



**Halton Pediatric Allergy**  
Allergy • Asthma • Immunotherapy

# FOOD ORAL IMMUNOTHERAPY

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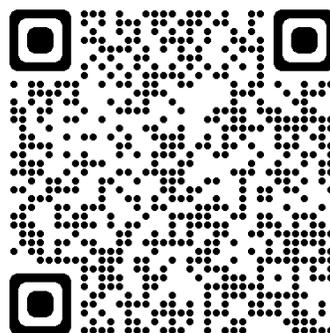
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## OIT THEORY 101

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### WHAT IS OIT, AND WHY CONSIDER IT?

Oral immunotherapy (OIT) is the gradually increasing exposure of a food allergen (i.e. peanut) to a person with that particular IgE-mediated food allergy. These exposures are progressively increased over time during clinic visits and maintained for life to help the body get used to this type of exposure. The goal of OIT is to mitigate potential allergen exposures that may occur in real life.

There is limited data on the long-term tolerance associated with this type of therapy; thus, if OIT is discontinued, the patient will very likely return to their initial state of allergy as though they had never undergone this therapy. While some very young children may experience clinical remission, OIT is considered a lifelong therapy for most patients.

## THE PROCESS

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### THE BASIC PRINCIPLES BEHIND OIT

During OIT exposure therapy, small amounts of a KNOWN allergen are administered to a patient on a DAILY basis. Reactions can occur, and patients and caregivers must be prepared and equipped to manage these should they occur. Reactions may occur when the amount of allergen increases; thus, this increase is ONLY done under medical supervision. Reactions can also occur at home when other factors in the patient's health change, such as illness, exercise, or the use of other medications – patients must be carefully trained on how to mitigate this risk. While most reactions are mild, severe reactions can occur. In food-allergic patients, the health of their gut and lungs is paramount. Your OIT physicians will work closely with you to monitor this before starting and throughout treatment.

To succeed in OIT, it is essential to maintain long-term daily dosing, with the correct dose, under the right physical and health conditions.



# THE JOURNEY

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## CONSIDERING OIT

Many steps can be taken to reduce risks associated with having food allergies without even pursuing OIT. For example, other allergens are often overlooked or actively avoided when a person is diagnosed with allergies. This unnecessary avoidance can lead to further allergies. Your allergist will discuss other allergens, barriers to introduction and methods to introduce these into the diet.

Asthma is a frequent comorbidity in patients with food allergies - more than half of patients may have this at some point. Uncontrolled asthma is linked with severe outcomes in food allergy reactions and is an absolute contraindication to pursuing further treatment.

Eosinophilic esophagitis (EOE) is a rare condition that may impact patients with food allergies. EOE presents various symptoms, including vomiting and food getting stuck when swallowing but varies among patients. EOE can rarely be triggered through OIT and may occur in the allergic patient even without OIT treatment.

Dr. Mack and Dr. Hanna are proud to be global OIT leaders with multiple peer-reviewed OIT publications. When you are ready to pursue this option further, our physicians are ready to guide you.

**PATIENTS (8+), AND GUARDIANS INTERESTED IN LEARNING MORE ABOUT THIS PROCESS ARE ENCOURAGED TO WATCH THE FOLLOWING DOCUMENTARY:**

**“THE NATURE OF THINGS: THE ALLERGY FIX”**

**SEE OUR WEBSITE FOR A DIRECT LINK TO THIS EPISODE LOCATED ON THE IMMUNOTHERAPY PAGE. USE THE QR CODE BELOW.**





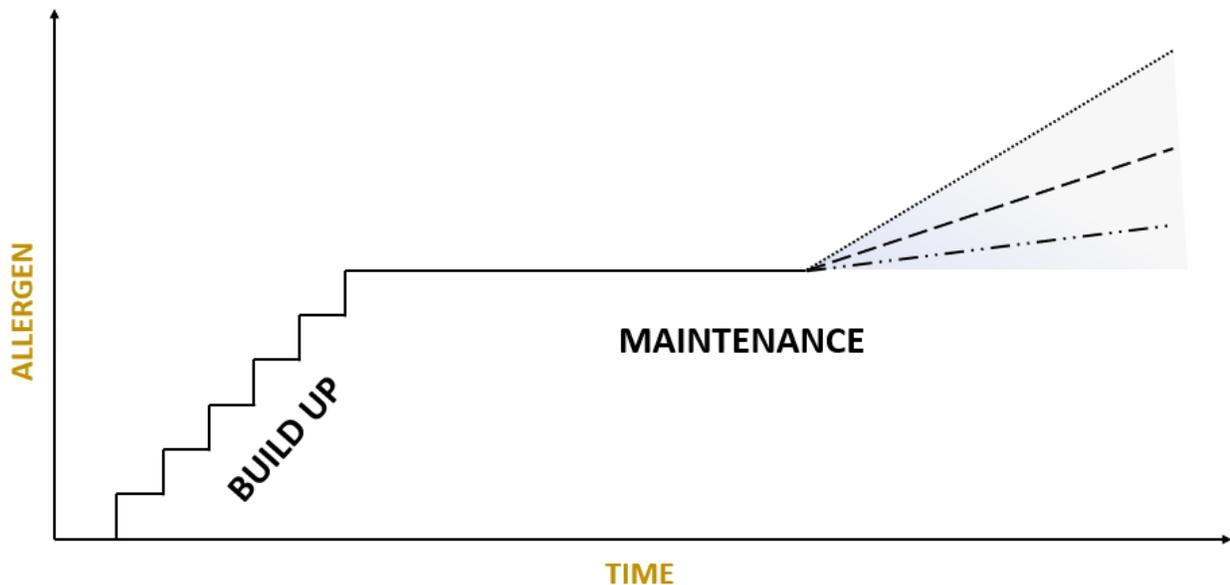
## DOSE, REST, REPEAT

### DOSE ESCALATION AND MAINTENANCE PHASE

OIT is broadly divided into 2 phases – buildup and maintenance. During buildup dose escalations, patients receive increasing doses of the allergen of concern in the office. Medical monitoring occurs for reactions, and the patient continues on that same dose until the next clinic visit. Your physician determines visit frequency, typically every 2-4 weeks.

