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Correspondence

Qualitative evaluation of caregiver preferences for peanut immunotherapy products

Methods and timing count



In the article “Understanding caregiver goals, benefits, and acceptable risks of peanut allergy therapies,”¹ the authors undertake the ambitious task of using qualitative research methods to describe the motivation and goals of caregivers of children with peanut allergy. This is a critically important area given the rapid increase in peanut allergy in the past 2 decades and the development of 2 different immunotherapy products, one or both of which will likely be approved by the US Food and Drug Administration and available for prescription by late 2019.² The themes identified by this study are interesting and potentially helpful starting points for future qualitative studies. However, although I applaud the authors’ intent, there are several important issues that bias the work, and I am concerned that the results as presented could mislead practicing allergists who are able to influence patients and caregivers.

First, there was a gross imbalance in the sample toward caregivers whose children were enrolled in the epicutaneous immunotherapy (EPIT) trial at the time of the interview. The authors acknowledge this but nevertheless chose to share specific caregiver statements that appear to favor the EPIT product over the oral immunotherapy (OIT) product. A better approach would have been to interview caregivers before the informed consent process or to at least ensure that the interviewee sample was balanced.

In addition, the interviews took place before availability of quantitative phase 3 data for the 2 products that revealed some important differences between them. These differences were not known at the time of the interviews in this study but will likely will be part of future informed consent discussions with other caregivers, as would be recent data suggesting that unintentional ingestion of 100 mg or more of peanut protein is relatively common among peanut allergic patients.^{3,4} It is not clear to me that the caregiver impressions in the article were well-enough informed to be shared verbatim now.

To illustrate my concerns, the following hypothetical allergist/caregiver informed consent discussion scenario may well be

realistic within 2 years based on currently available data from phase 3 trials, yet would seem at odds with the caregiver preferences reported by Greenhawt et al,¹ “If you and Johnny decide to proceed with OIT then it is likely that within a year Johnny will be having no side effects from the therapy and we will be nearly 100% certain that accidental exposures less than 1 full peanut will be inconsequential. If Johnny does not tolerate the OIT very well then we can switch him to the EPIT product that may reduce his risk from smaller exposures.”

Applying qualitative research methods to assess important issues concerning peanut allergy treatment has the potential to provide information that will help practicing allergists provide optimal care. Unfortunately, most of us are not used to critically reading qualitative research studies (I know I am not); therefore, the study by Greenhawt et al¹ has the potential to be misinterpreted as an endorsement of EPIT as the treatment of choice for children with peanut allergy based on a biased and outdated data set.

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References

- [1] Greenhawt M, Marsh R, Gilbert H, Sicherer S, DunnGalvin A, Matlock D. Understanding caregiver goals, benefits, and acceptable risks of peanut allergy therapies. *Ann Allergy Asthma Immunol*. 2018;121:575–579.
- [2] Tilles SA, Petroni D. FDA-approved peanut allergy treatment: the first wave is about to crest. *Ann Allergy Asthma Immunol*. 2018;121:145–149.
- [3] Blom WM, Michelsen-Huisman AD, van Os-Medendorp H, et al. Accidental food allergy reactions: products 1 and undeclared ingredients [published online June 16, 2018]. *J Allergy Clin Immunol*. doi:10.1016/j.jaci.2018.04.041
- [4] Deschildre A, Elegbede CF, Just J, et al. Peanut-allergic patients in the MIRABEL survey: characteristics, allergists’ dietary advice and lessons from real life. *Clin Exp Allergy*. 2015;46:610–620.

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