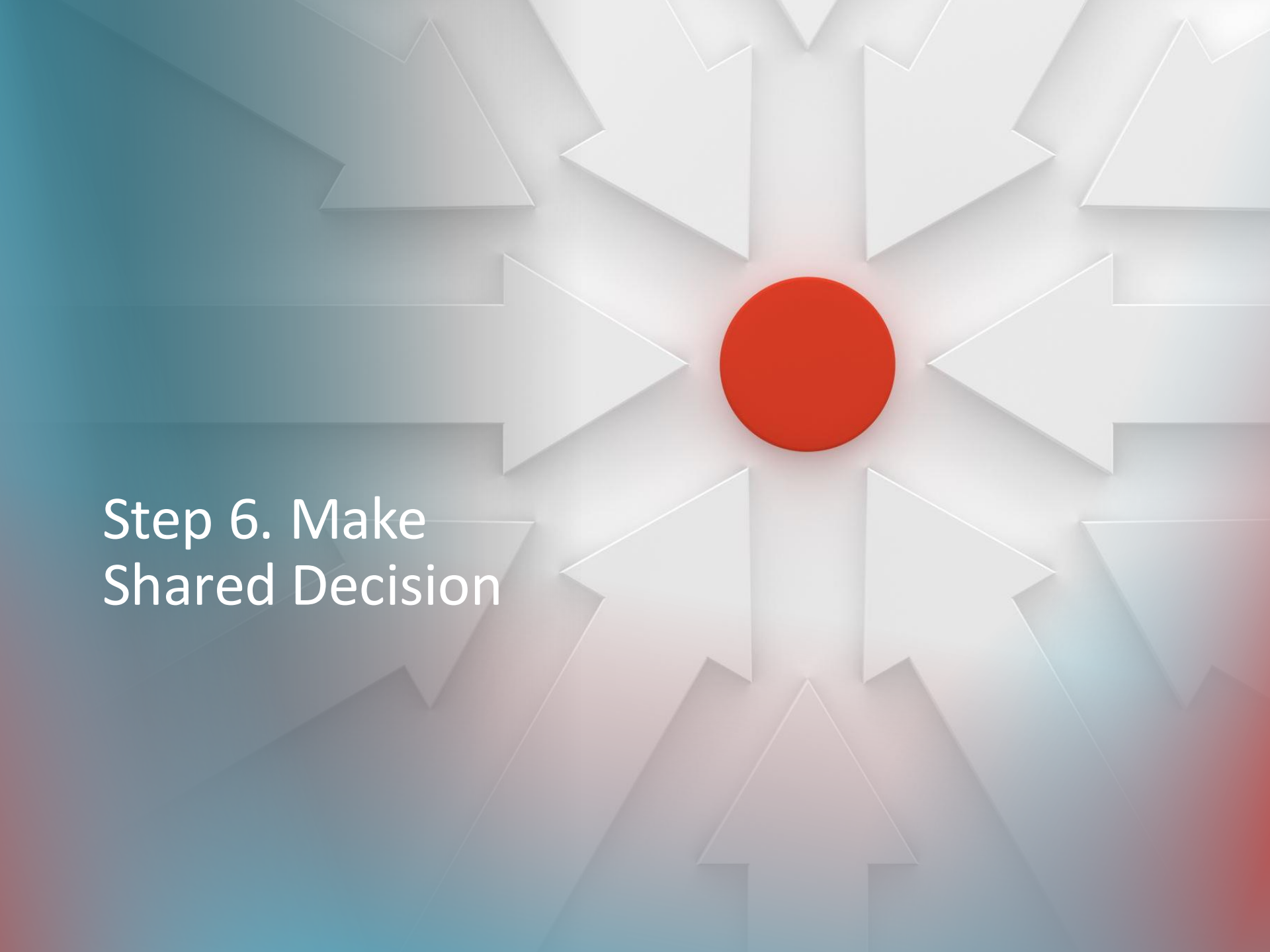
Approach

- Listen and acknowledge why families are interested
- Avoid dismissive or tribal framing
- Publications or theories may exist, but questions remain regarding reproducibility, comparative effectiveness, and evidentiary strength
- Review evidentiary limitations honestly
- The burden of proof rests on demonstrating added value beyond existing therapies
- Bring the conversation back to patient-centered therapeutic matching

