

# **Peanut Allergy:** **A Dynamic Story**

Southern Peanut Growers Conference  
July 19, 2019

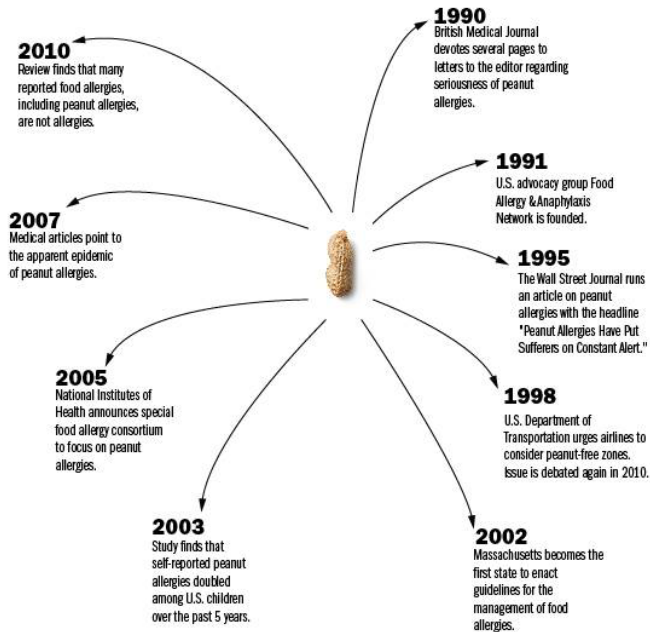
# Rewind & Review

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How did we get here?

## Emergence of a contested epidemic

Princeton researcher Miranda Waggoner has traced the emergence of public concern about the peanut allergy, noting the concurrent rise in interest from the medical community, the media and advocacy groups over recent decades.



## In 20 Years A Lot Happened

The reported prevalence of peanut allergies increased exponentially.

What happened?

- True Increase = Hygiene Hypothesis + Delayed Introduction
- Increase in Diagnosis



