

Is My Child Suitable For Peanut Desensitisation (Peanut OIT)?

There are a series of key questions to help decide if your child is suitable for treatment with Palforzia. Please read and consider these and if you are still interested then we would ask that you complete the questionnaire that follows and return it to us.

Question 1: Is my child definitely allergic to peanut?

Usually this is not an issue – if there is a clear history of allergic reactions to peanut together with a recent, clearly positive allergy test (Skin prick test and/or Specific-IgE blood test), this is usually enough to be certain of the diagnosis. The diagnosis may however be uncertain for one of the following reasons:

- The diagnosis is only based on test results (that were not high enough to be confirmatory) and there is no history of an allergic reaction to peanut
- The tests were taken some years ago and there has not been a reaction. More recent testing will be required to ensure the peanut allergy has not been outgrown, this happens in 10-20% of young children, and usually by 5 years of age.

Given the duration, cost and effort involved with peanut OIT, it is important to confirm that peanut allergy is present before progressing. If there is any uncertainty, we can arrange for the suitable allergy tests and if necessary, a supervised food challenge to confirm allergy.

Question 2: Is my child 'too allergic' to peanut?

Allergic reactions to peanut are unpredictable in nature but if there is a history of a reaction that has required intensive care or more than 2 injections of adrenaline, then it may be that peanut OIT is not suitable. This may also be the case if there have been significant reactions to trace exposures to peanut. Although very rare, some patients react to amounts of peanut that are less than the first dose of Palforzia and this would make the process very difficult. Please note that the size of an allergy test to peanut is not a reliable predictor of how successful desensitisation will be. Of note, the studies that underpin OIT as a treatment for peanut allergy included children with very high tests, children with a history of non-recent anaphylaxis to peanut and children who were allergic to multiple foods and other nuts.

Question 3: How old is my child?

Palforzia is licensed from 4 – 17 years of age. As long as your child is within the age group at the start of treatment, then there is not an issue. There are options to desensitise younger children by different OIT programs so please get in touch to find out more.



Question 4: Does my child have unstable asthma?

Asthma is common in children with food allergy and is usually not a problem as long as it is well controlled. However, if asthma is not well controlled then it can be a risk factor for severe allergic reactions and this needs to be addressed (regardless of whether you go ahead with peanut OIT). Oral immunotherapy is associated with occasional wheezing episodes after the treatment has been taken. It is not possible to consider food Desensitisation if asthma is not well controlled. Uncontrolled asthma means that there is a regular need for Ventolin more than twice a week, ongoing asthma related symptoms such as wheeze or cough or recent visits to hospital with asthma related symptoms.

Question 5: Does my child have a history of eosinophilic gastrointestinal disease?

It is possible that food desensitisation may aggravate symptoms of eosinophilic gastrointestinal disease such as Eosinophilic Oesophagitis (EoE) and if your child has this condition, then they would not be suitable for treatment. If your child has any problems with chronic abdominal pain, nausea and vomiting or any difficulty swallowing, then this would need careful assessment to rule out EoE before commencing desensitisation treatment.

Question 6: Does your child have a history of any other medical conditions?

Most other medical problems should not interfere with treatment but if they have severe eczema or another severe illness such as cancer, an immune deficiency, chronic urticaria, cardiovascular disease or active autoimmune disease, then they may not be suitable and a detailed discussion would be required before further consideration is given.

Question 7: Is my child on any medication that might be a problem?

If your child is on continuous oral steroid medication or another type of immune suppressant e.g. Azathioprine, ciclosporin or methotrexate, then these may impact on the effectiveness of the treatment. If they are taking beta blockers, these can reduce the efficacy of emergency medicines used for severe allergic reactions from working. It is important that you let us know full details of any medication your child is taking from the outset in order that we can discuss treatment options.

Question 8: Do you have a clear idea of what is involved in peanut OIT, including the risks?

Food desensitisation is not right for everybody and it is critical that you understand the risks and benefits of treatment before making a decision. These are discussed in detail in our other patient information material but in summary, the treatment carries a real risk of allergic reactions to Palforzia. Most of these adverse reactions will be mild but may on occasion be more severe and include anaphylaxis requiring an adrenaline autoinjector (AAI) e.g. Epipen. Anaphylaxis is more common in the early stages of treatment and may occur at home. We will supervise all 'up-dosing' visits to ensure this is safely tolerated. Anaphylaxis can be treated effectively by the early use of adrenaline and you will be



trained in recognizing and treating allergic reactions with your AAI. Of course, these risks need to be balanced with the benefits of treatment, which is to reduce the risk of a severe reaction in an uncontrolled environment, due to an accidental exposure to the food allergen.

Question 9: Are you able to commit to regular dosing?

Food desensitisation will only work if you can make a regular commitment to treatment. This involves up-dosing visits in central London every 2 to 3 weeks as well as daily dosing at home. Approximately 12 visits will be required over a 5-6 month period. Dosing will be required on an ongoing basis in order to maintain the effect of successful desensitisation but over the longer term, this can be done with peanut in other forms such as peanut butter. If you are unable to commit to starting this potentially life-long journey, then it is better not to embark on the treatment in the first place.

Question 10: Is the cost of treatment manageable?

Details of the cost of treatment are outlined in a separate section of the website however the overall cost of the programme is £18,000. Payment for the first year of treatment is required up front at the start of treatment, although payment plans are available if required. If you are not able to complete the course of treatment for any reason, there is a detailed refund policy. Unfortunately, due to the high overhead costs involved in the treatment, we are unable to offer any discounts. Upon completion of the maintenance period, your care will revert back to the referring clinician.

What Happens Next?

