

AIT Bulletin

A BI-MONTHLY NEWSLETTER

ALK
MEDICAL
AFFAIRS



CLINICAL SPOTLIGHT

Dr. Priya Bansal, MD
St. Charles, IL

Tips for COVID-19 and SLIT-T

It is important to keep in mind certain considerations for COVID-19 and sublingual immunotherapy tablets (SLIT-tablets). If your patient is on SLIT-tablets and develops COVID-19, discuss holding SLIT-tablets for the duration of the disease. If your patient is exposed to COVID-19 but is negative and quarantining, make sure that at least 14 days of medication is available for them at that time. If your patient is due to get a COVID-19 vaccine, try to have them not take their SLIT-tablets on the same day as the vaccine in case of a potential reaction, and possibly consider waiting 24-48 hours to resume SLIT-tablets. Starting and maintaining SLIT-tablets during the pandemic has been successful and rewarding for my patients!

 @Allergygal1

AIT FROM ALK

Efficacy and Safety of Ragweed SLIT-Tablets Across Peak and Entire Season in Children with Allergic Rhinoconjunctivitis

*Abstract presented at AAAAI Annual Conference, 2020
Ellis A. K, Bernstein D. I, Nelson H. S, Kleine-Tebbe J, Nolte H**

Ragweed sublingual immunotherapy (SLIT)-tablets improved symptoms and decreased medication use in adults with allergic rhinitis with or without conjunctivitis (AR/C) during peak pollen season when symptoms are most burdensome and throughout the entire season. The efficacy and safety of ragweed SLIT-tablets during the peak and entire season were evaluated in children.

In an international, double-blind trial, children (N=1025; 77.8% polysensitized) aged five through 17 with ragweed AR/C with or without asthma (42.7% history of asthma) were randomized to daily ragweed SLIT-tablets or placebo for up to 28 weeks. The average total combined score (TCS; sum of rhinoconjunctivitis daily symptom score [DSS] and daily medication score [DMS]) was assessed for peak (primary endpoint) and the entire ragweed pollen season (key secondary endpoint). DSS and DMS during peak season were additional key secondary endpoints.

Relative TCS improvement with ragweed SLIT-tablets versus placebo during peak season (≈ 186 grains/m³/day) was -38.3% and during the entire season (≈ 85 grains/m³/day) was -32.4% . During peak season, DSS and DMS were improved with ragweed SLIT-tablets versus placebo by -35.4% and -47.7% , respectively. Treatment was well tolerated. No events of anaphylaxis, airway compromise or severe treatment-related systemic allergic reactions were reported.

Ragweed SLIT-tablets were efficacious in children with AR/C during peak season when symptoms were greatest and throughout the entire season.

Ellis A. K, Bernstein D. I, Nelson H. S, Kleine-Tebbe J, Nolte H. Efficacy and Safety of Ragweed SLIT-Tablets Across Peak and Entire Season in Children with Allergic Rhinoconjunctivitis. Journal of Allergy and Clinical Immunology. 2020;145(2);Supplement,AB62. <https://doi.org/10.1016/j.jaci.2019.12.718>.



*H. Nolte is the SVP of Research and Development at ALK-Abello Americas and International, and also serves the role of CMO.



DID YOU KNOW?

A recent study showed that introducing peanut products to children in the first year of life led to a **16% decrease** in peanut allergy prevalence.

Soriano V, Peters R, Ponsonby AL, Perrett K, Dharmage S, Gurrin L, et al. Has the Prevalence of Peanut Allergy Changed Following Earlier Introduction of Peanut? The EarlyNuts Study. Journal of Allergy and Clinical Immunology. 2021;147(2): Supplement, Page AB236. <https://doi.org/10.1016/j.jaci.2020.12.009>.

WHAT'S NEW IN RESEARCH?

Shifts in allergy practice in a COVID-19 world: Implications of pre-COVID-19 national health care provider and patient surveys of treatments for nasal allergies

Winders T, DuBuske L, Bukstein D, Meltzer E, Wallace D, Rance K

A recent study surveyed adults (N=510) diagnosed with nasal allergies and healthcare providers (N=304) who treated nasal allergies in the United States from November – December 2019 on the management of nasal allergies.

