

Bypassing oral immunotherapy buildup safe in children with food allergy

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An initial phase of multifoed sublingual immunotherapy (SLIT) that bypasses oral immunotherapy (OIT) buildup is safe and effective, according to a study published online Feb. 27 in the *Journal of Allergy and Clinical Immunology: In Practice*.

Lianne Soller, Ph.D., from the University of British Columbia in Vancouver, Canada, and colleagues assessed the safety of multifoed SLIT in 188 [pediatric patients](#) (aged 4 to 18 years) and the effectiveness of bypassing [oral immunotherapy](#) (OIT) buildup with an initial phase of SLIT.

The researchers found that four patients received epinephrine (2.10 percent) during buildup (2 mg protein SLIT maintenance over the course of three to five visits) and went to the [emergency department](#), although none experienced grade 4 (severe) reaction. Twenty patients had 50 low-dose oral food challenges to 300 mg protein, with 70 percent of the oral food challenges successful in bypassing OIT buildup.

"Allergists are often quite burdened by the oral immunotherapy buildup phase, where a patient may require 11 or more visits to the clinic," coauthor Edmond Chan, M.D., also from the University of British Columbia, said in a statement. "In our clinic, we are starting to do more home-based approaches because the demand for medical appointments that would allow supervision far outstrips the supply. Our SLIT data suggests that home-based SLIT buildup is safe."

Several authors disclosed ties to the [pharmaceutical industry](#).

More information: Lianne Soller et al, Safety and Effectiveness of bypassing oral immunotherapy buildup with an initial phase of sublingual immunotherapy for higher-risk food allergy, *The Journal of Allergy and Clinical Immunology: In Practice* (2024). [DOI: 10.1016/j.jaip.2024.02.024](#)

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