

Correspondence

Office-based oral immunotherapy for food allergy is safe and effective

To the Editor:

The editorial by Thyagarajan et al,¹ "Peanut oral immunotherapy is not ready for clinical use," in the July 2010 issue of the Journal argues for limiting oral immunotherapy (OIT) to academic centers. They admonish physicians to "first, do no harm" but then go on to discount the effects of food allergy managed only by avoidance.

The authors point out that several important questions remain unanswered and that there is a risk of reactions to OIT as well as the risk of reactions managed with avoidance.^{2,3} They do not, however, discuss the frequency of near-fatal and fatal reactions caused by accidental exposures and occurring during OIT. To our knowledge, the only death caused by OIT occurred during a formal trial at an academic center and was caused by a dosing error. Many more deaths have resulted from accidental exposure. Comparing the harm caused by OIT to the harm caused by an avoidance strategy cannot ignore the risk of death.

The authors do not discuss the psychosocial impact of food allergy on patients and families. Children with peanut allergy reported more impairment of daily activities and social interactions than children with rheumatologic disease⁴ and greater anxiety about eating reactions than children with diabetes.⁵ The significant morbidity of food allergy managed by avoidance should not be ignored.

Implicit in the editorial is the notion that OIT in an academic setting is inherently more appropriate than when a board-certified allergist/immunologist in an office setting controls the entire experience. On the basis of our experience, representing the completed treatment of more than 175 patients in 3 different locations, we reject this notion.

Although controlled trials may answer some of the questions regarding OIT, subcutaneous immunotherapy for aeroallergen

sensitivity and coronary artery bypass grafting became part of routine clinical practice and afforded many patients significant clinical benefits before the completion of randomized, controlled trials. These procedures were later subject to controlled investigation that led to important refinements. There is no reason, *a priori*, that OIT should not be treated the same way.

We believe that although OIT is not without risk, it is a potentially life-altering treatment. Fully informed patients and parents should be free to choose the management approach that is best for themselves and their families.

Richard L. Wasserman, MD, PhD^a

Robert W. Sugerman, MD^a

Nana Mireku-Akomeah, MD^a

Lyndon Mansfield, MD^b

James W. Baker, MD^c

From ^aDallasAllergyImmunology, Dallas, Tex; ^bWestern Sky Medical Research, El Paso, Tex; and ^cBaker Allergy, Asthma, and Dermatology Research Center, Lake Oswego, Ore. E-mail: drrichwasserman@gmail.com.

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