

CORRESPONDENCE

Allergen immunotherapy

We would like to draw attention to comments in the review article [1], 'Conventional and alternative allergen immunotherapy: do they work? are they safe?'.

The author refers to a study by Juniper [2] in which Pollinex-R, an allergen immunotherapy treatment, was compared with pharmacological treatment of allergic rhinitis. The review [1] refers to the immunotherapy product as 'a poorly standardized, low potency grass pollen extract'. The Juniper study [2] was in fact in ragweed sensitive patients and Pollinex-R contains glutaraldehyde modified, tyrosine adsorbed short ragweed extract.

We are puzzled by the reviewer's view that the immunotherapy product was 'low potency'. What does he mean by low potency? From where was this information obtained? If it were true that the product was not standardized, i.e. no potency measurements carried out, then there would be no way of knowing whether the product was of low or high potency. Some of the subjects in the Juniper study [2] were reported to have had reactions to treatment which would suggest that the product was not of particularly low potency. It should be borne in mind that the product is adjuvanted to enhance the immunological response which, if we desired it, could permit us to reduce potency. The top dose of Pollinex-R does in fact contain an Amb a 1 equivalent at the top of the range that is accepted by the American Academy of Allergy and Immunology as that which will provide an effective ragweed immunotherapy regime [3].

The study [2] consisted of a course of four injections. There was no reference to the fact that the extension course that is available, which is recognized to enhance efficacy, was not used.

The equivalent product (Pollinex) prepared from grass pollen extract to which the reviewer refers [1] is well controlled at all stages of manufacture and is standardized at the final product stage by potency assays to ensure consistency of product batches [4] and to confirm stability within a registered shelf-life.

Finally, we would like to point out that initial and extension courses of Pollinex for treatment of grass pollen allergy mentioned in the review [1], and an equivalent product for tree pollen allergy [5], have recently been re-registered with the Medicines Commission Agency for use in the UK. They thus satisfy the requirements of the EC Extensions Directives Implementations Programme and Directive 89/342/EEC.

References

- 1 Frew AJ. Conventional and alternative allergen immunotherapy: do they work? are they safe? *Clin Exp Allergy* 1994; 24:416–22.

- 2 Juniper EF, Kline PA, Ramsdale EH, Hargreave FE, Comparison of the efficacy and side effects of aqueous steroid nasal spray (budesonide) and allergen-injection therapy (Pollinex-R) in the treatment of seasonal allergic rhinoconjunctivitis. *J Allergy Clin Immunology* 1990; 85:606–11.
- 3 Creticos PS, Efficacy Parameters. In: *Immunotherapy, A practical guide to Current Procedures*. Sponsored by the AAAI. 1994; Chapter 5.
- 4 Overell BG, Spackman DA, Wheeler AW, Pfeiffer P, Standardisierung von Glutaraldehydmodifizierten Tyrosinadsorbierten Allergenextrakten. *Allergologie* 1991; 14:110–5.
- 5 Wheeler AW, Taylor IH, Mehta V et al. Tyrosin-allergoid Baumpollen. Standardisierung mit relevanten Methoden. *Allergo J* 1993; 2:71–5.

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Reply

Sirs, Dr Wheeler is quite correct in stating that the Pollinex-R used in this study was ragweed pollen and not grass pollen and I apologise for any confusion. However, the material is only standardized in terms of protein nitrogen content, which has now been superseded by biological standardization methods. The treatment regime consisted of only four preseasonal injections and as shown in the study, Pollinex-R was significantly less effective than topical budesonide spray in controlling seasonal allergic rhinitis. I believe that better standardized modern extracts may well be more effective, especially when given as year round treatment rather than as a short course before the pollen season. I believe it is important that this type of immunotherapy is subjected to comparative studies to assess the relative benefit, cost, safety and convenience of immunotherapy compared with conventional drug management. While I am pleased to hear that the Company have managed to re-register Pollinex-R preparations in the UK, this is not, however, itself evidence that the treatment is particularly effective or superior to other forms of treatment.

To my knowledge there are no data indicating that Pollinex works in humans. It provokes IgG response in animals and sometimes also in humans, but without any correlation with clinical efficacy as measured by SPT, CPT or symptom scores, opposite to a standardized extract.

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