

Food Treatment Jeopardy

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Let's play to learn more about Omalizumab, SLIT, and OIT!

START!

Disclosures:

Genentech APP Advisory Board Member, September 2023.

Genentech manufactures and markets Omalizumab.

These two got me into the allergy field (and medicine in general)!



HOW IT STARTED.

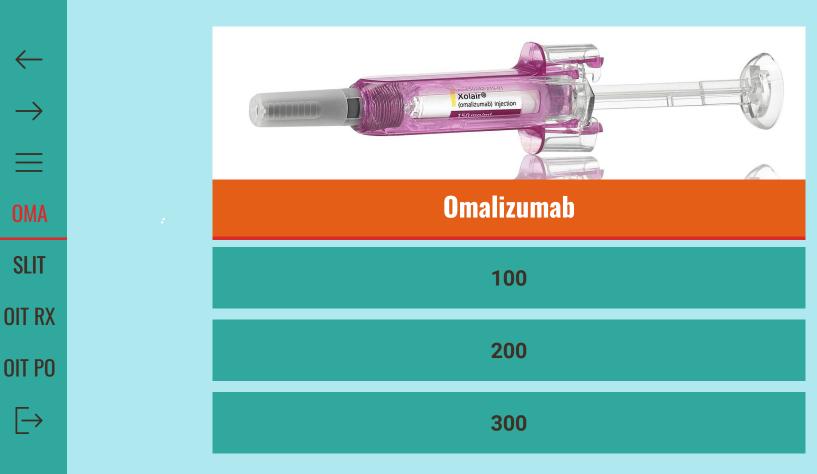


HOW IT'S GOING.



Image Credits: 1.https://www.bloomberg.com/news/newsletters/2024-02-27/xolair-for-food-allergies-asthma-drug-prevents-severe-reactions-fda-finds 2.https://birddogpharma.com/how-much-do-allergy-drops-cost-in-texas/ 3. https://www.heallergies.com/latest_news/climate-change-and-pollen-counts/ 4. https://blog.nemours.org/2016/09/oral-immunotherapy-peanut-allergy/

SLIT









SLIT

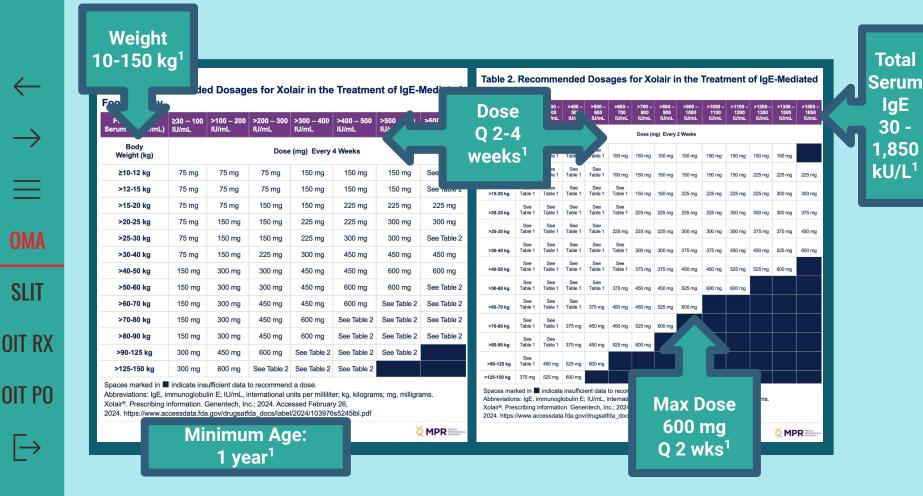
OIT RX

OIT PO

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Omalizumab dosing for food allergy is based on THESE two patient parameters.











