

References

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CORRESPONDENCE

Comment on ‘Anaphylaxis caused by in-season switchover of sublingual immunotherapy formulation’

To the Editor,

As clinicians, we often encounter unpredictable and challenging clinical circumstances that may adversely affect efficacy or safety of a prescribed treatment. Prolonged and unplanned interruption of allergen immunotherapy treatment increases the risk of treatment failure and of adverse reaction on recommencement of treatment (1, 2). In 2013, patients in Australia treated with single-allergen and multi-allergen *Lolium perenne* (*L. perenne*) sublingual immunotherapy (Staloral[®], Stallergenes, SA, France) encountered an unplanned disruption to immunotherapy extract supply at the beginning of *L. perenne* pollen season. The anticipated duration of the supply interruption, which was reportedly due to quality-related manufacturing problems, was at least 2 months. Yalaoui and de Beaumont (3) raised concern regarding the decision to recommend in-season switchover of the immunotherapy formulation to our affected patients but have failed to acknowledge the clinical situation necessitating that measure. Furthermore, such an approach was recommended as an interim therapeutic option by the manufacturer (S. Nicolas, personal communication).

Many Australian patients who had been established on *L. perenne* immunotherapy or who had been commenced on immunotherapy pre-seasonally in 2013 were at risk of treatment failure and significant inconvenience as a result of the unplanned Stallergenes’ immunotherapy extract supply

disruption. To mitigate these risks, we evaluated clinical data in available literature on in-season commencement of immunotherapy in addition to recommendations provided by the local Stallergenes medical team. The decision was to offer our affected patients the option of in-season switchover of sublingual immunotherapy formulation under close specialist supervision. For safety reasons, this optional program was terminated on the first day, after one of two patients developed a severe allergic reaction. Our experience was immediately reported to the Stallergenes medical team and regional colleagues to minimize potential risk to other patients.

We believe that manufacturers and suppliers of allergen immunotherapy extracts need to acknowledge the significant clinical impact of treatment interruption and have a responsibility to ensure that allergen immunotherapy extract supply disruptions are minimized.

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