

Comparison of Solutions for Sublingual Immunotherapy

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Dear Sir,

In their article published in *International Archives of Allergy and Immunology*, Mosges et al. [1] hypothesize being able to demonstrate an ‘exchange rate’ for the most widely used allergen solutions of typical allergens for sublingual immunotherapy (SLIT) in Europe.

However, the discussion in the paper leaves the reader with little information on the shortcomings of this comparison; moreover it is not clear to the reader what conclusions can finally be drawn from these data. It seems appropriate at this

point to stress – as has been done previously [2] – that it *cannot* be concluded that one product demonstrates superior efficacy over the other from this study. In fact, a comparison of SLIT products as performed in the presented study [1] may be misleading.

In an article by Malling [3] on SLIT, the two largest manufacturers of products for SLIT (Stallergènes and ALK-Abelló) are both represented with clinical studies. According to Malling, the daily dose does not seem to predict efficacy; only one of six tri-

als with the alleged ‘high-dose’ product proved efficient. Furthermore, a reference is made to the WHO recommendations for treatment with SLIT. Allegedly, SLIT depends on a high dose that should exceed subcutaneous immunotherapy by a factor of 50–100. Bearing in mind that subcutaneous immunotherapy solutions of various manufacturers are not comparable, this statement is obviously not very helpful. The ‘high dose’ that apparently is required in a product for SLIT may simply be based on a low concentration of allergens

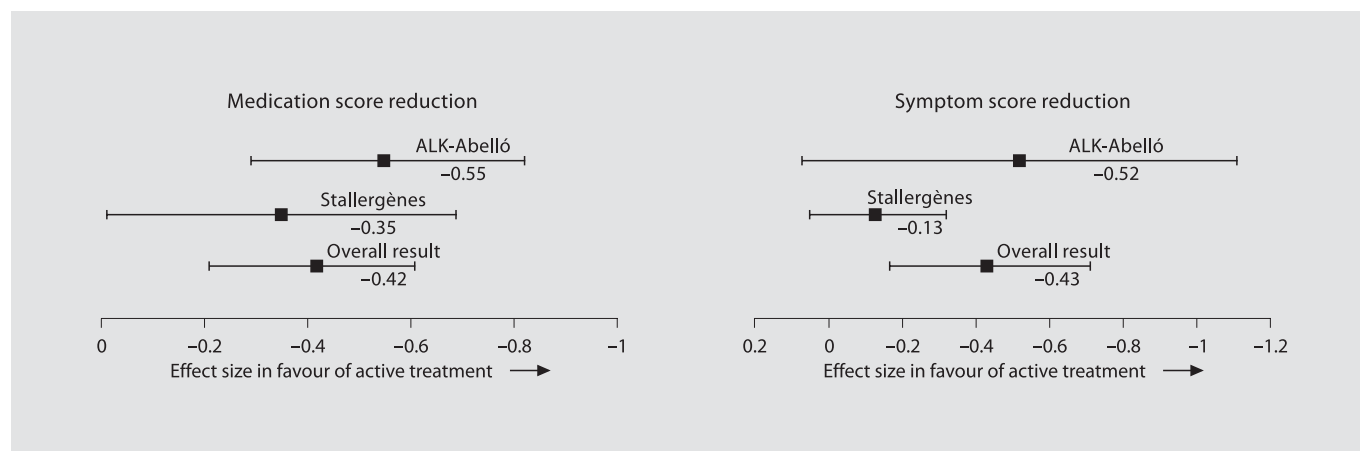


Fig. 1. Subgroup analysis from the Cochrane meta-analysis for the two most sold SLIT preparations. An effect of –0.2, –0.5 or 0.8 will result in a weak, a moderate, or a high effect. The contribution of the trials carried out with Stallergènes (‘high-dose’) products to the total results is clearly smaller than the contribution of the tri-

als carried out with the ALK-Abelló products. In total, the ALK-Abelló and Stallergènes trials account for 80 and 87% of the recorded patients, respectively, in the meta-analysis with regard to symptom and medication scores.

in the injection preparation from the same company.

In the introduction, the authors refer to the work of Wilson et al. [4] to indicate that 'treatment success is closely dependent upon the biological potency contained in the solution'. However, as will be demonstrated based on the Cochrane meta-analysis [4], the study results published here cannot provide a 'gold standard' or 'exchange rate' for clinicians as suggested by the authors. Simple conclusions must be discouraged. Instead, the physician should analyze the literature concerning the clinical efficacy of the various products critically in order to determine the prospects of success.

The various products' contributions to the average efficacy in the Cochrane meta-analysis by Wilson et al. [4] are depicted in

figure 1. Analysis of the trials with Stallergènes preparations shows an average reduction in the point scores for symptoms and medication of -0.13 (95% confidence interval, CI: $-0.32, 0.5$; $n = 7$) and -0.35 (95% CI: $0.69, -0.01$; $n = 7$), while the trials carried out with the ALK-Abelló products show an average efficacy of -0.52 (95% CI: $-1.11, 0.07$; $n = 8$) and -0.55 (95% CI: $0.81, -0.28$; $n = 7$). These data provide evidence that the daily dose of SLIT products by itself does not give any indication of efficacy. As the meta-analysis clearly states, the clinical efficacy of each product must be verified separately based on data – there are obvious differences between the products. Thus, allergen extracts produced by different manufacturers must be tested in direct comparative studies in order to conclude on a product's superiority.

References

- 1 Mosges R, Pasch N, Schlierenkamper U, Lehmach W: Comparison of the biological activity of the most common sublingual allergen solutions made by two European manufacturers. *Int Arch Allergy Immunol* 2006;139:325–329.
- 2 Bachert C: Heisst hohe Dosis unbedingt auch hohe Wirksamkeit? *Allergo J* 2006;15: 28.
- 3 Malling HJ: Is sublingual immunotherapy clinically effective? *Curr Opin Allergy Clin Immunol* 2002;2:523–531.
- 4 Wilson DR, Torres LI, Durham SR: Sublingual immunotherapy for allergic rhinitis. *Cochrane Database Syst Rev* 2003; CD002893.