

## Correspondence

## Reply

*To the Editor:*

I am quite sure that many of the readers of our article<sup>1</sup> share the perspective of Dr Ong.<sup>2</sup> Certainly, patients with peanut allergy are frustrated by the proliferation of food products bearing advisory labels for peanuts. Our data showing that 90% of such products contain no detectable peanut protein surely adds to the frustration. No wonder that increasing numbers of patients with peanut allergy are ignoring advisory labels and consuming such products, as shown in Fig 1 of our article. Yet let me emphasize that these patients are taking a risk when they choose to ingest products bearing advisory labels. The potential risk of experiencing allergic reactions on 1 of every 10 or even every 100 occasions is unacceptable. Certainly, I would agree with Dr Ong that the food industry should analyze such products for residual peanut and only put advisory labels on products where such a quantitative risk assessment would indicate some level of risk. However, the US Food and Drug Administration has not established a safe threshold level for peanut residues in foods. Because there is no established guidance on safe levels, the food industry chooses to err on the side of consumer safety. It is important to emphasize that we only analyzed 2 samples of each product, and therefore we cannot categorically state that a particular product never contains detectable peanut residues. If particulate peanut contamination is possible because of use of shared processing equipment, then the occasional spike of peanut residue could occur, leading to some packages of potentially hazardous product that would justify the advisory label; we might just have missed selecting such samples. Finally, I would note that my laboratory intends to conduct a

similar survey for detectable residues of peanut in packaged foods bearing advisory levels to ascertain whether trends are changing over time. Furthermore, my laboratory is currently conducting an analytic survey of products bearing advisory labels for milk.

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## REFERENCES

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2. Ong PY. Are allergy advisory statements helpful to patients with food allergy? *J Allergy Clin Immunol* 2008;■■■:■■■.

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