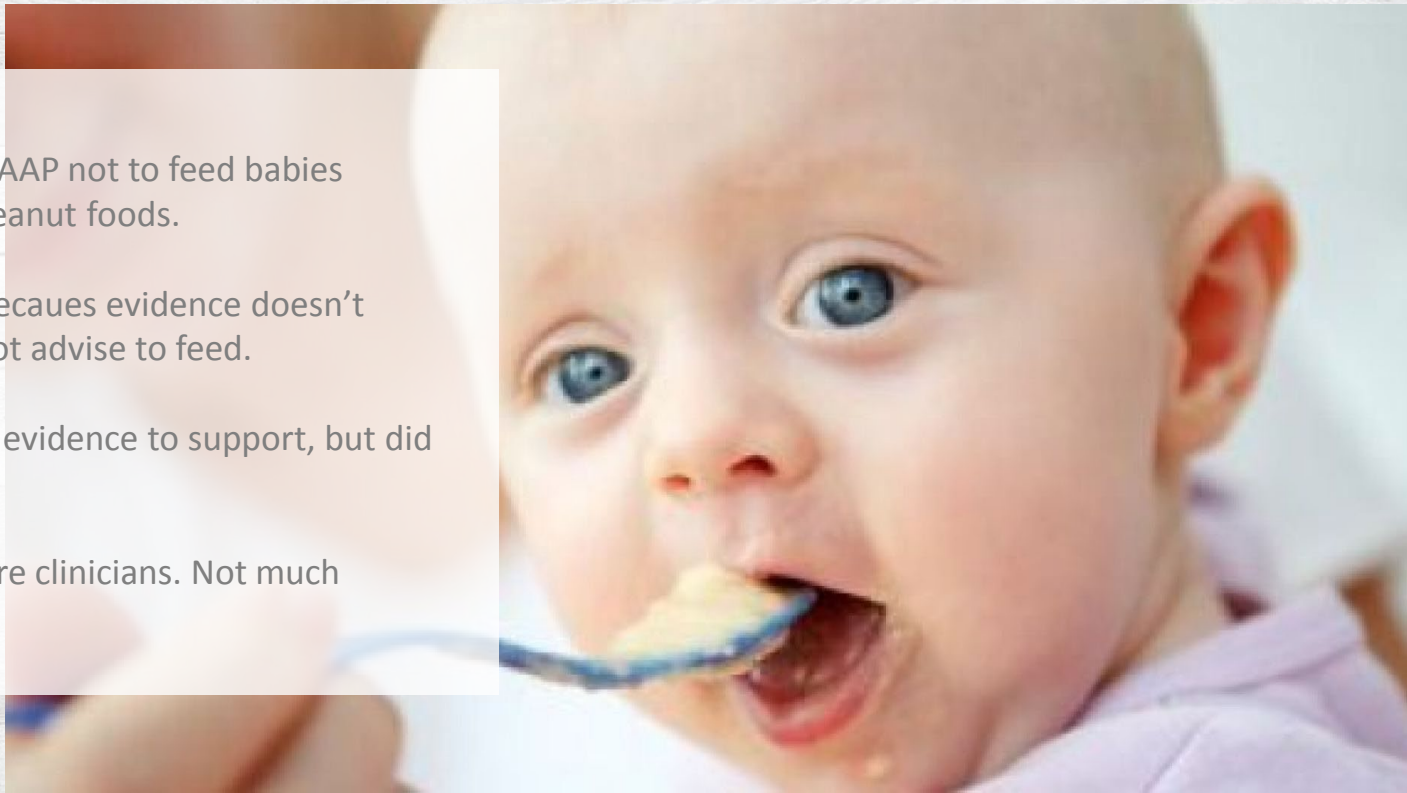
## The Norm Became **Avoidance**

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.

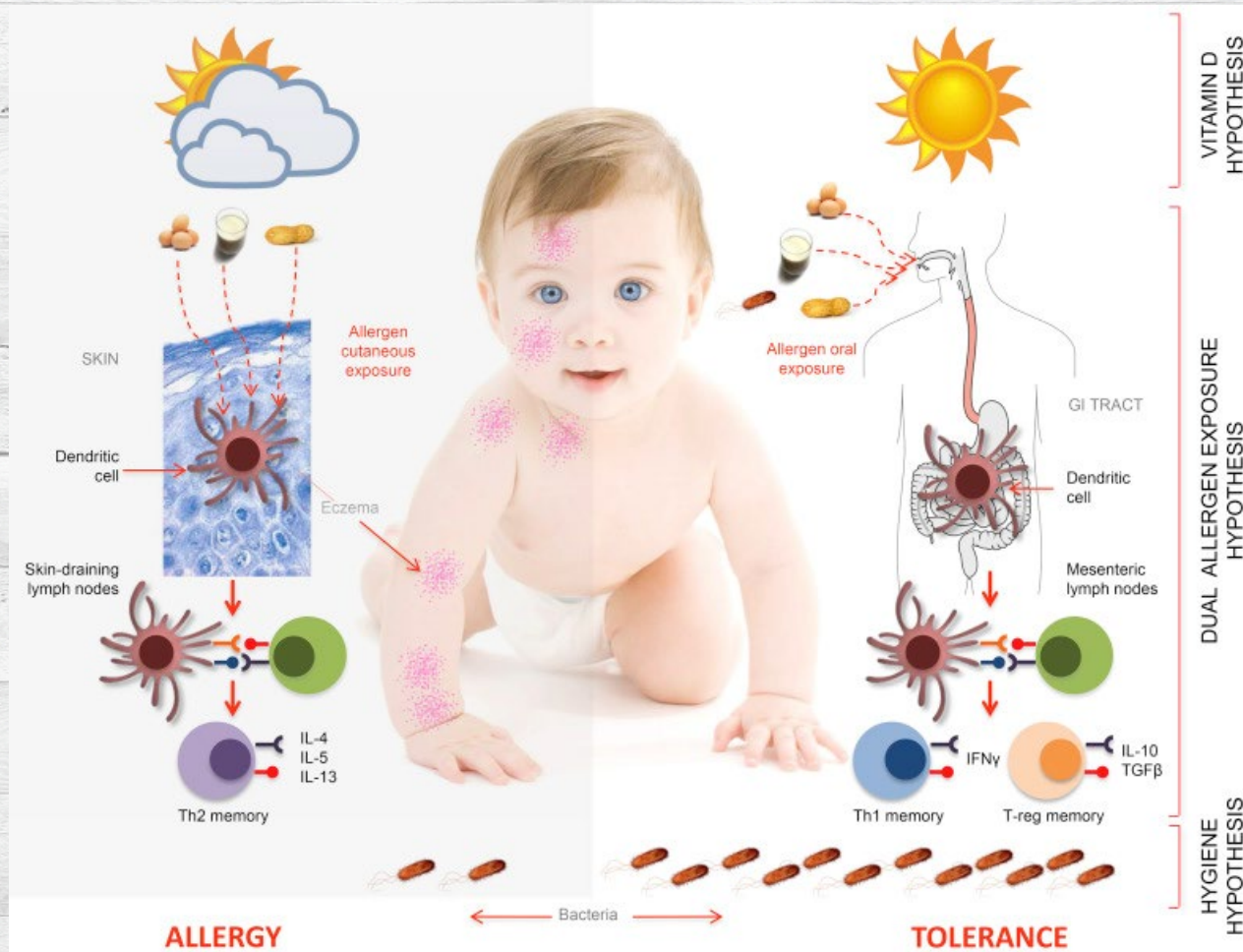
Oral food challenges are considered the gold standard.

