

Correspondence

Reply

To the Editor:

We thank Dr Cheuk¹ for his suggestion to quantify further the predictive value of the 2 independent predictors for peanut allergy remission reported in our study.² We agree that such quantitation would be helpful to inform parents of children with peanut allergy better about the likelihood of remission. Table I reports the likelihood of peanut allergy remission by age 5 years on the basis of various skin prick sizes and serum peanut-specific IgE levels measured by the CAP-FEIA system (PN-IgE) at age <2 years. Interestingly, children with the presence of both peanut skin prick test (SPT) >6 mm and serum PN-IgE ≥ 3 KUa/L at less than 2 years of age had a less than 3% likelihood of outgrowing peanut allergy by age 5 years.

It should be noted, however, that the rate of development of tolerance in our study may be biased to underestimation because children with persistently high peanut SPT sizes at age 5 years were not offered peanut challenges unless there was a history of tolerance to a recent episode of accidental ingestion to peanut. Although a persistently high SPT is likely to indicate ongoing peanut allergy, further research is required to prove that this is the case in children with peanut allergy followed longitudinally. In addition, we are unable to provide negative predictive values for the same reasons.

Marco H. K. Ho, MD^{a,b}
 Wilfred H. S. Wong, MMedSc^b
 Ralf G. Heine, MD^{a,c,d}
 Clifford S. Hosking, MD^c
 David J. Hill, MD^c
 Katrina J. Allen, MD, PhD^{a,c,d}

From ^athe Department of Allergy and Immunology, Royal Children's Hospital, Melbourne, Australia; ^bthe Department of Pediatrics and Adolescent Medicine, University of Hong Kong, China; ^cthe Murdoch Children's Research Institute, Melbourne, Australia; ^dthe Department of Pediatrics, University of Melbourne, Australia; and ^eJohn Hunter Children's Hospital, Newcastle, Australia. E-mail: katie.allen@rch.org.au.

TABLE I. Likelihood of peanut allergy remission by 5 years of age on the basis of SPT wheal size and PN-IgE at age <2 years (n = 181)

Predictor	No. passing peanut challenge by age 5 y/no. of subjects	Chance of remission (%)	95% CI
SPT (wheal diameter)			
4 to <6 mm*	21/66	31.8	20.6-43.0
6 to <8 mm	11/56	19.6	9.2-30.0
8 to <10 mm	4/28	14.2	1.3-27.2
≥ 10 mm	4/31	12.9	1.1-24.7
PN-IgE (KUa/L)			
<2	33/114	29.0	20.6-37.2
2-2.99	2/12	16.7	0-37.8
3-5.99	4/20	20.0	2.5-37.5
≥ 6	1/35	2.9	0-8.4
SPT + PN-IgE			
<6 mm + <3 KUa/L	17/47	36.2	22.4-49.9
≥ 6 mm + <3 KUa/L	18/79	22.8	13.5-32.0
<6 mm + ≥ 3 KUa/L	4/19	21.1	2.6-39.3
≥ 6 mm + ≥ 3 KUa/L	1/36	2.8	0-8.2

*Study participants were ascertained on the basis of the presence of SPT ≥ 4 mm. Therefore, there are no results available for SPT <4 mm.

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REFERENCES

- Cheuk DKL. How predictive are predictors of remission of peanut allergy? *J Allergy Clin Immunol* ■■■■;■■■:■■■-■■■.
- Ho MHK, Wong WHS, Heine RG, Hosking CS, Hill DJ, Allen KJ. Early clinical predictors of remission of peanut allergy in children. *J Allergy Clin Immunol* 2008;121:731-6.

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