SLIT

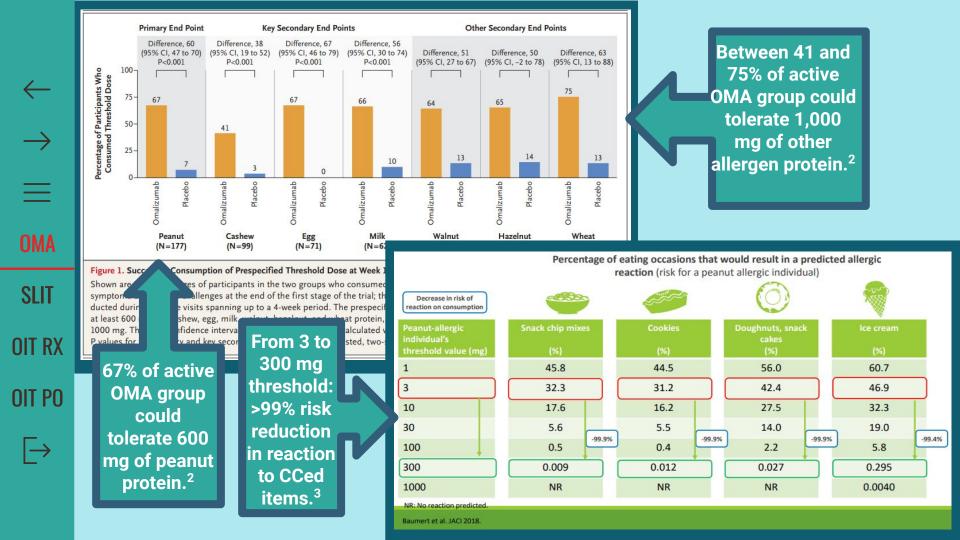
OIT RX

OIT PO





Omalizumab is approved to reduce the risk of severe reactions to food and may allow patients to consume THESE products safely.







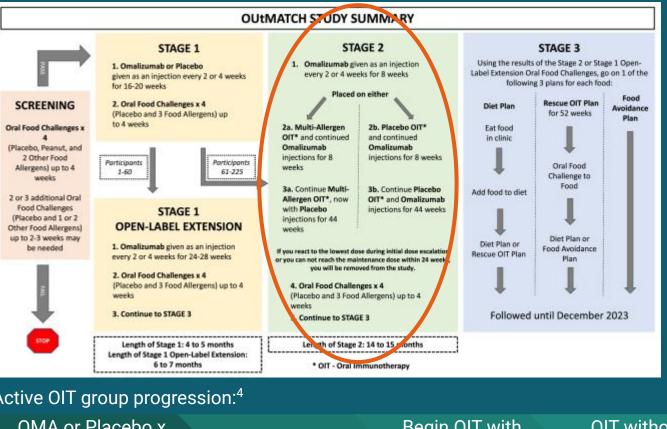
SLIT

OIT RX

OIT PO



Omalizumab is currently being studied in conjunction with this food treatment modality.



OMA dosing Q 2-4 weeks, per dosing table.4

Max OIT dose of 1,000 mg protein x 3 foods.4

OFC cumulative dose 8,044 mg of protein of each food.4

Active OIT group progression:4

OMA or Placebo x 16-20 weeks followed by OFC (Stage 1)

OMA

SLIT

OIT RX

OIT PO

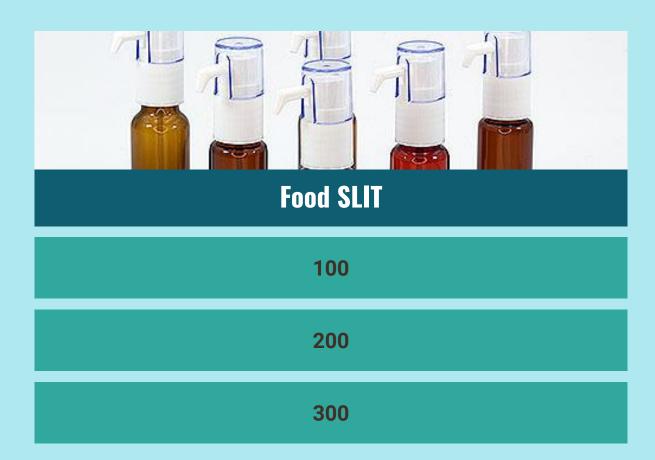
Begin Stage 2: OMA x 8 weeks Begin OIT with OMA x 8 more weeks

OIT without OMA x 44 weeks

Final **OFC**

Image Credit: Wood, Robert A., et al. "Protocol design and synopsis: omalizumab as monotherapy and as adjunct therapy to multiallergen OIT in children and adults with food allergy (OUtMATCH)." Journal of Allergy and Clinical Immunology: Global 1.4 (2022): 225-232.