Circumstances can arise that change a person's threshold or tolerance to a particular dose – these are termed cofactors. These cofactors are essential to recognize as these can impact dosing safety. For example, exercise in close proximity to an OIT dose can predispose a person to react. Thus, when taking OIT, exercise precautions are necessary for one hour before and two hours after the dose is given. Another unavoidable co-factor is illness. During illness, the person taking immunotherapy will be trained to reduce their daily dose or even skip it.

The maintenance phase starts once a significant amount of allergen is tolerated. This maintenance dose is felt to replicate for most people the amount of allergen they would encounter accidentally. For most patients, the tolerance of allergen will continue to climb the longer they are on the maintenance dose, even without increasing the dose. Optional tolerance challenges can determine this threshold.





# IMMUNOTHERAPY OPTIONS

**THIS IS A GENERAL GUIDE AND MAY NOT REPRESENT ALL CURRENT SCIENTIFIC DATA OR PATIENT EXPERIENCES**

As OIT evidence, data and experience continue to grow, so are available approaches to desensitization. These approaches offer varying levels of evidence base, safety data, and potential to increase tolerance of allergens (efficacy). Finally, each approach's upfront and long-term costs should be considered. These options are not available for all allergens, and some options are only available through clinical trials (ask for more details on current enrolling trials).

The following comparison is provided for illustration and is specifically for peanuts.

Immunotherapy Route	Epicutaneous (on skin)	Sublingual (under tongue)	Oral (by mouth)
Target Dose (amount of allergen)	1/1000 peanut	1/100 peanut	2.5 peanuts
Safety*	++++	+++	++
Efficacy (i.e. tolerating an allergen)*	++	++	+++

\*Individual results and tolerability vary.



## FINANCIAL COVERAGE OPTIONS

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Oral immunotherapy (OIT) and sublingual immunotherapy (SLIT) for food is an elective medical procedure is currently not covered under OHIP. Patients may take several approaches to receive financial coverage for this procedure. Suggested approaches for financial coverage of food immunotherapy include but are not limited to the following options.

**HEALTH SPENDING ACCOUNT** – Patients with private insurance with a policy containing a health spending account or a similar type of flexible spending account may utilize this. Incorporated or self-employed patients/families may consider organizations such as Brock Health ([www.brockhealth.ca](http://www.brockhealth.ca)).

**PRIVATE INSURANCE** – To date, private health insurance companies have not covered OIT or SLIT visits, but you may wish to discuss this further with your policy provider. Please ask our office if you would like a letter to submit to your insurance company.

**TAXES** – The cost of this medical procedure may be included in your tax submission. Talk to your accountant about whether this would be the right option for you.

**FINANCING** – A loan or credit line can be obtained through your bank or credit union. The use of private medical financing companies such as Medicard ([www.medicard.com](http://www.medicard.com)) is another option. Medicard specializes in financing medical procedures such as fertility treatments, orthodontics and other private medical procedures.

### PATIENT WITHDRAWAL AND REFUND POLICY

Patients are free to withdraw from the OIT and SLIT treatment programme at any time. A discussion regarding withdrawal from the programme with Dr. Mack or Dr. Hanna is necessary.

In some situations, Dr. Mack or Dr. Hanna may deem it necessary to withdraw a patient from the OIT and SLIT programme to maintain patient safety. This withdrawal will only occur after a discussion with the family. These situations may include, but are not limited to:

1. Uncontrolled asthma
2. Poor adherence (e.g., forgetting or not taking immunotherapy doses regularly)
3. Suspected or confirmed eosinophilic esophagitis
4. Repeated and/or severe adverse reactions
5. Inconsistent appointment attendance or payment of applicable fees

If a patient withdraws or is withdrawn from the treatment programme, completed visit fees and administrative fee are non-refundable.



## What's included in FOOD IMMUNOTHERAPY?

### Immunotherapy Fees include:

Video and in-person training sessions	Syringes and containers for food suspension
Patient resource manual	Weigh scale for weighed allergens
Medical assessments at each visit	Relevant signed notes, letters as necessary
Physician counselling as required	After-hours support

### Patients must provide:

- Relevant allergens when not on provided suspensions
- Prescribed medications: epinephrine auto-injector and antihistamine

### Accepted payment methods:

Payment must be provided in full on the day of the visit or made in advance before the visit.

- Payments accepted include Visa, MasterCard, Interac or e-transfers

### Allied Health Supports

The long-term success of OIT depends on ongoing consumption (eating) of that allergen! Obstacles such as boredom, distaste, anxiety, and food aversion can cause difficulty taking the OIT dose and lead to stress, frustration and even discontinuation of treatment.

A dietitian and/or counsellor specializing in food allergy treatment can be an invaluable resource to help improve continued success and sustainability in OIT.

These services are billed separately. Typically, these supports may be covered through private health insurance benefits. Please inquire with our front desk or OIT physicians for more information.