

Oral Immunotherapy for Food Allergy Frequently Asked Questions (FAQs)

Q 1: What is OIT for food allergy?

Oral immunotherapy (OIT) is a potential treatment for food allergy, which involves gradually increasing amounts of food allergen given under medical supervision. Following this, the food needs to be consumed each day, by eating or drinking the food allergen.

Q 2: Is OIT for food allergy approved for routine use in Australia or New Zealand?

No. There are currently no food allergy OIT products registered by the Therapeutic Goods Administration (TGA) in Australia or Medsafe in New Zealand.

Most food allergy OIT methods are not currently approved for routine treatment of food allergy globally.

Q 3: Are there any clinical research trials underway for OIT and other food allergy treatments?

There are several clinical research trials for OIT and other treatments for food allergy underway in Australia and other countries.

The trials aim to develop proven methods to maximise benefit and reduce the risk of potential harm in people with severe food allergy.

More information needs to be collected about safety, benefits, cost-effectiveness, impact on quality of life and long-term outcomes.

Q 4: What are the results from published trials for food allergy OIT?

Published trials for food allergy OIT show that:

- Many people achieve **desensitisation**, which is a temporary state that allows them to consume more of the food allergen than they could before OIT, but they still have food allergy. If **desensitisation is achieved**, benefits are limited to protection against consuming trace amounts of food allergen.
- Some people achieve **sustained unresponsiveness (remission)**, which means they can consume a larger amount of food allergen than they could before OIT, without having an allergic reaction. If **sustained unresponsiveness (remission)** is achieved, benefits may outweigh other issues.

Oral Tolerance has not been shown in published trials for food allergy OIT. Oral Tolerance means that a person can consume usual serves of the food allergen after a long period of avoiding it or stopping OIT, even after years, without having an allergic reaction.

Q 5: Is OIT a cure for food allergy?

There is no evidence that current food allergy OIT methods are a cure for food allergy, so potential benefits of food allergy OIT need to be considered, versus safety and quality of life issues.

Q 6: Are there any safety concerns about OIT for food allergy?

Safety concerns about food allergy OIT include:

- People on food allergy OIT can still have allergic reactions due to accidental exposure to food allergens, or due to the OIT itself.
- Food allergy OIT may make Eosinophilic Oesophagitis (EoE) worse, or EoE can develop in patients who did not have EoE prior to food allergy OIT.

Q 7: Are there any other issues that need to be considered before commencing food allergy OIT?

Food allergy OIT should be given in a consistent way, to improve the chance of it working and minimise the risk of side effects. Therefore, being in a food allergy OIT clinical research trial may present difficulties for people who plan to go on holidays, overnight excursions, camps, or board overnight at school.

There may also be potential costs (such as travel and time off work), disruptions and restrictions to normal routines that need to be considered, which will vary for different age groups.

All patients and participants in clinical trials on food allergy OIT should remain under the regular care of a clinical immunology/allergy specialist.

Q 8: Is OIT for food allergy available after a clinical research trial is finished?

Treatments offered in clinical research trials may not be available for participants when the trial finishes, so it is also important for patients and their families to discuss plans for management of food allergy after the trial with their regular clinical immunology/allergy specialist.

Q 9: What are the ASCIA recommendations for management of food allergy?

Until food allergy OIT and other treatments for food allergy are proven to be effective, safe and standardised for routine use, and approved by regulatory bodies in Australia (TGA) or New Zealand (Medsafe), strict avoidance of confirmed food allergens is recommended for the management of food allergy.

All patients receiving food allergy OIT (including as part of a clinical research trial) should be advised of the increased likelihood of allergic reactions (including anaphylaxis) and be prepared for these events. They should continue to be managed in conjunction with their regular clinical immunology/allergy specialist.

It is important for people with food allergy and their families to:

- Know the signs and symptoms of mild to moderate allergic reactions and anaphylaxis.
- Know what to do when an allergic reaction occurs.
- Read and understand food labels for food allergy.
- Inform wait staff that they have food allergy when eating out.
- Be aware of cross contamination and contact with food allergens when preparing food.
- Carry their adrenaline (epinephrine) injector (if prescribed), and their red ASCIA Action Plan for Anaphylaxis.

Q 10: Where can more information and support be obtained?

ASCIA food allergy information is available at www.allergy.org.au/patients/food-allergy

Support for people with allergies and their carers is available from:

- Allergy & Anaphylaxis Australia www.allergyfacts.org.au or call 1300 728 000
- Allergy New Zealand www.allergy.org.nz

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