



For immediate release

Hong Kong Sanatorium & Hospital's Allergy Centre New Desensitisation Treatment for Peanut Allergy is Effective and Safe

(Hong Kong, 10 June 2019) — A multi-year retrospective study since 2014 conducted by Hong Kong Sanatorium & Hospital's Allergy Centre has continued to prove that the Desensitization Treatment for Peanut Allergic Patients with the use of a combination of anti-IgE with oral immunotherapy (OIT) is effective and safe. To date, 27 patients aged 6 to 16 years old have been treated with this combination therapy at the Hong Kong Sanatorium & Hospital's Allergy Centre and the results are reported in the June 2019 issue of the *Hong Kong Medical Journal*.

Peanut allergy is the commonest cause of food-induced anaphylaxis in the world and it can be fatal. There have been many recent improvements to achieve safe methods of peanut desensitisation, one of which is to use a combination of anti-immunoglobulin E and oral immunotherapy (OIT). The children received 150 - 600 (median 375) mg of anti-IgE injected subcutaneously for a median of 18 weeks. From about 12 weeks following the beginning of anti-IgE pretreatment, peanut was eaten daily at an initial dose determined by food challenge. Updosing was supervised at bi-weekly intervals in the clinic for 12- 28 (median 16) weeks (Escalation Phase) until an oral intake of 2000 mg peanut protein (PP) daily (about 9 peanuts) was achieved. Successful escalation was followed by a Maintenance Phase when patients ingested 2000 mg PP daily for 3 years.

Over a period of 12 to 28 weeks, patients were fed increasing amounts of peanuts from around 5 mg daily before treatment to 2000 mg daily (equivalent to about 9 peanuts) after desensitisation therapy. This is an improvement of 400 times, and represents a much larger amount of peanut than is likely to be encountered through accidental ingestion. During this period, only 1.8% of peanut encounters resulted in allergic reactions, none of which required emergency adrenaline administration. After successful completion of this treatment, peanut consumption was continued at 2000 mg daily to maintain desensitisation. During the 3-year follow-up phase, 0.6% of peanut encounters resulted in allergic reactions, none of which required emergency adrenaline administration.

The principal investigator and author Dr Tak-hong Lee, Director of the Allergy Centre, said that regular ingestion of peanut consumption is required to maintain the desensitized state. Preliminary data suggest that unresponsiveness is lost when daily ingestion of peanuts is stopped after the maintenance period. Seven patients have been followed up since the end of the treatment. Three of them stopped regular peanut ingestion and their sensitivity returned. The other four continued to eat peanuts at least 3 times per week and had not experienced any reactions at 4, 7, 8, and 24 months after the end of the treatment.

While the combination of anti-immunoglobulin E with oral immunotherapy to treat peanut allergy is efficacious and safe, Dr. Lee recommended that all desensitization treatments must be under the close supervision of experienced allergists. All patients and their families who completed desensitisation at the Allergy Centre have said that the treatment has been life-changing because they no longer have to worry about developing potentially fatal reactions after eating peanuts accidentally.

The research article "Peanut allergy and oral immunotherapy" was published in the latest issue of the *Hong Kong Medical Journal*. <https://www.hkmj.org/abstracts/v25n3/228.htm>

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