Rewind & Review

How did we get here?
In 20 Years A Lot Happened

The reported prevalence of peanut allergies increased exponentially.

What happened?

- True Increase = Hygeine Hypothesis + Delayed Introduction
- Increase in Diagnosis
The Norm Became Avoidance

2000: Parents were warned by AAP not to feed babies common allergens, including peanut foods.

2008: AAP revised guidelines because evidence doesn’t support withholding, but did not advise to feed.

2010: NIAID Guidelines said no evidence to support, but did not advise to feed.

Parents were confused – so were clinicians. Not much changed.
Accurate Diagnosis is an Issue
Including self—diagnosis and physician diagnosed

According to the NIAID, 50-90% of self-diagnosed food allergies are wrong. In one meta-analysis, the rate of self-reported food allergy among children was 12%, compared with 3% when confirmatory testing was performed.

Blood and skin tests alone are not diagnostic for food allergies and panel tests are not best practice.
For example, in 111 OFCs performed in 44 children avoiding foods because of positive test results, 93% were tolerant of the avoided food.

Oral food challenges are considered the gold standard.
But they can be expensive and time consuming, and may provoke serious reactions.
Prevention Takes Center Stage

NPB’s Recent Work
We can reduce the number of children who develop peanut allergies by up to 86% in high-risk infants by introducing peanut foods as early as 4-6 months. According to the LEAP Study findings...
The Norm is *Becoming* Feeding Peanut Foods

2015: LEAP Study Published
International Consensus Document Published
2017: NIAID Addendum Guidelines Published
2019: AAP Revised Guidelines Published
Inspiring Influencers

Size 4 to 6 Months

Ambassador Boxes
Increasing parents’ intent to introduce early

Those exposed to the Size 4-6 Months campaign were 36% more likely to intend to introduce than those who weren’t (61% vs. 25%)
New EI products make early introduction easy and convenient
What’s Next

Improved Diagnosis, Reduction in Prevalence, and Reversing Peanut Allergies
Better Diagnostic Tools

Mast Cell Activation (MAT)

Basophil Activation Test (BAT)

Epitopes
Change Takes Time & **Commitment**

Parents want to make the best decisions for their children. They have questions about the changed guidelines. Early introduction works.

Parents trust their pediatrician.
What we’ve learned

- Pediatricians underestimate parent willingness to introduce early
- Lack of clinic time, concern about potential reactions, key barriers that must be addressed
- While branded products for EI are not necessary, some parents want them

What we’re doing

- Even more focus on pediatricians, other HCPs to address barriers
- Partnering with AAP to engage the larger universe of pediatricians
- Continuing to work with experts, advocates, others to identify and address gaps preventing wholesale adoption
- Providing support without endorsing any brands
50% of America’s children participate in the WIC program

Nutrition Education is part of the program

Ongoing outreach to educate nutritionists and others within the WIC program
What about those who already have a peanut allergy?
Protection through exposure:

Oral Immunotherapy (OIT)

- Scheduled for FDA review in September, Aimmune’s AR101 would desensitize patients to peanut over a period of about six months.

- Afterward, patients would continue to take maintenance doses to maintain desensitization.
What we’re hearing

- Reports of higher reaction rates among OIT participants are scaring people

The reality

- More reactions in OIT participants because they are purposefully ingesting peanuts to be expected. Reactions are likely in a safer setting under observation and treatment nearby.

Peanut allergy treatment may increase risk of anaphylaxis, study finds

Oral immunotherapy was associated with higher risk of serious adverse events and allergic reactions such as vomiting and swelling.

- Quality of life improves greatly for those who have been through OIT.

- Baseline modeling shows increasing threshold from 100 mg or less protein before therapy to 300 after reduced risk of allergic reaction by 95 percent or greater. (Shreffler, et al)
Protection through exposure:

**Epicutaneous Immunotherapy (EPIT)**

- **DBV’S Viaskin** delivers biologically active compounds to the immune system through intact skin.
- Aims to desensitize by delivering compounds in small quantities into the outer layers of the skin.
- May be submitted to FDA Q3 2019
More ‘Novel therapies’ under study

- Vaccines, injectable and nasal, using modified proteins
- Probiotics
- Biologics (Xolair, Dupixent) to suppress reactions
- Enzyme blockers
- Microbials for fecal transplant

Huge amount of money now targeting food allergy treatments – and peanut allergy is in the bullseye.
Keep an eye on these developments, too

- Revisions to the guidelines?
- New, better diagnostic methods
- New models of care delivery, access and reimbursement
It takes everyone working together.

- Know the facts
- Follow progress closely, including through NPB’s News In a Nutshell and PQ
- Be a peanut allergy champion with friends, family – even health care professionals
Any Questions?

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