Background

- Food allergies are a significant and growing health problem; peanut allergies affect 0.5-1.4% of children in high income countries; currently, there are no approved curative therapies for food allergies; in Europe, in particular, peanut allergy is a major health burden, affecting 4.4 million people.
- Treatment of peanut allergy is largely limited to avoidance and management of acute reactions; peanut oral immunotherapy (OIT) remains experimental as there is no approved product available for use and most treatment guidelines do not support OIT as standard of care.
- As a consequence, selection of patients for peanut OIT, OIT practices, and protocols are experimental, largely unprecedented, and vary significantly across Western Europe.

Methods

- 90 in-depth, qualitative, one-hour interviews were conducted via telephone with physician allergists, physician GPs and pediatricians with an allergy specialty, and nurse food allergy specialists across six countries (France, Germany, Italy, Spain, Switzerland, and the UK) between September 2016 and February 2017.
- Eligibility criteria included managing >100 unique peanut allergy patients per year and offering immunotherapy (including subcutaneous, sublingual, or oral immunotherapy) to allergy patients.
- Quotas were set to ensure that both food OIT-experienced and food OIT-naive physicians and nurses were interviewed, as well as both academic-based and community-based respondents.
- In total, 39 of 75 interviewed physicians have offered peanut OIT to their patients at some point; the results pertaining to administration of peanut OIT and sample protocols are representative of these 39 physicians.

Results

- Inclusion and exclusion criteria for peanut OIT are fairly consistent across markets; inclusion criteria include highly motivated patients, impaired quality of life (defined by the burden associated with avoiding peanuts), and age ≥3-5 years old; exclusion criteria include uncontrolled asthma, near-fatal anaphylaxis, or suboptimal family circumstances which are likely to impact compliance.
- However, stark differences exist regarding the administration of experimental peanut oral immunotherapy.
  - Use of OIT for peanut allergies is not approved by the EMA or any national medicines agency; still, a few physicians have developed and use experimental peanut OIT protocols.
  - These protocols vary substantially in terms of peanut material, start and end doses, up-dosing intervals, and clinic insight during up-dosing.

Conclusions

- Substantial variability in the approach to experimental peanut OIT exists within and across European countries.
- Differing practices lead to uncertain and widely variable tolerability levels.
- Amongst physicians not offering peanut OIT, major barriers include the lack of an EMA-approved therapy, standardized protocols, and national guidelines.

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