SLIT

OIT RX

OIT PO

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This adverse event is the most common symptom we see with food SLIT.

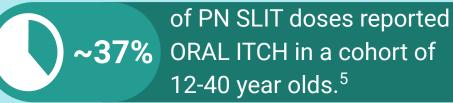




SLIT

OIT RX

OIT PO



3.6%

- of milk SLIT doses reported

 ORAL SYMPTOMS during
 the updose phase.6
 - of PN SLIT doses reported ORAL ITCH in an open label study of 1-11 year olds.⁷

- Fleischer et al. peanut SLIT (2013)
- Excluding oral itch, 95.2% of doses were symptom-free.⁵
- Only 1 epinephrine treated reaction in the cohort of 40 patients.⁵
- Keet et al. milk SLIT (2012)
- GI sxs = ~3% of doses, Skin sxs = ~2.2% of doses.⁶
- Upper respiratory sxs = 0.59%, Lower respiratory sxs = 0.45% of doses.⁶
- Kim et al. peanut SLIT open label study (2023)
- No epinephrine use reported.⁷
- Skin sxs were the second most common at 0.14%.⁷







SLIT

OIT RX

OIT PO

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Food SLIT doses are very small and comparable to a dose we would see on **THIS day of OIT** treatment.

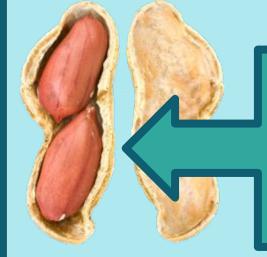
Image Credit: https://stanmed.stanford.edu/i-can-eat-it/

A:	Aspire PN OIT Day One Doses								
	4	0.05mg/	mL						
	3	0.5mg/	mL						
	2	5mg/mL							
	1	50mg/mL							
	· · · · ·								
1	Dose #	Peanut Protein (mg)	Dilution - (mL)			ñ			
			#	Planned	Ac				
	1	0.025	4	0.5					
	2	0.05	4	1					
	3	0.1	3	0.2					
	4	0.2	3	0.4					
	5	0.4	3	0.8					
	6	0.8	3	1.6					
	7	1.5	2	0.3					
	8	2	2	0.4					
	9	2.5	2	0.5					
	10	3	2	0.6					
	11	4	2	0.8					
	12	5	2	1					
	13	6	2	1.2					

SLIT

OIT RX

OIT PO



For perspective: A single peanut kernel weighs about 1 gram and contains 250-300 mg of protein.⁹

SLIT maintenance doses range from 1-7 mg of protein of the allergen per day, depending on the study/protocol.⁸







SLIT

OIT RX

OT PO

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Caleb is a 6 year-old who has completed a year of maintenance for peanut SLIT. His serum IgE and skin prick wheals have declined nicely since beginning SLIT. The family would like to know if Caleb could tolerate candy that is cross contaminated with peanut. You schedule Caleb for THIS appointment to find out.



In three randomized controlled peanut SLIT studies \rightarrow after 1 year of SLIT, the median successfully consumed cumulative dose was 496 mg of protein.⁸

In the same studies, after **2-3 years** in treatment, the the median successfully consumed cumulative dose rose to **996 mg**.⁸

In a peanut SLIT study of 1-11 year olds, **two-thirds of participants** could successfully consume **750 mg**.⁸

Ice Cream is the highest risk peanut cross contaminated snack food with a predicted reaction rate of ~0.3% upon eating occasion at a 300 mg tolerance threshold. CC risk for other allergens is not well-defined.³

