Oral Immunotherapy for Food Allergy: A Survey of Real-World Practice Patterns and Side Effect Management

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Oral immunotherapy (OIT) for food allergy is an emerging treatment option. However, there is limited real-world data on how physicians manage OIT in clinical practice. Therefore, a survey was conducted to describe OIT practice patterns and side effect management.

METHODS
Survey Design
A double-blind, self-administered, online survey was fielded between February 17 and April 22, 2019.

Survey Question:
“Approximately what percent of your OIT patients discontinue OIT because of GI symptoms?”

Survey question: “In food OIT patients who require downdosing due to GI symptoms, how often do you use each of the following strategies?”

RESULTS
Physician Respondents
A total of 80 allergists/immunologists completed the survey, achieving an 80% of the study target sample size.

Survey question: “To what point, approximately, have many patients been treated with food OIT in your practice in the past 2 years?”

Survey question: “During Initial OIT Dosing (A) or During OIT Updosing Visit (B)”

Side-Effect Management
46.3% of patients (n=73) reported initial dose or updosing reactions requiring OIT treatment, and 13.5% reported increasing OIT treatment more than 10% of patients discontinuing OIT due to GI symptoms.

CONCLUSIONS
Data from this real-world survey of allergists/immunologists who have implemented OIT into their practice indicate that
- Observation times: 1 hour for 48.8% of physicians.
- Use of sporo/myce before updosing in patients with asthma: always performed by 48.8% to 57.5% of physicians, depending on asthma severity.
- Management of GI symptoms: 36.3% of physicians always or usually use H2 blockers.

- Fewer of Their Patients Discontinued OIT Due to GI Side Effects

Survey question: “How do you manage GI reactions during OIT?”

Survey question: “Approximately what percent of your OIT patients experience GI symptoms or side effects?”

Published online: [6 December 2020]

58.8% patients in the majority of practices (71.3%) (Figure 5). Physicians indicated that the target maintenance dose for OIT is achieved by >60% of food OIT patients.

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OIT Practice Patterns
Nearly two-thirds of physicians (65.0%, n=52) treated ≤10% of patients in the past 2 years (Figure 1). The majority of Physicians Treated >5% Patients With OIT in the Past 2 Years

Figure 2. The Majority of Physicians Stated the Target Dose Was Achieved in >60% of OIT Patients

Figure 1. The Majority of Physicians Treated >5% Patients With OIT in the Past 2 Years

Figure 4. For OIT Patients Requiring Downdosing Due to GI Symptoms, Physicians Most Commonly “Always” or “Usually” Reduced Updosing Intervals to <4 Weeks Either Temporarily or Long Term

Figure 5. More Than Two-Thirds of Physicians Said 10% or Fewer of Their Patients Discontinued OIT Due to GI Side Effects

OIT patients experience reactions thresholds in children and adults16

OIT for allergy is an emerging treatment modality in the US15

Food allergy is reported in 7% of children1 and at least 10.8% of adults2 in the United States (US)3

Oral immunotherapy (OIT) for food allergy has shown to increase reaction thresholds in children and adults14

The survey included a total of 80 allergists/immunologists from 10 US-based specialty centers.

Surveys were analyzed for the presence or temporal association of OIT in patients experiencing GI side effects. Appendix 1 outlines the presence or temporal association of OIT in patients experiencing GI side effects.