

Response to Comparison of Solutions for Sublingual Immunotherapy¹ by Claus Bachert

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We are pleased to see that our work has given reason to further analysis of the Cochrane database [1]. The authors agree with the questioner that only the direct comparison in a double-blind, placebo-controlled trial will allow us to assess the efficacy of two preparations.

However, it was not the aim of our investigation to answer the question of comparative efficacy of the sublingual solutions studied. Instead, we targeted the much simpler question regarding the allergen content of a new solution.

The dose-dependent clinical efficacy of sublingual immunotherapy (SLIT) was confirmed by Durham et al. [2] in a multicenter, randomized, placebo-controlled trial. Among 855 patients, an improved symptom score of 16% and medication score of 28% was demonstrated, with the highest reduction among the strongest tablet of three different dosages of grass allergen tablets.

The quoted status paper [1] criticizes the sometimes disappointing efficacy, which is explained by an insufficient allergen content of some sublingual solutions. The data on subgroup analysis the questioner presents are interesting but misleading, since information about the allergen content is lacking.

Comparing the effect size is questionable from a methodological point of view, when the underlying scales (for symptoms and medication) differ substantially as it was the case in the individual studies reviewed by Malling [3]. This article rather arouses the discussion about SLIT versus subcutaneous immunotherapy in general than giving answers on which allergen product to favor from a clinical point of view. Furthermore, we would like to point out that none of the investigations summarized by the questioner were conducted with the new product investigated in our comparison.

The authors agree with the questioner that there have been studies with disappointing results on SLIT due to minor dosage regimes. Keeping in mind that standardization is still missing, the high-dose therapy recommended by the WHO proved evidence in recent publications on dose-dependent efficacy [2, 4]. At this point the benefits for patients on the new hyposensitization route should be discussed, not the amount of allergen administered in subcutaneous immunotherapy dosages.

The manufacturer of the new solution studied in our trial reached this insight as well. In a poster published at the 2006 Meeting of the American Academy of Allergy, Asthma and Immunology with the sponsorship of the company, the results of an animal study are summarized in the following sentence: 'We have shown that in this mouse model SLIT effectively ame-

liorates both clinical and immunological parameters of allergic rhinitis in a time- and dose-dependent manner' [5]. Consequently, the company will market the sublingual tablet with a high content of allergen.

We therefore agree with the questioner's conclusion that we look forward to conducting face-to-face comparisons of efficacy in the future. With the market introduction of the new sublingual allergen tablets, these trials have become feasible and therefore will provide more insight.

References

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- 4 Valovirta E, Jacobsen L, Ljørring C, Koivikko A, Savolainen J: Clinical efficacy and safety of sublingual immunotherapy with tree pollen extract in children. *Allergy* 2006;61:1177–1183.
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¹ A Letter to the Editor published in *Int Arch Allergy Immunol* 2007;142:89–90.