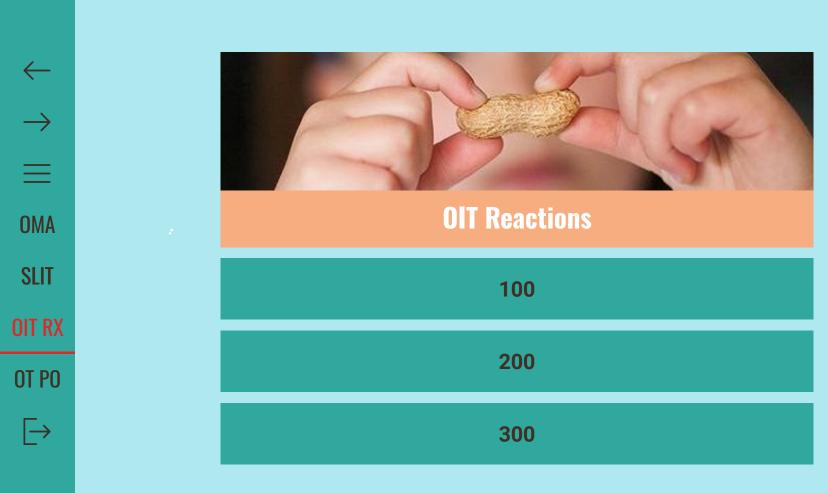
A <mark>MO</mark>	PEANUT			
3mg	DOSE 1	0.02g		
10mg	DOSE 2	0.04g		
30mg	DOSE 3	0.12g		
100mg	DOSE 4	0.40g		
300mg	DOSE 5	1.2g		
1000	1000			
4,00mg	DOSE 7	10.00		

OIT PO

OIT RX

OMA

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SLIT

OIT RX

OIT PO



Brooke is an 8 year-old in cashew OIT who has been experiencing intermittent nausea and vomiting between 3 and 23 hours after her daily OIT dose. You become concerned that Brooke has developed THIS condition.









SLIT

OIT RX

OIT PO

~2.7%

Of patients in OIT trials were diagnosed with biopsy-proven EoE.¹⁰

Biopsies are rarely performed because generally symptoms dissipate once OIT is stopped.11

8-11%

Of patients in OIT may experience eosinophilic esophagitis-like OIT-related syndrome (ELORS).11

50-75%

Of patients with ELORS symptoms are able to continue OIT.¹¹

- Symptoms of nausea and vomiting hours after dose. 12
- Rise in serum peripheral eosinophils above baseline.12

- Down dose to a tolerated level and hold 4-12 wks. 13
- Recheck peripheral Eos. 13
- Slowly updose as tolerated.13







SLIT

OIT RX

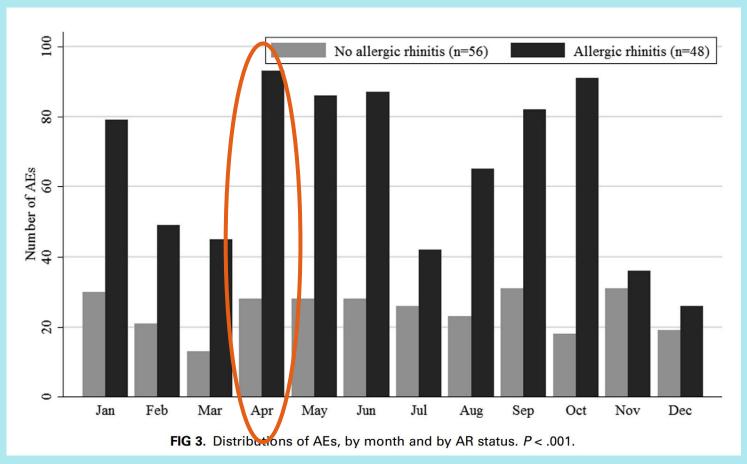
OIT PO

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Jackson is a 13 year-old with a severe oak pollen allergy who is also in OIT for cashew. Jackson is most likely to experience a significant reaction to his dose during this month.

Seasonal Peaks of OIT Adverse Events in Patients with Allergic Rhinitis



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OMA

SLIT

OIT RX

OIT PO



Ellie, a 14 year-old milk OIT patient, dosed at midnight because she had been out late that evening. She had cramps from her period earlier in the evening and took some acetaminophen around 10pm. You receive a message from her at 1am that she is having a reaction to her dose. These two co-factors may have played a role in her reaction.







