

## PPOINT - Preparing Patients for Oral Immunotherapy (adapted)

*Preparing Patients for Oral Immunotherapy (PPOINT): International Delphi consensus for procedural preparation and consent. Mack DP, Dribin TE, Turner PJ, Wasserman RL, Hanna MA, Shaker M, Tang MLK, Rodríguez Del Río P, Sobolewski B, Abrams EM, Anagnostou A, Arasi S, Bajowala S, Bégin P, Cameron SB, Chan ES, Chinthrajah S, Clark AT, Detjen P, du Toit G, Ebisawa M, Elizur A, Factor JM, Greiwe J, O'B Hourihane J, Hughes SW, Jones DH, Muraro A, Nowak-Wegrzyn A, Patel NB, Scurlock AM, Shah AN, Sindher SB, Tilles S, Vickery BP, Wang J, Windom HH, Greenhawt M. Preparing Patients for Oral Immunotherapy (PPOINT): International Delphi consensus for procedural preparation and consent. *J Allergy Clin Immunol.* 2024 Mar 28:S0091-6749(24)00238-0. doi: 10.1016/j.jaci.2024.02.019. Epub ahead of print. PMID: 38597862.*

### Potential benefits

- ▶ There is a lower risk of reacting to accidental exposures to the food allergen.
- ▶ Less severe allergic reactions occur with accidental exposure.
- ▶ An increased amount of food allergen (threshold) is required to elicit a reaction.
- ▶ Subjects may ingest foods with precautionary allergen (“may contain”) labeling.

### Potential risks

- ▶ Commonly occurring mild allergic reactions include oral symptoms (affecting mouth, tongue, lips, and/or throat), abdominal pain, rash, hives, and itchiness. Anaphylactic reactions may include swelling, wheezing, cough, shortness of breath, vomiting, diarrhea, and in severe cases, low blood pressure and loss of consciousness.
- ▶ Reactions can occur in the clinic or at home.
- ▶ Epinephrine injection may be required for an allergic reaction.
- ▶ Emergency room/urgent care visit with or without hospitalization may be required for an allergic reaction.
- ▶ Eosinophilic gastrointestinal disorders such as EoE (eosinophilic esophagitis) may occur.
- ▶ Adverse reactions typically decrease during OIT maintenance phase but may occur at any time.

### Potential outcomes

- ▶ Patient response is variable and poorly predicted.
- ▶ OIT effectiveness may be lost if the food is not eaten regularly or is discontinued.
- ▶ Patients should expect to eat the allergenic food with some frequency indefinitely.

### Alternatives and options

- ▶ Continued food avoidance is a reasonable alternative.
- ▶ OIT may be discontinued at any time.

### Practical risk mitigation strategies

- ▶ Adults should supervise dose administration.
- ▶ OIT procedures should be supervised by allergists.
- ▶ OIT dose increases should be performed under medical supervision in a facility equipped to treat anaphylactic reactions.
- ▶ No active infection or signs of illness should be present when dose is administered or increased.
- ▶ Doses should be reduced or deferred if patient is febrile, has gastroenteritis, or is experiencing asthma exacerbation.

- ▶ Other allergic diseases should be controlled when dose is increased.
- ▶ Patients should avoid exercise, alcohol, and hot showers or baths before or soon after the dose.
- ▶ Patients should avoid taking the dose while tired or sleep deprived.
- ▶ Doses may be reduced and may need to be resumed in a medical facility if not provided for an extended period of time.
- ▶ Patients should have emergency medication with them at all times, and should treat any severe allergic reaction with epinephrine with potential activation of emergency medical services (eg, calling 911).
- ▶ Patients and caregivers (depending on age) should be trained to administer rescue medication, including epinephrine/adrenaline autoinjectors.
- ▶ Epinephrine-treated reactions should be reported to the treatment team immediately.
- ▶ Because dosing errors can cause serious reactions, caregivers should be careful to administer the correct dose.
- ▶ Doses may be reduced if there have been recurrent or severe reactions.

#### Difficulty encountered - Reasons for discontinuation:

- ▶ Patients have trouble with adherence to daily dosing.
- ▶ Recurrent systemic reactions occur, despite adherence to dosing regimen and safety precautions.
- ▶ Recurrent abdominal symptoms or development of confirmed EoE occur.
- ▶ Eosinophilic gastrointestinal symptoms occur that do not resolve with dose reduction, dietary adjustment, and/or supportive medication.
- ▶ Asthma is not well controlled or family refuses to treat asthma.
- ▶ Another medical condition arises that is a contraindication to OIT.
- ▶ Adherence to therapy protocols or safety recommendations is suboptimal.
- ▶ Epinephrine is not administered by caregivers during a systemic allergic reaction.
- ▶ Adverse effects are not reported.
- ▶ Patient requests to stop treatment.
- ▶ Medical team judges the balance of adverse events to be too high or thinks it is in the patient's best interest to stop OIT.

#### Office-specific policies, protocols, and procedures

- ▶ Unscheduled clinic visits may be necessary for dose adjustments.
- ▶ Buildup phase may last 4 to 12 months, or even longer.
- ▶ Treating physicians must be notified of cases of significant adverse effects.
- ▶ Patients and caregivers are expected to follow the allergist's guidance in the event of an OIT-related reaction.
- ▶ Any prolonged OIT dose deferral should be promptly communicated to the health care provider.
- ▶ Patients are required to bring their epinephrine autoinjector to all dosing visits.
- ▶ At least one adult per child is required during OIT visits.

#### Options for long-term management

- ▶ Dose and frequency should not be modified without medical advice.
- ▶ Epinephrine autoinjector carriage may still be required even when receiving maintenance dosing.
- ▶ Adverse events might occur even after years of treatment and should be reported.



- ▶ Changes to patient health status may affect OIT safety and should be reported to the treatment team.
- ▶ Treatment decisions should be made in partnership and consultation with an allergist.
- ▶ Recommendations for OIT treatment may change as experience with OIT grows and as additional food allergy treatments become available.