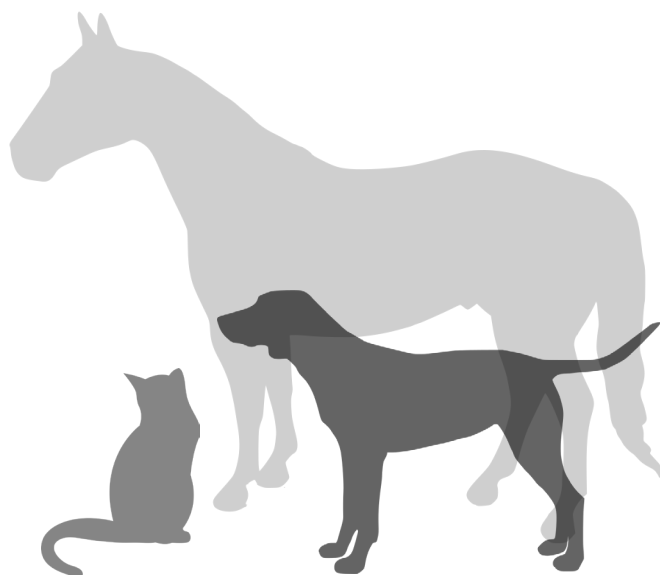


# Discover the connection

## ImmunoCAP™ Pet Allergen Component testing

Whole allergens and allergen components help you diagnose allergy, allowing you to prepare a more comprehensive management plan.



### IMPROVE diagnosis

One or several species.

Specific sensitization  
or cross-reactivity.

### ASSESS & predict asthma

Risk and severity  
of asthma.<sup>1-6</sup>

Predict development  
of asthma.<sup>1,4,7</sup>

### DECIDE on patient management

Avoidance strategies.

Allergen immunotherapy.



According to an evidence-based consensus recommendation, molecular diagnosis is strongly recommended to distinguish between simultaneous sensitization and cross-reactivity (Category B Evidence).<sup>1</sup>

## PET ALLERGEN COMPONENT PROTEIN CHARACTERISTICS<sup>8</sup>

Uteroglobulin/ Secretoglobin	Kallikrein	Lipocalins	Serum Albumins
<ul style="list-style-type: none"> <li>• Sensitization during childhood can be a predictive marker of cat allergy in adolescence.</li> <li>• A cat-specific marker of sensitization.</li> <li>• Fel d 1, a uteroglobulin and the major cat allergen.</li> <li>• A uteroglobulin expressed in skin and salivary glands, its synthesis is related to sexual hormones.</li> </ul>	<ul style="list-style-type: none"> <li>• Can f 5, a prostatic kallikrein, was isolated from urine of male dogs and is considered a major allergen.</li> <li>• Therefore, patients sensitized <b>only</b> to Can f 5 may tolerate female dogs or castrated male dogs.<sup>1</sup></li> <li>• Patients sensitized to Can f 5 may show allergic reactions to seminal fluid.<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Lipocalins are the most important allergen protein family.</li> <li>• Most are major allergens.</li> <li>• Synthesized in salivary glands and dispersed into the environment by saliva and dander.</li> </ul>	<ul style="list-style-type: none"> <li>• Highly cross-reactive molecules generally considered minor allergens.</li> <li>• Abundant in saliva and dander.</li> <li>• Respiratory allergens present in animal dander and fluids such as milk, serum, urine, and saliva.</li> </ul>