SLIT

OIT RX

OIT PO

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Triggers for IgE-Mediated Reactions and Prevention Strategies:

- Menstruation → consider down-dosing if pattern of reaction
- \circ Lack of sleep \rightarrow skip dose, no dosing after 9pm
- \circ Illness \rightarrow skip dose
- Dental Procedures or cuts/sores in mouth → skip dose
- Uncontrolled asthma or allergic rhinitis → medications/AIT
- Exercise → avoid 2 hours after dose
- \circ Heat (rise in body temperature) \rightarrow avoid 2 hours after dose
- Missed Doses → gradual build up back to current dose
- Dosing on an empty stomach → carbs before dosing
- NSAIDs → treat pain/fever with acetaminophen
- Alcohol → avoid consumption before or after doses

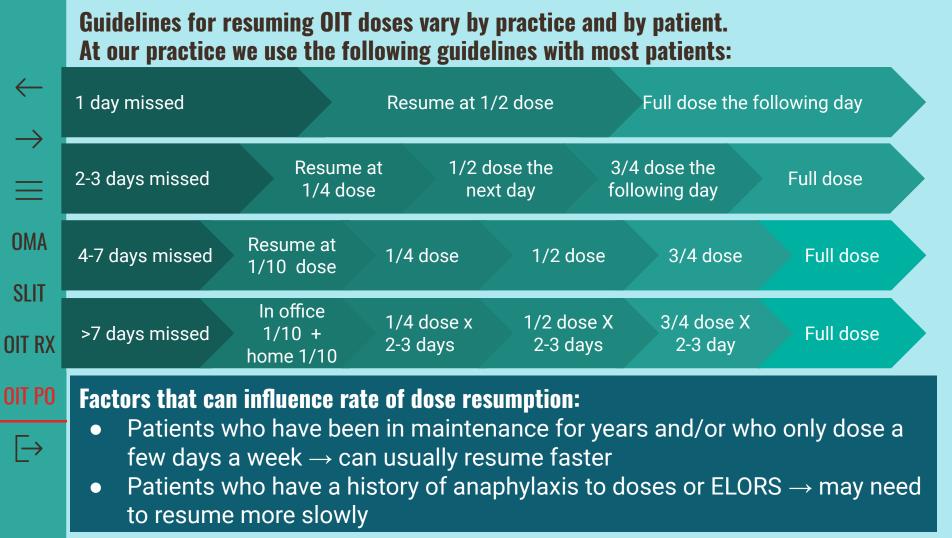




OMA SLIT **OIT RX** OIT PO

Mia is a 5 year-old OIT patient who skipped dosing yesterday due to illness. Mia is feeling better now, and mom contacts you to ask how to safely restart the dose. You tell mom that Mia should start back today at this fraction of a dose.









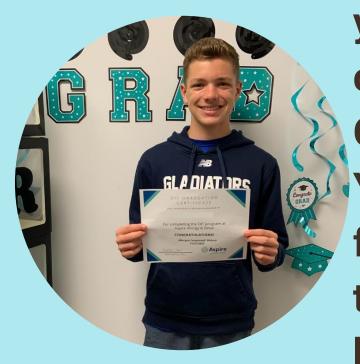


SLIT

OIT RX

OIT PO





Walker is a 14 year-old who completed walnut OIT two weeks ago. You schedule him for a food challenge to this nut, due its high cross reactivity with walnut.

