

The Allergy & Asthma Clinic

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Newsletter

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Recently, both Dr Engler and Brooke Leon, NP attended the annual meeting of the American College of Allergy, Asthma and Immunology (ACAAI) which was held in San Francisco.



Some of the presentations most relevant to our patients included:

Changing Ideas about Peanut Allergies

Continued evidence shows that early exposure to peanuts greatly lessens the risk of developing a peanut allergy in high risk young children, especially those with severe eczema and/or egg allergy. These children should be evaluated by an allergist to determine if they are allergic to peanut and whether early introduction of peanuts should be instituted to lessen the chance of the child developing a peanut allergy. The National Institute of Allergy and Infectious Disease (NIAID) has just issued formal guidelines on this matter, so please contact us if you or a loved one have a young child, especially if that child has eczema or egg allergy.

Two Years of Immunotherapy Not Enough to Permanently Turn off Allergy in Patients who suffer from Hay Fever

Dr Stephen Durham, MD, of Imperial College London, presented convincing evidence that although the vast majority of patients treated with either injection (allergy shots) or sublingual (oral) immunotherapy significantly improved with respect to reduced allergy symptoms, higher tolerance to pollen before symptoms started and reduced evidence of underlying allergy; if this treatment was stopped after 2 years, even if the patients felt dramatically better, most patients quickly lost the benefit gained while they were actively being treated with immunotherapy. In contrast, patients treated for a longer period of time, even if they were only getting their maintenance dose injections on a monthly basis, had long lasting benefit which continued for many years after the immunotherapy was discontinued. These findings fit with what we have observed in our own allergy patients over the last 25 years—the majority feel much better within a year but in order to keep lasting benefit, the treatment must be continued for a longer period of time. Here in California, where pollen counts can stay high for month after month, this finding is especially relevant, since the last few years have given us overwhelming amounts of

pollen. Fortunately, allergy immunotherapy works quite well for most patients to help them become less allergic, experience far fewer allergy and asthma symptoms and get by with much less medication.

New Biological Treatments for patients with severe asthma

Dr Engler attended a seminar outlining recently approved newer treatments for patients with severe asthma who are not responding to conventional treatments, or even advanced ones, such as Genentech's Xolair. The seminar also reviewed upcoming treatments currently in the pipeline, expected to become available in the near future, as well as those treatments much further upstream. During this symposium, different asthma experts presented the underlying biochemical rationale for the respective treatment options and outlined which patients would be most likely to benefit from which treatments, and what testing should be undertaken to maximize the chance that the treatment chosen will be best the best available option for the patient in question.



Oral immunotherapy treatment (OIT) for Food Allergy is almost here.

The meeting was filled with multiple presentations on OIT for food allergy, including an excellent debate among world class experts as to which treatment option is the best for patients at risk for developing food allergies, vs. the best treatment for those who actually have food allergies. From all of the evidence at hand, it looks like the protocols for oral desensitization (OIT), which are getting more and more fine-tuned are “almost ready for prime time” and we are hoping to be able to announce some very exciting news on this front in the upcoming year. Stay tuned for more.