Among the findings, the study concluded that:

- Patients with nasal allergies continued to report inadequate symptom control and activity impairment.
- SLIT-tablets and AIT shared decision-making tools were underused.
- In the coronavirus disease 2019 era, social distancing may limit office visits, which impacts SCIT administration and prompts increased use of telemedicine.

Winders T, DuBuske L, Bukstein D, Meltzer E, Wallace D, Rance K. Shifts in allergy practice in a COVID-19 world: Implications of pre-COVID-19 national health care provider and patient surveys of treatments for nasal allergies. Allergy and Asthma Proceedings. 2021; doi: 10.2500/aap.2021.42.210035.

What gaps in research would you like to share with ALK? Let us know:

 @US_ALK #ALKMedAffairs

MAY/JUNE EVENT HIGHLIGHTS

U.S. Events

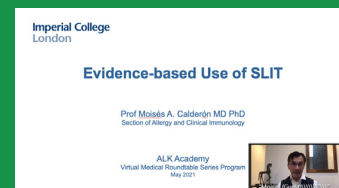
Sublingual Tablet Immunotherapy for the Management of Patients with AR/C—Applying Evidence to Evolving Clinical Practice*
Wednesday, May 12, 2021

ALK Academy Moises Calderone as Global Medical Chair
May 13 and 19, 2021

St. Joe's/Amita Health Conference's Allergy Grand Rounds—Chicago, IL
Friday, May 21, 2021

Canada Events

Paediatric Allergy—A Virtual Roundtable Medical Discussion on the Current State of AIT
June 8, 11 and 16, 2021



UPCOMING ALK EVENTS



CLICK HERE for ALK Virtual Programs Calendar

*Bookmark this page in your browser to stay up to date on new events being added!

Worldwide Webinar Wednesdays in North America

Now introducing ALK North America Medical Affairs' new virtual one-hour Webinar series designed to inspire and educate American and Canadian allergists on the advancement of AIT, starting this summer and occurring monthly.

JUNE: Yoshitaka Okamoto, MD (Japan) – REGISTER HERE
Wednesday, June 23 – 7:00pm EST

JULY: Harold Nelson, MD (USA) – REGISTER HERE
Wednesday, July 28 – 6:30pm EST

AUGUST: Anne Ellis, MD (Canada) – REGISTER HERE
Wednesday, August 25 – 7:00pm EST

Do you have a suggestion for a future ALK Medical Affairs event? Let us know!

 MedicalAffairs@alk.net

ALLERGY NEWS AROUND THE GLOBE

The Global Burden of Illness of Peanut Allergy

Lieberman J, Gupta R, Knibb R, Haselkorn T, Tilles S, Mack D, Pouessel G

It is generally reported that peanut allergy (PA) prevalence rates are between 1% and 2% in Western nations. A recent study in a representative U.S. population of over 40,000 individuals found that PA impacts 2.2% of children and 1.8% of adults. Among prevalence studies, a nationwide U.S. study found a three-fold increase in self-reported PA prevalence in children between 1997 (0.4%) and 2008 (1.4%), although actual prevalence figures may be inflated in studies only considering self-reported. Stable PA prevalence has been reported in two Canadian studies for the periods of 2000 to 2007 in Montreal and 2010 to 2017 across Canada.

Lieberman J, Gupta R, Knibb R, Haselkorn T, Tilles S, Mack D, Pouessel G. The Global Burden of Illness of Peanut Allergy. Allergy. 2021;00:1–18. <https://doi.org/10.1111/all.14666>.

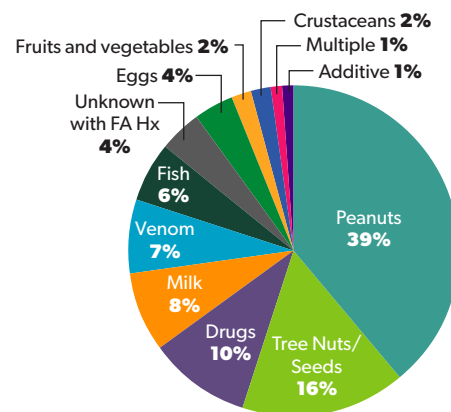


Figure – A study of all anaphylaxis admissions to North American (United States, Canada and Mexico) paediatric intensive care units between 2010 and 2015 (N=1989) found that peanut was the most common trigger. FA, food allergy; Hx, history. Reproduced with permission from Ramsey et al⁵⁷