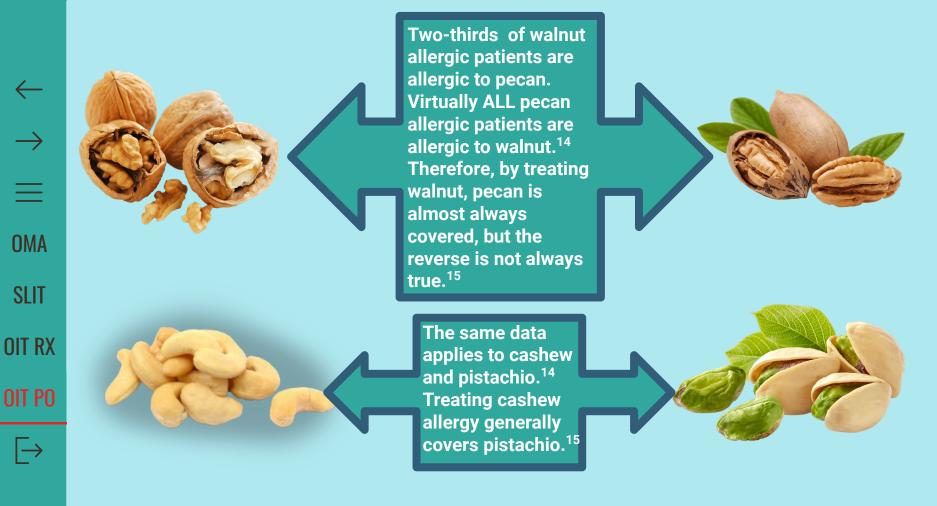


Image Credit: 1. https://www.millerchemical.com/crops-and-solutions/pecans/ 3. https://www.millerchemical.com/crops-and-solutions/pecans/ 3. https://www.millerchemical.com/crops-and-solutions/pecans/ 3. https://www.millerchemical.com/crops-and-solutions/pecans/ 3. https://www.millerchemical.com/crops-and-solutions/pistachios/ 4. https://www.millerchemical.com/crops-and-solutions/pistachios/

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OMA

SLIT

OIT RX

OIT PO





Brendan is an 18 year-old male who completed egg OIT eight years ago. He is currently dosing 18 mL of liquid egg white three days a week. He is going to college next year, and mom would like to know if he can go even longer between doses. You consider scheduling **Brendan for THIS specific type** of food challenge a month from now.

FIGURE 3 Sustained unresponsiveness key parameters of evaluation. There we five studies with exactly the same off therapy and treatment duration (2 and 52 weeks, respectively); for the graphical representation, these were slightly separated. Arrows link data from the sam study where participants either were subjected to the same weeks on therapy or elimination diet with longer elimination diets or therapy periods, respectively. None of the hen's egg trials evaluated different periods in the same population. Longer period off therapy was only considered in peanut trials.



More likely to pass an SU challenge:

- lower baseline slgE²⁰
- smaller SPT wheal²¹
- less reactive on basophil activation testing²¹
- higher levels of slgG4²¹
- epiptope mapping at baseline → 81% accuracy²²

To be eligible for an **SU trial at our practice**:

- In maintenance at FULL maintenance dose for at least a year (preschoolers) or at least 2 years (school-age/teens)
- NO reactions in the last year
- 75% reduction in SPT wheal and/or slgE

Image Credit: Rodríguez Del Río P, Álvaro-Lozano M, Arasi S, et al. Evaluation of clinical outcomes of efficacy in food allergen immunotherapy trials, COFAITH EAACI task force. Allergy. 2024;79(4):793-822. doi:10.1111/all.16027







OMA

SLIT

OIT RX

OIT PO









SLIT

OIT RX

OIT PO

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THANKS! QUESTIONS?

Reach out with any further questions: katie.larson@aspireallergy.com

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References.

