

PEANUT



PRECISE RESULTS FOR SAFE DECISIONS

How to better define and manage peanut allergy



Phadia
Setting the Standard

Take the diagnosis and management of peanut allergic patients to a whole new level

Better risk assessment with allergen components

- How can you differentiate between “true” peanut allergy or symptoms caused by cross-reactivity?
- Is there a risk of severe reaction for the patient?
- How can you best manage their peanut allergy?

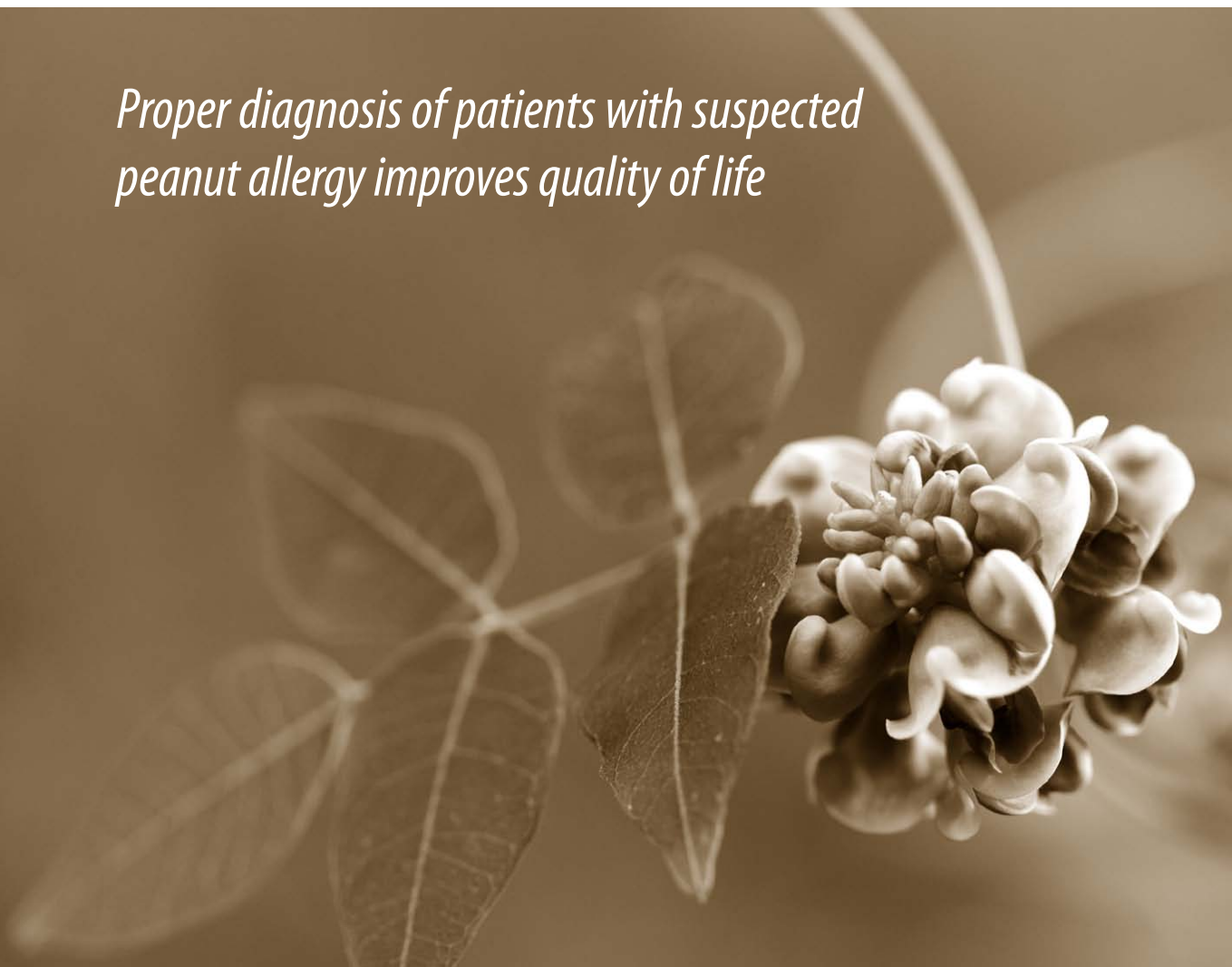
Better differentiation of the peanut allergic patient

