




Setting the standard

ImmunoCAP™ Specific IgE Peanut Allergen Components*

Use this guide to interpret ImmunoCAP Allergen Component test results and unlock a broader understanding of a patient's allergic sensitization, allowing for a more comprehensive management plan.¹

Testing with peanut allergen components can help to:¹⁻¹⁹

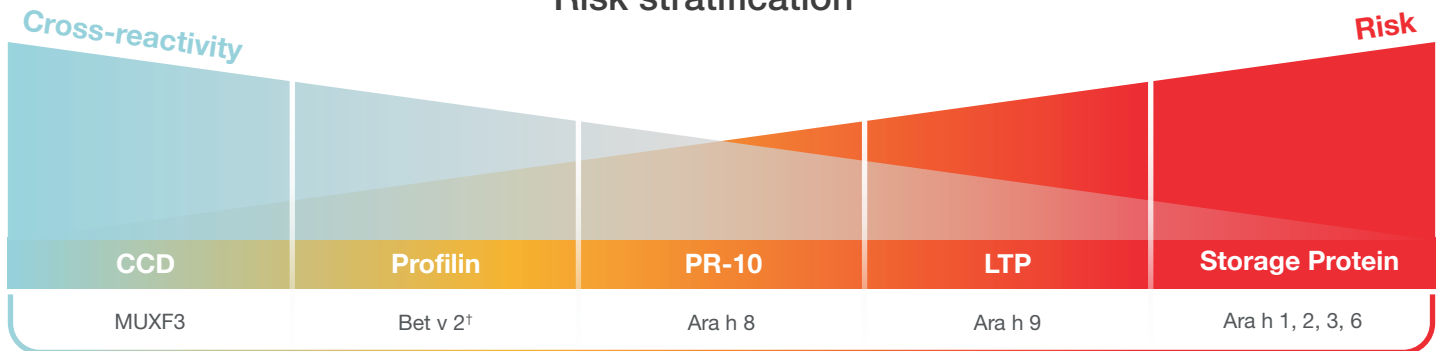
-  Assess risk for systemic allergic reactions
-  Identify cross-reactivity
-  Optimize diagnosis and management

77%

of patients sensitized to peanut may not be at risk for a systemic reaction²

Pinpointing exactly which protein an individual is sensitized to may help determine the risk for a systemic reaction.¹⁻¹²

Risk stratification²⁻¹²



Characteristics of individual proteins^{3,4,6,9}

CCD

Does not usually provoke clinical reactions

Highly cross-reactive (pollen, plant food, venoms)

Profilin

Sensitization is usually asymptomatic

Abundant in nature

Cross-reactive with pollen

PR-10

Labile to heat and digestion

Mainly local reactions

Cross-reactive with birch pollen

LTP

Stable to heat and digestion

Local and systemic reactions

Cross-reactive with plant foods and pollens

Storage Protein

Stable to heat and digestion

Associated with systemic reactions

Indicates primary sensitization

Management considerations^{2,5,6,13-19}

CCD, Profilin, PR-10 MUXF3, Bet v 2†, Ara h 8	LTP Ara h 9	Storage Proteins Ara h 1, Ara h 2, Ara h 3, Ara h 6	
+/-	+/-	+	<p>If clinical symptoms are present with exposure to peanuts, high probability of clinical peanut allergy and possibility for severe, systemic reactions. Consider the following:</p> <ul style="list-style-type: none"> • Patient likely to react to oral food challenge (OFC) • Other potential co-sensitizations (e.g. tree nuts and seeds) • Prescribing epinephrine auto-injector • Inform family, colleagues, and teachers of the allergy and have a plan
+/-	+	-	<p>If clinical symptoms are present with exposure to peanuts, consider the following:</p> <ul style="list-style-type: none"> • Systemic and local reaction such as oral allergy syndrome (OAS) are possible • Potential cross-reactivity to other LTP containing foods (e.g. peach, tree nuts, wheat) and pollens (e.g. weed and tree) • Prescribing epinephrine auto-injector
+	-	-	<p>If there are no symptoms with peanut exposure, or if symptoms are localized to only the oral cavity, primary peanut allergy and severe reactions are less likely. Consider the following:</p> <ul style="list-style-type: none"> • OFC with a specialist may be recommended

Note: As in all diagnostic testing, any diagnosis or treatment plan must be made by the clinician based on test results, individual patient history, the clinician's knowledge of the patient, as well as their clinical judgment. Patients can be sensitized to more than one allergen component.¹

Whole allergens consist of numerous allergen components. A positive whole allergen sensitization with negative allergen component sensitization may mean a patient is sensitized to a component that is not yet available for testing. Consider a patient's clinical history and if an OFC with a specialist may be warranted.

* Official product names of allergen components mentioned within this document: ImmunoCAP Allergen f13, Peanut; ImmunoCAP Allergen o214, Allergen component MUXF3 CCD, Bromelain; ImmunoCAP Allergen f422, Allergen Component rAra h 1 Peanut; ImmunoCAP Allergen f423, Allergen Component rAra h 2 Peanut; ImmunoCAP Allergen f424, Allergen Component rAra h 3 Peanut; ImmunoCAP Allergen f447, Allergen Component rAra h 6 Peanut; ImmunoCAP Allergen f352, Allergen component rAra h 8 PR-10, Peanut; ImmunoCAP Allergen f427, Allergen component rAra h 9 LTP, Peanut; ImmunoCAP Allergen t216, Allergen component rBet v 2 Profilin, Birch

† Surrogate markers for profilin Phi p 12, Bet v 2, Pru p 4

References

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