1. Having read about the key questions above, if you are still interested and think that your child will be eligible, then please complete the suitability questionnaire here and email it to us at office@oit.clinic . This will be reviewed by one of our medical leads and then one of our team will feedback to you as to whether an assessment visit would be appropriate or not.
2. If you wish to progress treatment and believe you are suitable or if you are not sure and would like to discuss it in more detail, then please book an assessment appointment. This will be with one of our team of Professors and will enable us to make a firm decision with you as to whether treatment is suitable. An assessment visit is required even if you are a well-known patient of one of our Professors. This is because we will still need to sign a formal consent form, for which we need to ensure you and your child have a full understanding of what is involved and the possible risks. Please call 0203 633 9851 or email us at: office@oit.clinic to make the appointment. For patients who have been seen by a member of our consultant team in the previous 12 months, this assessment appointment will be charged at £300 (including the cost of a skin prick test to peanut), which is non-refundable regardless of the final decision whether to progress to the treatment or not. If further testing is required, such as lung function or blood tests, then there will be an additional charge for this from a third-party provider. For patients who have **not** been under the care of our consultants, or have been in the past but have not been seen by them for over a year, then assessment will be a broader process that will be done through a regular appointment with any of our 3 consultants and charged at their usual practice rates as there may be a need for lung function tests to assess any asthma as well as skin or blood tests to ensure we have a full picture of all the child's allergy and other medical issues. We will aim, as far as possible, not to offer an assessment appointment if it is apparent from the details provided on this suitability form that treatment will not be suitable.



About You And Your Child:

Name of Allergist:

Patient Name		DOB	
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Parent/Legal Guardian's name(s) / relationship:	
Parent/Legal Guardian's phone number (mobile):	
Parent/Legal Guardian's email address:	
Home address:	

Additional Parent/Legal Guardian's name(s) / relationship:	
Parent/Legal Guardian's phone number (mobile):	
Parent/Legal Guardian's email address:	
Home address:	

NHS Allergy clinic details	
GP Name and Address	
Next of Kin (if different from above)	

Correspondence Address: PO Box 1230, Harrow, HA2 2HZ, United Kingdom

Registered Office: 10 London Mews, Paddington, London, W2 1HY, United Kingdom
Registration Number: 13187046 Food Allergy Immunotherapy Limited



Is My Child Suitable For Peanut OIT?

Please answer as honestly and fully as you can. If you are not sure of the answer then please include a note in the comment section at the bottom.

Question 1: Is my child allergic to peanut?

Please include details of allergy tests (including dates) and previous reactions. If there is uncertainty, this will be discussed at an assessment visit and if required, further testing or food challenges can be arranged.

Yes

Not sure

Please provide details:

Question 2: Is my child 'too allergic' to peanut?

Has your child ever had an allergic reaction (to peanut or other food) either requiring admission to an intensive care unit or requiring more than 2 injections of adrenaline?

No

Yes

If yes, please provide details:

Has your child ever reacted to trace exposure to peanut?

No

Yes

If yes, please provide details:



Question 3: Will my child be able to start treatment when they are between 4 – 17 years of age?

Yes

No

Question 4: Does your child currently have asthma?

No

Yes

Unsure

If yes, or unsure, please provide further details such as current regular medication, any previous hospital visits, who is monitoring the asthma, details of any hospital visits that required intensive care or intravenous medication as well as current asthma control/Ventolin usage:

Question 5: Does your child have a history of eosinophilic gastrointestinal disease?

No

Yes

If yes, please provide details including diagnosis, where this was managed, what medication was required and current disease status:



Question 5a: Does your child have any ongoing gastrointestinal symptoms that are currently unexplained such as frequent abdominal pains, nausea and vomiting or difficulty swallowing?

No

Yes

If yes, please provide details:

Question 6: Does your child have a history of any other medical conditions? Please include other food allergies.

No

Yes

If yes, please provide details including diagnosis, where this is being managed, what medication was required and current disease status:

Question 7: Is my child on any regular medication?

No

Yes



If yes, please provide details:

Medication	Dose	How often eg once daily	Why taken

Question 7a: What emergency medication do you have in case of an allergic reaction?

Medication	Dose	For AAI (eg EpiPen, Jext), how many devices	When were you last trained to use these

Question 8: Have you read our patient information material and feel you have a clear idea of what is involved in the treatment including i) not-uncommon GI side effects ii) the risk of allergic reactions iii) the restrictions around dosing e.g. exercise?

No

Yes



Question 9: Are you able to commit to regular dosing, daily at home and every 2 to 3 weeks under medical supervision for a few hours each visit in central London (at least 11 visits to our London clinic will be required)?

No

Yes

Question 10: Are you able to pay for the treatment (for fees, please see relevant section of our website)?

No

Yes

Question 11: Please let us know if you have any further details you would like to let us know about or any unanswered questions?



Having completed this form and believe you are still eligible for treatment and would like to proceed, please email this form to office@oit.clinic. The form will then be assessed by one of our medical team and if confirmed as eligible, we will offer an assessment visit.

This will be with one of our team of Professors and will enable us to make a firm decision with you as to whether treatment is suitable. An assessment visit is required even if you are a well-known patient of one of our Professors. This is because we will still need to sign a formal consent form, for which we need to ensure you and your child have a full understanding of what is involved and the possible risks.

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For patients who have **not** been under the care of our consultants, or have been in the past but have not been seen by them for over a year, then assessment will be a broader process that will be done through a regular appointment with any of our 3 consultants and charged at their usual practice rates as there may be a need for lung function tests to assess any asthma as well as skin or blood tests to ensure we have a full picture of all the child's allergy and other medical issues. We will aim, as far as possible, not to offer an assessment appointment if it is apparent from the details provided on this suitability form that treatment will not be suitable.

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