

Peanut and Cashew Oral Immunotherapy

Clinical Guideline

This guideline supports initial treatment of patients with peanut & cashew allergies and includes information for referral to the Children’s Wisconsin Asthma, Allergy & Immunology Clinic. To support collaborative care, we have developed guidelines for our community providers to use when referring to, and managing patients with, the pediatric specialists at Children’s Wisconsin. These guidelines provide information and recommendations for jointly managing patient care between community providers and our pediatric specialists.

Symptoms/Diagnosis/Causes:	Referring provider’s initial evaluation and management:	When to initiate or consider referral to Asthma, Allergy & Immunology Clinic:	How to refer and what to send to Asthma, Allergy & Immunology Clinic:	Specialist’s workup will likely include:
<p>Signs and symptoms</p> <ul style="list-style-type: none"> • Peanut and/or cashew allergy will be present with symptoms of IgE-mediated reaction • Can range from mild symptoms to severe anaphylaxis • Clinical features can include: <ul style="list-style-type: none"> ○ Dermatologic - Pruritus, flushing, urticaria/angioedema, diaphoresis ○ Ophthalmic - Conjunctival injection, lacrimation, periorbital edema, pruritus ○ Respiratory - Nose/oropharynx (sneezing, rhinorrhea, nasal congestion, oral pruritus, metallic taste), upper airway (hoarseness, stridor, sense of choking, laryngeal edema), lower airway (dyspnea, tachypnea, wheezing, cough, cyanosis) ○ Cardiovascular - Conduction disturbances, tachycardia, bradycardia (if severe), arrhythmias, hypotension, cardiac arrest ○ Gastrointestinal - Nausea/vomiting, abdominal cramping, bloating, diarrhea ○ Neurologic - Sense of impending doom, syncope, dizziness, seizures • When suspected, the allergy can be confirmed by allergy testing showing positive skin prick test, positive serum IgE test, or both 	<p>Diagnosis can be suspected based on clinical features alone; often confirmation is performed in the Allergy Clinic</p> <p>Management consists of:</p> <ul style="list-style-type: none"> • Avoidance of the allergen (avoid peanut/cashew in the diet) <i>and</i> • Use of rescue medications when needed in the event of accidental ingestion <p>Immunotherapy Children’s Wisconsin Allergy department now offers Oral Immunotherapy (OIT) for peanut and for cashew for children 1 year of age and older.</p> <ul style="list-style-type: none"> • Treatment is called OIT • It is not a cure • Aims to desensitize someone to the allergenic food • Follows a protocol of consuming small doses of peanut/cashew every day under close monitoring from the treating allergist 	<p>Patients should be referred if they meet any of the following criteria:</p> <ul style="list-style-type: none"> • express interest in pursuing oral immunotherapy • want to learn more about potential “pro-active” approaches for food allergy • are highly anxious about living with their food allergy • are highly motivated to have more freedom from their allergy • Or as otherwise deemed necessary per clinical discretion <p>NOTE: peanut and cashew OIT is currently offered for ages 1-18 years old</p>	<p>How to refer:</p> <ol style="list-style-type: none"> 1. In Children’s Epic: place an ambulatory referral to Asthma Allergy. 2. External providers: <ul style="list-style-type: none"> • In your instance of Epic - Place an external referral order to CHW ASTHMA ALLERGY CLINICS and include OIT in the notes/comments. • Fax (414-607-5288) or • Online ambulatory referral <p>1. For urgent requests: Contact the Physician Consultation Line (414-266-2460).</p>	<p>After referral to the Allergy Clinic:</p> <ul style="list-style-type: none"> • Peanut and/or cashew allergy can be confirmed • Interest in OIT can be gauged • If family wants more information, then a “pre-enrollment” discussion will be scheduled by Allergy Clinic <ul style="list-style-type: none"> ○ If OIT is pursued, then Allergy team will take care of all of the arrangements and communicate with referring provider

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References

1. Du Toit G, Brown KR, Vereda A, et al. Oral Immunotherapy for Peanut Allergy in Children 1 to Less Than 4 Years of Age. *NEJM Evid.* 2023;2(11):EVIDoa2300145. doi:10.1056/EVIDoa2300145
2. Jones SM, Kim EH, Nadeau KC, et al. Efficacy and safety of oral immunotherapy in children aged 1-3 years with peanut allergy (the Immune Tolerance Network IMPACT trial): a randomised placebo controlled study. *Lancet.* 2022;399(10322):359-371. doi:10.1016/S0140-6736(21)02390-4
3. PALISADE Group of Clinical Investigators, Vickery BP, Vereda A, et al. AR101 Oral Immunotherapy for Peanut Allergy. *N Engl J Med.* 2018;379(21):1991-2001. doi:10.1056/NEJMoa1812856

Please contact clinicalguidelines@childrenswi.org for questions or comments.

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Medical Disclaimer

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