FOIT yields no additional safety concerns compared to SCIT. As FOIT continues to gain popularity among Allergists, a strong safety profile helps to establish FOIT as a first-line therapy that provides management. Allergists another tool for treating their patients’ disease.

CONCLUSIONS:

- Food allergy affects 5% of adults and 8% of children
- Prevalence is increasing5
- DBPC studies have demonstrated that oral immunotherapy (FOIT) to peanut is effective6, and further studies in FOIT to other foods are still under investigation.
- Recent publications have also expressed concerns about the short- and long-term safety of FOIT, especially with regards peanuts.
- When appropriately dosed, SCIT has been a long-standing, well-established, and effective therapy in the treatment of allergic diseases6.

METHODS:

- A blinded retrospective chart review of 356 FOIT patients versus 742 SCIT patients in a single outpatient Allergy clinic from July 2016 to July 2019. The total number of SCIT and FOIT administrations were determined over the time period and the number of systemic reactions per patient and systemic reactions per exposure were calculated.
- A systemic reaction was defined as a reaction felt to be related to either SCIT or FOIT and required immediate therapy, such as administration of epinephrine.

RESULTS:

- For FOIT, 356 patients received 146,060 daily doses with a systemic reaction rate of 0.06%, assuming 100% compliance. At 80% compliance, patients would have a reaction rate of 0.03%. For SCIT, 742 patients received 272,508 injections with a systemic reaction rate of 0.15%.
- Systematic reactions occurred in 34 patients (11.3%) on FOIT, while 100 SCIT patients (13.88%) experienced a systemic reaction.

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METHODS:

- A blinded retrospective chart review of 356 FOIT patients (aged 18 months to 36 years) and 742 SCIT patients (aged 4 to 74 years) from July 2016 to July 2019.
- Customized per patient’s living conditions, allergic reactions, or other limiting factors.
- Eligible FOIT Patients: Food specific SPT (wheat ≤ 3 mm), food specific ELISA ≤ 0.35 kU/L, history of food-associated reaction, and/or failed oral food challenge.
- Eligible patients for SCIT required: environmental SPT ≤ 3 injections per week up to a maintenance dose after 3 months. Cluster schedules were not used.
- Standardized updosing regimen per clinical care guidelines. Example protocol in Table 3.
- Conventional build up phase of 1-3 injections per week up to a maintenance dose after 3 months. Cluster schedules were not used.

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