Step 5. Provide Individualized Physician Recommendation


Step 6. Make
Shared Decision

Step 7. Longitudinal Reassessment

The FAST Perspective

The highest efficacy therapy is not always the best therapy for that patient

Treatment burden matters—Cost, accessibility, protocol, etc

Reaction burden matters—Trauma, anxiety, other co-morbidities, etc

Long-term sustainability matters

The right treatment is the one the family can actually live with

The Future of Food Allergy

Less therapeutic ideology, more individualized care and nuance

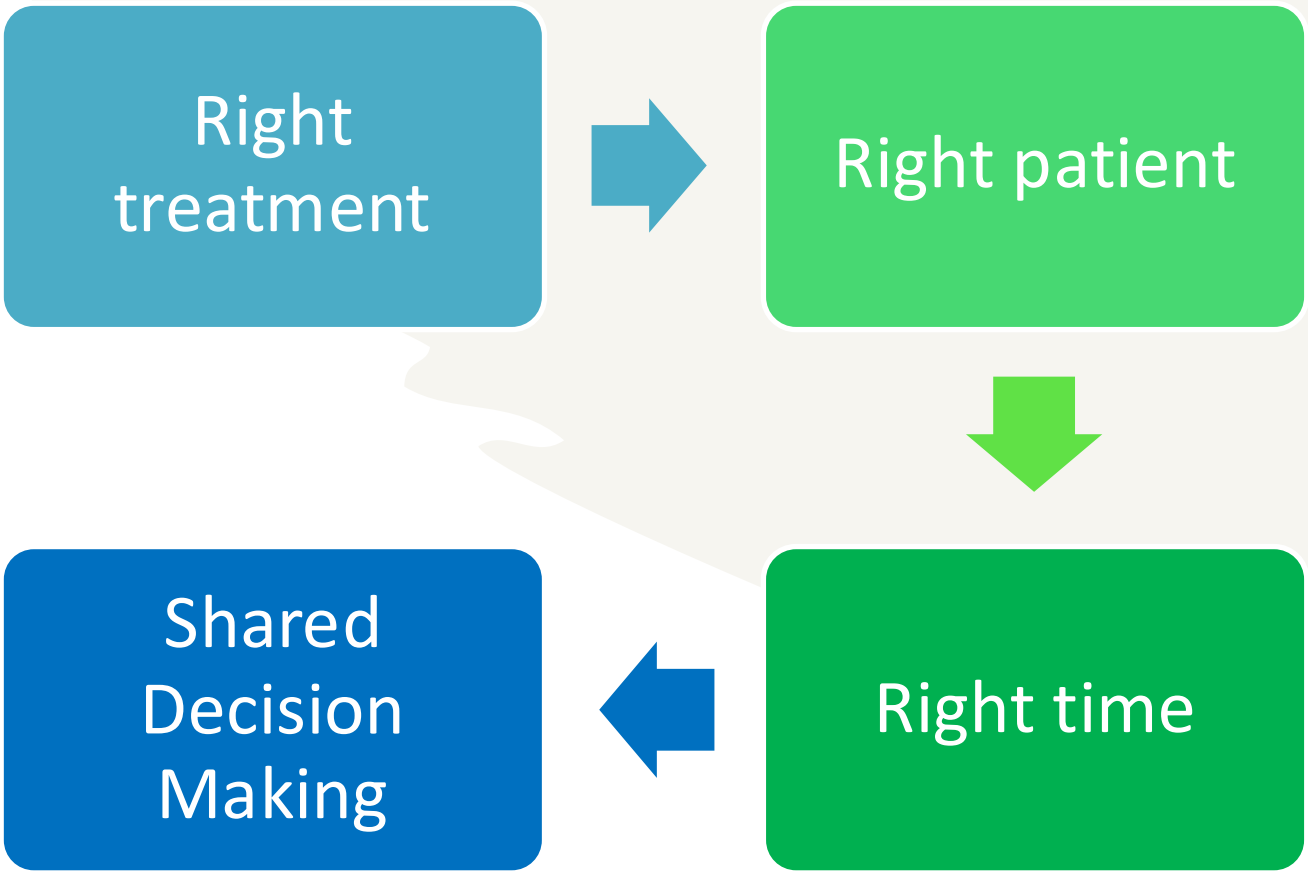
Less tribalism, more clinical judgment

More precision care—not one vs another

More individualized therapeutic pathways

Shared decision-making is now central to modern food allergy care

Conclusion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