- The presence of Specific IgE to Ara h 1, Ara h 2 and Ara h 3 is indicative of a “true” peanut allergy and a high risk of severe reactions¹⁻³
- Sensitization to the cross-reactive allergen components Ara h 8 and Ara h 9 (present in pollen and plant foods) varies depending on local exposure⁴⁻⁶
- Sensitization to several peanut allergen components indicates increased risk for severe reactions¹⁻³

Better patient management

- Evaluate your patients’ risk of severe reactions to peanut
- Ensure relevant dietary advice and avoid unnecessary elimination
- Define the optimal treatment for your patients

Proper diagnosis of patients with suspected peanut allergy improves quality of life



Results that reveal more

RECOMMENDED TEST PROFILE:

Peanut (f13) and Ara h 1 and Ara h 2 and Ara h 3 and Ara h 9* and Ara h 8*

RESULTS:

Peanut (f13) + Ara h 1 / Ara h 2 / Ara h 3 + Ara h 9* + Ara h 8*

+

+

+

-



Risk for severe reactions to peanut

+

-

+

+



Risk for reactions to peanut due to cross reactivity

* According to local exposure

All peanut components are needed for a complete risk assessment and indication of severe reactions

Did you know that?

- In children, approximately 10% are considered peanut sensitized⁷ but only 1–2% are “true” peanut allergic.^{8–10} Ara h 2 is the most important peanut allergen component but antibodies to Ara h 1 and/or Ara h 3 in addition increases the risk of severe reactions^{1–3,7}
- Patients with “true” peanut allergy often have antibodies to Ara h 2. However, in rare cases sensitization to only Ara h 1 and/or Ara h 3 can occur¹¹
- IgE antibodies to the Ara h 8 are seldom associated with systemic reactions but more often to local reactions like OAS (oral allergy syndrome)^{4,12}
- The amount of Ara h 9 in a peanut is low and severe reactions in peanut allergy are not so well documented. However, sensitization to LTP (Lipid transfer protein) is generally associated with severe reactions in addition to OAS^{5,6}

Make a precise assessment

ImmunoCAP® Allergen components help you differentiate between "true" allergies and cross-reactivity

Make a substantiated decision

A better differentiation helps you give relevant advice and define the optimal treatment

Make a difference

Proper management helps you improve the patient's well-being and quality of life

References: 1. Astier C. et al. *J Allergy Clin Immunol* 2006; 118: 250–256. 2. Flinterman AE. et al. *Clin Exp Allergy* 2007; 37(8): 1221–1228. 3. Peeters KABM et al. *Clin Exp Allergy* 2007; 37(1): 108–115. 4. Mittag D et al. *J Allergy Clin Immunol* 2004; 114: 1410–1417. 5. Lauer I. et al. *Clin Exp Allergy* 2009; 39: 1427–1437. 6. Krause S. et al. *J Allergy Clin Immunol* 2009; 124: 771–778. 7. Nicolaou N et al. *J Allergy Clin Immunol* 2010; 125: 191–197. 8. Mortz CG et al. *Pediatr Allergy Immunol* 2005; 16:501–506. 9. Tariq et al. *BMJ* 1996; 313(7056): 514–517. 10. Moneret-Vautrin DA et al. *Allergy* 2005;60:443–451. 11. Codreanu et al. *Int.Arch.Allergy.Immunol* 2011; 154: 216–226 (Epub ahead of print). 12. Asarnoj A. et al. *Allergy* 2010; 65: 1189–1195.



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