But they can be expensive and time consuming, and may provoke serious reactions.

# Prevention Takes Center Stage

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NPB's Recent Work





## According to the LEAP Study findings...

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.





# 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

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Improved Diagnosis, Reduction in Prevalence,  
and Reversing Peanut Allergies

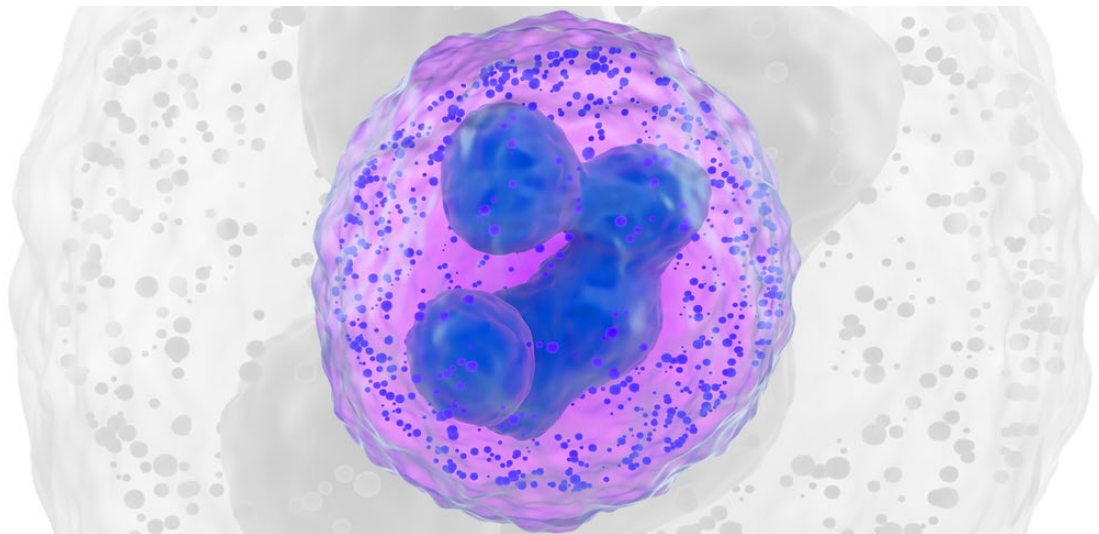
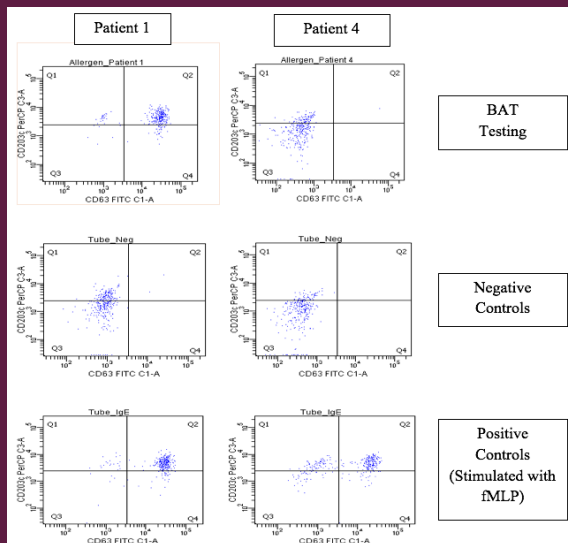


# Better Diagnostic Tools

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



## What we're doing

- 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
- 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



# Reaching More Infants Through **National Programs**

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



**National WIC  
Association**

**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 The reality

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

## **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.

- 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.
- 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)

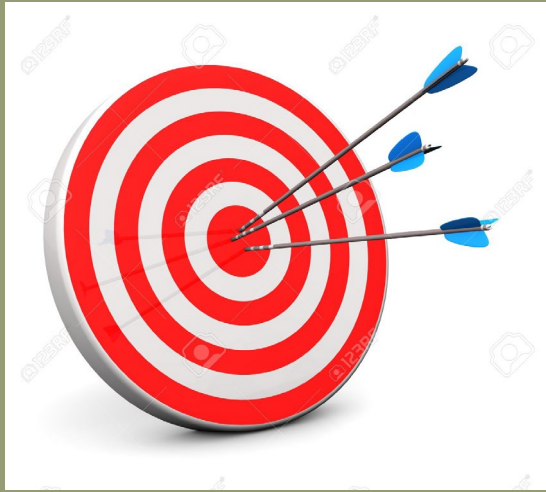


Protection through exposure:

# 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





Huge amount of money now targeting food allergy treatments – and peanut allergy is in the bullseye.

## 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

# 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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