

Sublingual immunotherapy safe, effective for treating toddlers' peanut allergy

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Peanut sublingual immunotherapy (SLIT) is safe and effective at

inducing desensitization and remission in 1- to 4-year-old children, according to a study published online Oct. 10 in the *Journal of Allergy and Clinical Immunology*.

Edwin H. Kim, M.D., from the University of North Carolina at Chapel Hill, and colleagues studied the safety and efficacy of SLIT for [peanut allergy](#) in 1- to 4-year-old children. The analysis included 50 participants randomly assigned to SLIT or placebo.

The researchers found that actively treated versus placebo participants had a significantly greater median cumulative tolerated dose (4,443 versus 143 mg), higher likelihood of passing the month 36 double-blind, placebo-controlled food challenge (60 versus 0 percent), and a higher likelihood of demonstrating remission (48 versus 0 percent). One- to 2-year-olds had the highest rate of desensitization and [remission](#), followed by 2- to 3-year-olds and 3- to 4-year-olds.

Longitudinal changes in [peanut](#) skin prick testing, peanut-specific immunoglobulin (Ig)G4, and peanut-specific IgG4/IgE ratio were seen in SLIT participants, but not in [placebo](#) participants. SLIT participants more commonly reported oropharyngeal itching, but skin, gastrointestinal, upper respiratory, lower respiratory, and multisystem adverse events were similar between groups.

"The desensitization levels we saw were higher than expected and on par with levels we normally would only expect with oral immunotherapy," Kim said in a statement. "Just as important, rather than wearing off quickly, we were excited to see that over 60 percent stayed protected three months after stopping the treatment."

Several authors disclosed ties to the pharmaceutical and biotechnology industries.

More information: Edwin H. Kim et al, Desensitization and remission after peanut sublingual immunotherapy in 1- to 4-year-old peanut-allergic children: A randomized, placebo-controlled trial, *Journal of Allergy and Clinical Immunology* (2023). [DOI: 10.1016/j.jaci.2023.08.032](https://doi.org/10.1016/j.jaci.2023.08.032)

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