

Again, why is there a difference? There appears to be more questions than answers. Although we do not have specific data to answer all of these questions currently, it is prudent as allergists to answer these questions moving forward. Finding the optimal FPIES OFC protocol enables better care of our patients with FPIES.

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Reply to "Oral food challenge protocol for food protein-induced enterocolitis syndrome: time for a change?"



To the Editor:

We appreciate the thoughtful comments from Barni et al.¹ Their considerations further elucidate the limitations and variability of

the current food protein-induced enterocolitis (FPIES) oral food challenge approaches. Barni et al make a very good point in stating that our reported median triggering dose may be an overestimate of the actual triggering dose because the doses were divided into 3 servings given over 1 hour, and an FPIES-induced reaction is delayed. Although the triggering dose may be an overestimate, it should be emphasized that all reactions were treated in the clinic, and no patients required transfer to the emergency department or inpatient hospitalization. It is also important to point out that a divided dose approach may be more important in patients who have evidence of detectable IgE and thus are at risk of an immediate reaction with ingestion. Our experiences, along with experiences of our international colleagues, bring attention to the need for additional thoughtful research across centers to address unmet needs in patients with FPIES and standardization in the approach to their care.

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