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822 Omalizumab Gets Tolerance In Patients With Severe Food Allergy: A Real-Life Study



Stefania Arasi, Maria C. Artesani, Carla Riccardi, Maurizio Mennini, Valentina Pecora, Vincenzo Fierro, Veronica Calandrelli, Lamia Dahdah, Rocco Valluzzi, and Alessandro G. Fiocchi, MD; Division of Allergy, University Department of Pediatrics, Pediatric Hospital Bambino Gesù, Rome, Vatican City Italy, Rome, Italy.

RATIONALE: The effects of Omalizumab on food allergy thresholds are poorly studied out of the context of Oral Immunotherapy. This real life study aims to assess the effect of Omalizumab on food tolerance in children treated for severe asthma.

METHODS: We review the food thresholds of patients with severe asthma and anaphylactic reactions to 2+ foods before and after a 4-month-long Omalizumab treatment. We also report their asthma control and quality of life, measured by PedSQL.

RESULTS: Fifteen children -allergic to 37 foods- got a threshold increase for milk, egg, wheat and hazelnut from 1221.1 ± 1736.7 mg to 8553.7 ± 8063.6 mg eliciting dose ($p < 0.001$). Patients reached full tolerance for 70.4% of the tested foods, which were re-introduced in the patients' diet without necessity of oral immunotherapy procedures. The remaining foods were partially tolerated. The number of reactions to unintended ingestion of allergenic foods over 4 months dropped from 47 to two. The PedSQL increased from 60.47 ± 5.32 to 87.25 ± 7.33 (parental judgement; $p < 0.001$) and from 62.99 ± 7.39 to 89.71 ± 4.54 (patients' judgement; $p < 0.001$). Omalizumab costed a mean of € 1,311.63 per month.

CONCLUSIONS: Food tolerance increased by 7 times during Omalizumab treatment for severe uncontrolled asthma. The patients' quality of life increased, due to better asthma control and reduction of dietary restrictions. The cost/benefit ratio of such treatment for selected cases of severe food allergy remains to be evaluated.

823 Baseline Scores On Food Allergy Quality Of Life Questionnaire (FAQLQ) And State/Trait Anxiety Inventory In Mothers Of Cows Milk Allergic Infants Recruited To A Randomised Controlled Trial Of Single Low Dose Challenges With Cows Milk.



Lisa Forristal, BA¹, Yvonne M. d'Art, MB¹, Jonathan O'B. Hourihane, MD FAAAAI², Aideen M. Byrne, MD³, John Fitzsimons, MD⁴, and Audrey DunnGalvin, PhD⁵; ¹University College Cork, Ireland, ²University College Cork, Cork, Ireland, ³Our Lady's Children's Hospital Crumlin Dublin, Dublin, Ireland, ⁴Our Lady of Lourdes Hospital, Drogheda, Ireland, ⁵Cork University Hospital, Cork, Ireland.

RATIONALE: The Food Allergy Quality of Life Parent Form (FAQLQ-PF) questionnaire has proven a valid and reliable measure of change in randomised control trials in food allergy management (RCT). Single dose challenges are a novel method of assessing low dose reactivity in food allergic children. We report the baseline scores on QOL and maternal anxiety questionnaires at randomisation in an ongoing RCT of single dose challenges in cow's milk allergic infants.

METHODS: FAQLQ-PF, the Food Allergy Independent Measure (FAIM) and the State/Trait Anxiety Inventory (STAI) questionnaires were used. Total STAI score (on a scale of 20 to 80) was categorised as severe anxiety ≥ 75 th percentile; moderate anxiety 75th to 25th percentiles; and mild anxiety < 25 th percentile.

RESULTS: To date mothers (mean age 37, 3.2) of 20 infants (mean age months 7.4, 1.9) have completed all measures at enrolment. Mean scores for FAQLQ (3.0, 1.6) and FAIM (3.9, 1.6) were above norms for age. State anxiety was normally distributed (Shapiro-Wilk > 0.05) and was positively associated with FAQLQ ($r = 0.4$, $p = 0.04$), FAIM ($r = 0.63$, $p = 0.001$), and Trait anxiety ($r = 0.66$, $p = 0.001$).

CONCLUSIONS: The small standard deviations and normal distributions on all measures suggest an homogenous sample. There were significant

associations found between anxiety, expectation of adverse outcome if an accident occurs for child, and parentally perceived quality of life in infants at randomisation in an RCT of treating cows milk allergy in young infants.

824 Perceived food allergy, sensitivity, or intolerance and its impact on breastfeeding practices



Karen A. Robbins, MD^{1,2}, Marni Jacobs, PhD^{1,3}, Ashley Ramos, PhD², Daniel V. DiGiacomo, MD^{1,3}, Katherine M. Balas, BS BA⁴, and Linda Herbert, PhD^{1,3}; ¹George Washington University School of Medicine, Washington, DC, ²Children's National Medical Center, Washington, DC, ³Children's National Health System, Washington, DC, ⁴1st Flr, West Wing, Suite 300, Children's National Health Systems, Washington, DC.

RATIONALE: The impact of suspected allergic disease on breastfeeding duration is not well defined. The purpose of this study was to examine the association of reported infant adverse reactions to food with breastfeeding duration, and the impact of infant age and specific symptoms on this relationship.

METHODS: 2,586 breastfeeding mothers who participated in the Infant Feeding Practices Study completed surveys at 4, 9, and 12 months postnatally regarding breastfeeding duration and infants' adverse food reactions. Four groups were considered: no food reactions (84.6%), reaction to something the infant ate (10.6%), reaction to a food the infant was exposed to via breastmilk (2.4%), and reaction due to both sources (2.4%). Kaplan-Meier survival curves were utilized to compare breastfeeding duration between groups using Logrank Tests.

RESULTS: Mothers who reported reactions due to food exposure, either alone ($M = 45.8$ weeks) or in combination with food the infant ate ($M = 40.2$ weeks), breastfed significantly longer than mothers who reported no reactions ($M = 32.0$ weeks), and mothers who reported a reaction to a food the infant ate only ($M = 27.3$ weeks); all $ps < .01$. Later symptom onset ($p = .03$) and eczema with food issues ($p = .06$) were associated with longer breastfeeding duration. Similar associations were noted using Cox Proportional Hazards Models adjusted for race/ethnicity, income, and maternal age.

CONCLUSIONS: Mothers' perceptions regarding infants' adverse reactions to food appear to impact breastfeeding duration. Future work should explore how problems with food factor into mothers' decisions about breastfeeding, their diet, and infant solid food introduction, especially in the context of allergen introduction in infancy.

MONDAY