- 1. https://www.empr.com/cch/xolair-for-the-treatment-of-ige-mediated-food-allergies/
- 2. Wood, Robert A., et al. "Omalizumab for the treatment of multiple food allergies." New England Journal of Medicine 390.10 (2024): 889-899.
- 3. Quantitative Assessment of the Safety Benefits Associated with Increasing Clinical Peanut Thresholds Through Immunotherapy Baumert, Joseph L. et al.
 - The Journal of Allergy and Clinical Immunology: In Practice, Volume 6, Issue 2, 457 465.e4
- 4. Wood, Robert A., et al. "Protocol design and synopsis: omalizumab as monotherapy and as adjunct therapy to multiallergen OIT in children and adults with food allergy (OUtMATCH)." *Journal of Allergy and Clinical Immunology: Global* 1.4 (2022): 225-232.
- 5. Fleischer DM, Burks AW, Vickery BP, et al. Sublingual immunotherapy for peanut allergy: a randomized, double-blind, placebo-controlled multicenter trial. *J Allergy Clin Immunol.* 2013;131(1):119-27.e277. doi:10.1016/j.jaci.2012.11.011
- 6. Keet CA, Frischmeyer-Guerrerio PA, Thyagarajan A, et al. The safety and efficacy of sublingual and oral immunotherapy for milk allergy. *J Allergy Clin Immunol*. 2012;129(2):448-455.e4555. doi:10.1016/j.jaci.2011.10.023
- 7. Kim EH, Keet CA, Virkud YV, et al. Open-label study of the efficacy, safety, and durability of peanut sublingual immunotherapy in peanut-allergic children. *J Allergy Clin Immunol.* 2023;151(6):1558-1565.e6. doi:10.1016/j.jaci.2023.01.036
- 8. Schworer SA, Kim EH. Sublingual immunotherapy for food allergy and its future directions. Immunotherapy. 2020;12(12):921-931. doi:10.2217/imt-2020-0123
- 9. PALISADE Group of Clinical Investigators, Vickery BP, Vereda A, et al. AR101 Oral Immunotherapy for Peanut Allergy. *N Engl J Med*. 2018;379(21):1991-2001. doi:10.1056/NEJMoa1812856
- 10. Lucendo AJ, Arias A, Tenias JM. Relation between eosinophilic esophagitis and oral immunotherapy for food allergy: a systematic review with meta-analysis. *Ann Allergy Asthma Immunol.* 2014;113(6):624-629. doi:10.1016/j.anai.2014.08.004
- 11. In International Internati
- 12. 12.Silvers, Stacy K. et al. Eosinophilic Esophagitis Like Oral Immunotherapy Related Syndrome (ELORS) Journal of Allergy and Clinical Immunology, Volume 139, Issue 2, AB134. doi:https://doi.org/10.1016/j.jaci.2016.12.441
- 13. Wasserman RL, Factor J, Windom HH, et al. An Approach to the Office-Based Practice of Food Oral Immunotherapy. *J Allergy Clin Immunol Pract.* 2021;9(5):1826-1838.e8. doi:10.1016/j.jaip.2021.02.046
- 14. Elizur A, Appel MY, Nachshon L, et al. NUT Co Reactivity ACquiring Knowledge for Elimination Recommendations (NUT CRACKER) study. *Allergy*. 2018;73(3):593-601. doi:10.1111/all.13353
- 15. Lee, Madison et al.. Tolerance of Pistachio and Pecan in Patients Desensitized to Cashew and Walnut. Journal of Allergy and Clinical Immunology, Volume 147, Issue 2, AB106

References Continued.

- 16. Rodríguez Del Río P, Álvaro-Lozano M, Arasi S, et al. Evaluation of clinical outcomes of efficacy in food allergen immunotherapy trials, COFAITH EAACI task force. *Allergy*. 2024;79(4):793-822. doi:10.1111/all.16027
- 17. Chinthrajah RS, Purington N, Andorf S, et al. Sustained outcomes in oral immunotherapy for peanut allergy (POISED study): a large, randomised, double-blind, placebo-controlled, phase 2 study [published correction appears in Lancet. 2020 Aug 8;396(10248):380. doi: 10.1016/S0140-6736(20)31570-1]. *Lancet*. 2019;394(10207):1437-1449. doi:10.1016/S0140-6736(19)31793-3
- 18. Syed A, Garcia MA, Lyu SC, et al. Peanut oral immunotherapy results in increased antigen-induced regulatory T-cell function and hypomethylation of forkhead box protein 3 (FOXP3). *J Allergy Clin Immunol.* 2014;133(2):500-510. doi:10.1016/j.jaci.2013.12.1037
- 19. Takahashi, M., Taniuchi, S., Soejima, K. *et al.* Two-weeks-sustained unresponsiveness by oral immunotherapy using microwave heated cow's milk for children with cow's milk allergy. *Allergy Asthma Clin Immunol* 12, 44 (2016). https://doi.org/10.1186/s13223-016-0150-0
- 20. Tsai M, Mukai K, Chinthrajah RS, Nadeau KC, Galli SJ. Sustained successful peanut oral immunotherapy associated with low basophil activation and peanut-specific IgE [published correction appears in J Allergy Clin Immunol. 2020 Aug;146(2):465]. J Allergy Clin Immunol. 2020;145(3):885-896.e6. doi:10.1016/j.jaci.2019.10.038
- 21. Leonard SA, Laubach S, Wang J. Integrating oral immunotherapy into clinical practice. J Allergy Clin Immunol. 2021;147(1):1-13. doi:10.1016/j.jaci.2020.11.011
- 22. Lee, Ashley et al. Baseline Baseline Epitope Profiles are predictive of Sustained high threshold in the POISED trial. AAAAI 2023. Oral Abstract Presentation.