Transcript Details
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Sublingual Immunotherapy for Food Allergies: How It Works and Who It's For

Announcer:
You're listening to *On the Frontlines of Food Allergies* on ReachMD. On this episode, we'll learn about the use of sublingual immunotherapy, or SLIT, for food allergy with Dr. Edwin Kim. Not only is Dr. Kim an Associate Professor of Pediatrics and the Division Chief of UNC Pediatric Allergy and Immunology at the University of North Carolina at Chapel Hill, but he's also the Director of the UNC Food Allergy Initiative. Let's hear from him now.

Dr. Kim:
The way that we think sublingual immunotherapy, which is also known as SLIT, works in the immune system is very similar to allergy shots or what we call subcutaneous immunotherapy. It's essentially a form of exposure therapy, and so what we're doing here is that we are using, in this case, food, and giving small amounts of food underneath the tongue. And the idea there is that there are immune cells—dendritic cells—that are throughout your mouth that can grab the food particles and then hopefully lead them to the lymph nodes and the other parts of the immune system, and that would ultimately lead to tolerance. This is very different than oral immunotherapy, where folks are going to be eating much larger amounts of food into their GI tract, and it's absorbed there where it accesses the immune system. By getting to the immune system directly in the mouth, though, we think that we're able to use much smaller doses, hopefully having better safety but the same level of efficacy.

When it comes to foods, we do anticipate that it should be able to work for many, if not most, foods that are out there. But I will say that when it comes to the research on sublingual immunotherapy, almost all of it has been on peanut so far, with a little bit of work done on milk, peach, and kiwi allergy as well.

In thinking about key factors that we might consider when starting a patient on SLIT, one of the first things is going to be making sure that they are allergic, which is by far the most important thing. What's an important concept with sublingual immunotherapy is that it's not a cure, and so you really need to stay on that treatment to be able to continue to get that benefit. And so with that in mind, you want to make sure that the patient really does have the allergy before you put them on a multi-month or possibly even a multi-year type of treatment.

So that would be, of course, number one. Number two, though, is going to be getting a sense of what the expectations and goals of that patient are, and that part is critically important. There are going to be some patients with food allergy who are looking for a cure. They want to be able to say they're not allergic to peanut. They want to know that they're not allergic; they can eat peanut butter sandwiches, Reese's peanut butter cups, you name it. That's what they want. And then there are going to be others who again, using peanut as an example, they may not want to eat the food, but they just don't want to think about the food. They don't want to worry about the food. So if the people at the lunch table are eating peanut butter sandwiches, that's fine. They're not going to eat the food. Or when they go out for Halloween trick-or-treating again, they just pick out the peanut food, eat the other stuff, and don't worry about cross-contamination. And the reason that becomes so important is because what we have seen with peanut SLIT at this point is that it is able to desensitize most patients who take it, but it's not probably at the point where it's allowing people to be able to bring the food into their diet. Perhaps they can have a small accidental amount or maybe even one or two peanuts' worth intentionally without having outward symptoms, but again, outside of that protection, it's probably not going to be able to allow them to free up their diet. So again, we have to understand what that patient is looking for going in.

And we know that the oral immunotherapy is super effective, but at the same time takes tremendous amounts of effort. It takes time. There are side effects. There's preparation and observation. And some families just can't make it work or can't make it fit. And so for

families who want to do something for their peanut allergy—who don't necessarily need the maximum threshold but also have to balance it with multiple kids in the house, two working parents, or a single parent—sublingual immunotherapy might be an option because it's a little bit easier to do than the oral. And then tied to that is ultimately going to be what the risk tolerance of that patient is. There are going to be some families where high risk high reward is what they're looking for. They're willing to kind of put up with a lot of side effects and even allergic reactions and anaphylaxis if that means they can potentially get huge thresholds and maybe eat the food. But there are going to be a lot of other families that are saying, "Hey, look, with food allergy, the whole reason I want treatment is to not react," and they want something that's going to be a lot safer and reassuring and so they'll be willing to sacrifice a little bit on the efficacy side just to know that it's going to be safe. So those are going to be some of the key factors that you might be thinking about if we're thinking about sublingual immunotherapy for food allergy.

Announcer:
That was Dr. Edwin Kim talking about considerations for using sublingual immunotherapy to treat food allergy. To access this and other episodes in our series, visit *On the Frontlines of Food Allergies* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!