

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/frontlines-food-allergies/the-future-of-food-allergy-treatment-immunotherapy-and-biologic-advances/26314/>

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The Future of Food Allergy Treatment: Immunotherapy and Biologic Advances

### Announcer Intro

You're listening to *On the Frontlines of Food Allergies* on ReachMD. On this episode, we'll discuss the recent advancements in food allergy treatment with Dr. Ruchi Gupta. Not only is she a Professor of Pediatrics and Medicine at Northwestern University Feinberg School of Medicine, but she's also the Founding Director of Northwestern's Center for Food Allergy and Asthma Research. Let's hear from Dr. Gupta now.

### Dr. Gupta:

It's a very exciting time in food allergy because we have so many new treatments and more coming out. So there's a couple of categories of treatment. One is immunotherapy. And what this means is introducing small amounts of the food protein into the body in different ways, which I'll talk about, over time until the body gets used to it and does not think it's an invader.

The most common method is oral immunotherapy. So that's where you start off with small amounts of—let's just take peanut—peanut protein, and under the guidance of an allergist, increase it slowly, and then your body recognizes it and doesn't fight it. It is not a cure. You still need to keep that protein in your body on a regular basis so it continues to recognize it, but it is a treatment, and you can feel safer because your threshold of eating that food is higher.

The second one is sublingual immunotherapy, and this is where—same idea—small amounts of that food protein are given under the tongue, so the body starts to recognize it.

The third version of this is epicutaneous immunotherapy, and that is a patch on the skin where, again, small amounts of that protein are going through the skin and entering the body, and your body is starting to recognize it. Now the epicutaneous immunotherapy is from a specific company, and they have good data, and that's not out yet, but we're hoping that the patch will be available within the next year. With oral immunotherapy, a lot of allergists are offering it. However, the only one that's FDA-approved is for peanut, but many allergists are offering it. Sublingual immunotherapy, same thing. Many allergists do offer this as a treatment, but it has not undergone FDA approval.

Now the last one is a biologic, and it's omalizumab. It is a treatment that we've used for asthma for 20 years, but it just got approved as single therapy for food allergy, and it's an anti-IgE, so it blocks those IgE receptors from getting that food protein that enters your body. It's a little bit of a complex process, but the idea is it also has been shown to increase your threshold for foods, including peanut, tree nuts, milk, and eggs, so it is not food specific. So that's the advantage of the biologic: if you have multiple food allergies, it is a treatment that will increase your threshold potentially for all your food allergies. With immunotherapies, it's usually a single food, so you would do peanut immunotherapy and then tree nut immunotherapy or milk immunotherapy individually or together by some allergists.

So there are adverse events with any treatment. You know, that's just how treatments work. So if you do an immunotherapy, what we have noticed is you may have reactions. You're up-dosing, meaning you're increasing that dose that you're taking, and people do have reactions with that. And most of them are mild reactions, but some have had anaphylaxis, so keep epinephrine with you. Discussing if this is for you with your allergist is really, really important. With some of the other sublingual methods, there's less side effects; with the patch, there's less side effects. So really have that shared decision-making with your doctor.

And then for the biologic, the main side effect with that was at the injection site because it is an injection. The first couple you'll get with your allergist, but it is a self-injector, so you can do that at home. Depending on your IgE values and some other factors, your allergist

will have you taking it once a month or twice a month usually. So that's the most common side effect with that treatment.

**Announcer Close**

That was Dr. Ruchi Gupta talking about the latest advancements in food allergy treatment. To access this and other episodes in our series, visit *On the Frontlines of Food Allergies* on ReachMD dot com, where you can Be Part of the Knowledge. Thanks for listening!