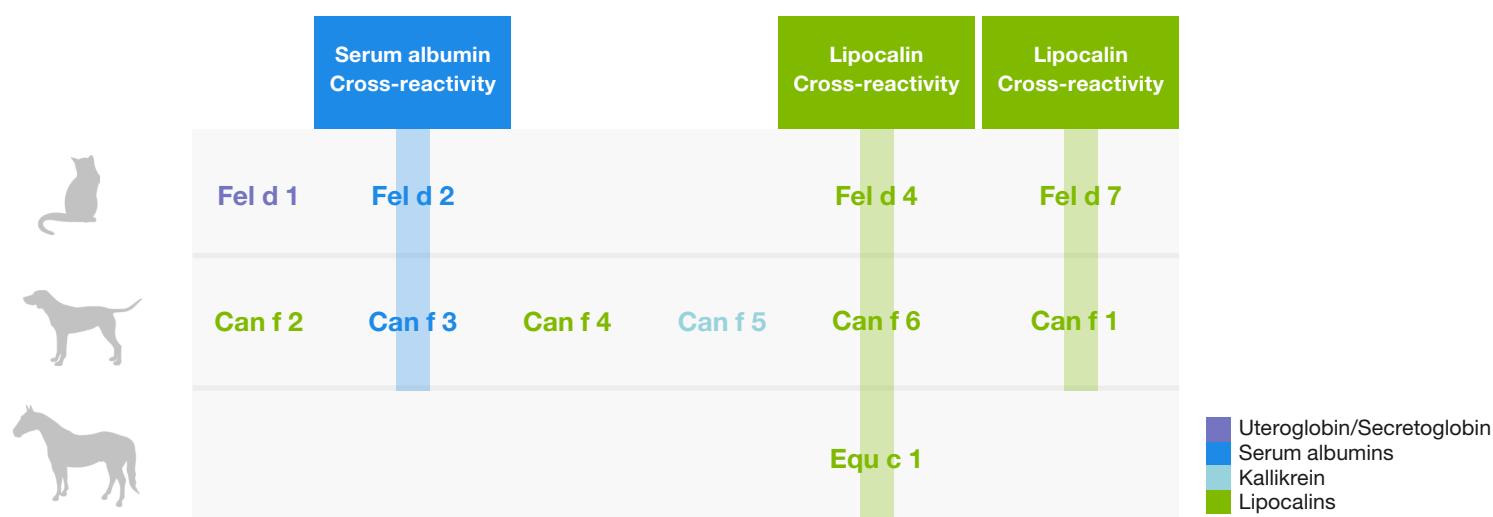




# MANAGEMENT CONSIDERATIONS

## DISEASE SEVERITY

- The risk for and severity of respiratory diseases increase with the number of pet allergen components the patient is sensitized to.<sup>1-4</sup>
- Sensitization to  $\geq 3$  pet allergen components is more common in severe asthma.<sup>1-3</sup>
- The higher the specific IgE levels of Fel d 1/Fel d 4/Can f 1/Can f 2/Can f 5, the higher the risk for asthma.<sup>5,6</sup>
- Co-sensitization to Fel d 1 and Fel d 4 is associated with asthma symptoms.<sup>5</sup>
- Co-sensitization to Can f 1, Can f 2, and Can f 5 is associated with asthma symptoms.<sup>5</sup>



Matricardi P.M. et al. EAACI Molecular Allergy User's Guide P. M. et al PAI 2016;27(suppl23): 1-250.

## PATIENT MANAGEMENT

- Elevated Fel d 1\*: Institute targeted exposure reduction to cat and consider allergen immunotherapy (AIT).<sup>1,9</sup>
- Elevated Can f 1\* and/or Can f 2\* and/or Can f 4\* } Institute targeted exposure reduction to dog and consider AIT.<sup>1,8,10,11</sup>
- Elevated Equ c 1\*: Institute targeted exposure reduction to horse and consider AIT.<sup>12</sup>
- Elevated Can f 5\* monosensitization: May tolerate female dogs or castrated male dogs.<sup>1,8</sup>

\*  $>0.1$  kU<sub>A</sub>/L

## OTHER CONSIDERATIONS

- Can f 3/Fel d 2 sensitization indicates cross reactivity and is seldom of clinical importance.<sup>13</sup> However, Fel d 2 can be a primary sensitizer in Pork-Cat Syndrome.<sup>13</sup>

Find out more at [allergyaidiagnostics.com](http://allergyaidiagnostics.com)

1. Davila L. et al. Allergy. 2018 Jun;73(6):1206-1222. 2. Nordlund B. et al. Allergy. 2012;67:661-9. 3. Konradsen JR. et al. Pediatr Allergy Immunol. 2014;25:187-92. 4. Patelis A. et al. Clin Exp Allergy. 2016;46:730-40. 5. Bjerg A. et al. Pediatr Allergy Immunol. 2015;26(6):557-63. 6. Perzanowski M. et al. J Allergy Clin Immunol. 2016;138:1582-90. 7. Asarnoj A. et al. J Allergy Clin Immunol. 2016;137:813-21. 8. Matricardi P.M. et al. EAACI Molecular Allergy User's Guide P. M. et al PAI 2016;27(suppl23): 1-250. 9. Bonnet B. et al. Allergy Asthma Clin Immunol. 2018 Apr 10. Luccardi G. et al. Hum Vaccin Immunother. 2018 Jun 3;14(6):1438-1441. 11. Curin M. et al. Int Arch Allergy Immunol. 2011;154:258-263. 12. Fernandez-Tavora et al. J Invest Allergol Clin Immunol. 2002;12(1):29-33. 13. Konradsen JR. et al. J Allergy Clin Immunol. 2015;135:616-25.