Are We at the Peanut Allergy Tipping Point?
And how our industry’s early leadership helped us get here

Bob Parker 2019 USA Peanut Congress
Food allergies becoming more prevalent, more recognized – yet many people believe they are a passing ‘fad.’

National Peanut Board opens for business.
Original NPB board took the issue seriously

- Created a Scientific Advisory Council and funded research.
- Built relationships with food allergy advocacy groups.
- Provided funding for the study that discovered early introduction in Israel may explain the 10-fold difference in peanut allergy (vs. genetically similar population).
“In the early days, I promoted the work on the food allergy initiative and I feel proud of what we’ve done there. We’re making strides for people, not only for peanut allergy, but for people with other food allergies as well. With research funding and outreach and education efforts, we’re offering people hope.”

- Dee Dee Darden (VA farmer and former chair)
We can reduce the number of children who develop peanut allergies by up to 86% in high-risk infants by introducing peanut foods as early as 4-6 months.
Let’s Do the Math

- 4 million live births in the United States each year
- 2 to 2.5% or 90,000 infants are likely to develop a peanut allergy each year.
- We know introducing peanuts early reduces peanut allergy by 86%.

We have the potential to REDUCE peanut allergy prevalence from 90,000 to 13,000 children...

IF NIAID Guidelines are fully embraced.
What we’re doing:
Advancing Early Introduction by surrounding parents

Parents of infants
(birth to 6 months)
and parents to be

Friends & Family

Pediatricians

Medical Students and Residents
Pediatric Allergists

‘Influencers’
(Parenting, Health, etc.)

Parenting Media

‘Social Media’

PreventPeanut Allergies.org

Peanut Industry

Family Physicians

Public Health
(WIC and Public Health Physicians)

Nurse Practitioners

NPB Allergy Council

Physician Assistants

Registered Dietitians

Lactation Specialists

School Nurses

EI ‘Champions’
(Pediatricians and Pediatric Allergists)
Increasing parents’ intent to introduce early

Those exposed to the Size 4-6 Months campaign were 36% more likely to intend to introduce than those who weren’t (61% vs. 25%)
Helping healthcare providers, others help parents
More and more new EI products coming to market – many for people of all ages
What we’ve learned

- Pediatricians underestimate parent willingness to introduce early

- Lack of clinic time, concern about potential reactions, key barriers that must be addressed

- While branded products for EI are not necessary, some parents want them

What we’re doing

- Even more focus on pediatricians, other HCPs to address barriers

- Partnering with AAP to engage the larger universe of pediatricians

- Continuing to work with experts, advocates, others to identify and address gaps preventing wholesale adoption

- Providing support without endorsing any brands
‘If you go to a lecture about diabetes, autoimmune diseases, or allergic diseases, the first five or six slides are the same. They talk about the environment, the change in the microbiome, diesel particulate exhaust, and change in other behaviors that we see in industrialized Western society. All of those diseases I see as immune-related diseases ... that we don’t see in non-industrialized societies.’

Dr. Wesley Burks
Dean, UNC School of Medicine, and CEO, UNC Health
Food Allergy Treatment Pioneer
What about those who already have a peanut allergy?
Protection through exposure:

**Oral Immunotherapy (OIT)**

- Scheduled for FDA review in September, Aimmune’s AR101 would desensitize patients to peanut over a period of about six months.

- Afterward, patients would continue to take maintenance doses to maintain desensitization.
Protection through exposure:

Epicutaneous Immunotherapy (EPIT)

- **DBV’S Viaskin** delivers biologically active compounds to the immune system through intact skin.

- Aims to desensitize by delivering compounds in small quantities into the outer layers of the skin.
Reports of higher reaction rates among OIT participants are scaring people.

What we’re hearing

- Reports of higher reaction rates among OIT participants are scaring people.

The reality

- More reactions in OIT participants because they are purposefully ingesting peanuts to be expected. Reactions are likely in a safer setting under observation and treatment nearby.

- Quality of life improves greatly for those who have been through OIT.

- Baseline modeling shows increasing threshold from 100 mg or less protein before therapy to 300 after reduced risk of allergic reaction by 95 percent or greater. (Shreffler, et al)

Peanut allergy treatment may increase risk of anaphylaxis, study finds

Oral immunotherapy was associated with higher risk of serious adverse events and allergic reactions such as vomiting and swelling.
Could we soon see a vaccine?

- **Aravax’s PVX108** showing promising results in clinical trials.
- Targets peanut-specific T-cells that are believed to be the underlying cause of peanut allergy.
More ‘Novel therapies’ under study

- Vaccines, injectable and nasal, using modified proteins
- Probiotics
- Biologics (Xolair, Dupixent) to suppress reactions
- Enzyme blockers
- Microbials for fecal transplant

Huge amount of money now targeting food allergy treatments – and peanut allergy is in the bullseye.
― Food allergy researcher and head of a large clinic, who estimates 50 percent of his caseload is dealing with patients who think they have food allergies based on panel testing – but do not.

Need for better diagnostics:
‘We are de-labeling people.’
Keep an eye on these developments, too

- Revisions to the guidelines?
- New, better diagnostic methods
- New models of care delivery, access and reimbursement
We need your help.

- Know the facts
- Follow progress closely, including through NPB’s News In a Nutshell and PQ
- Be a peanut allergy champion with friends, family – even health care professionals
Thank you!

PreventPeanutAllergies.org

Credits
Dr. Brian Vickery, Children’s Healthcare of Atlanta/Emory University
University of North Carolina School of Medicine
Allergic Living