

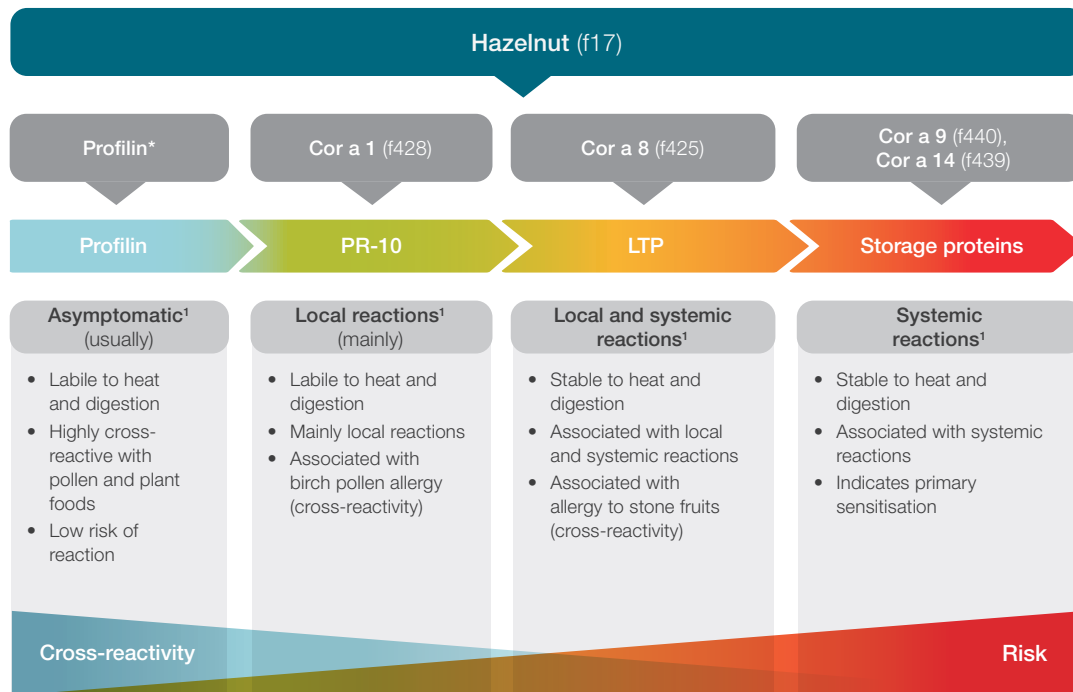
Hazelnut allergy

ImmunoCAP™ Specific IgE tests

ThermoFisher
SCIENTIFIC

ImmunoCAP™
Whole Allergen

ImmunoCAP™
Allergen Components



















Good to know

"Of the specific tree nut allergies, hazelnut allergy is the most common in Europe."²



* Surrogate markers for profilin: Phl p 12, Bet v 2 or Pru p 4

Hazelnut (f17)	PR-10 Cor a 1	LTP Cor a 8	Storage proteins Cor a 9/Cor a 14	Interpreting results*	Management considerations
				High risk of severe, systemic symptoms^{1,3-10} Primary hazelnut allergy is likely – high risk of severe systemic symptoms	<ul style="list-style-type: none"> Hazelnut avoidance Consider investigations for other tree nut avoidance Consider, in context of other risk factors, prescription of an adrenaline autoinjector
				Risk of local and systemic reactions^{1,10,11} Primary peanut allergy is unlikely; this is likely a crossreaction to other nsLTPs in stone fruits which can increase the risk of systemic reactions.	<ul style="list-style-type: none"> Consider investigation for stone fruit sensitisation and subsequent avoidance Consider, in context of other risk factors, prescription of an adrenaline autoinjector
				Risk of local reactions (usually)^{1,10,12-15} If mono-sensitised, this is likely a cross-reactivity to PR-10-containing pollens and plant foods	<ul style="list-style-type: none"> Hazelnut avoidance
				If all components of the algorithm are negative and/or f17 is positive, the patient could be sensitised to an untested allergen such as profilins, cross-reactive carbohydrate determinants (CCD) or other allergens. ¹⁴ If all tests are negative, a hazelnut allergy is unlikely – consider alternative investigations. If clinical suspicion persists consider a oral food challenge (OFC). ¹	

* Results should always be interpreted in the context of the clinical history.

References: **1.** Dramburg S, et al. *Pediatr Allergy Immunol.* 2023;34 Suppl 28:e13854. **2.** G. C. I. Spolidoro, et al. *Allergy* 2023, 78(2):351-368. **3.** Faber M, et al. *Int Arch Allergy Immunol* 2014; 164:200–206. **4.** Kattan DJ, et al. *J Allergy Clin Immunol Pract* 2014; 2(5): 633–634. **5.** Carraro S, et al. *Pediatric Allergy and Immunology* 2016; 27(3):322-4. **6.** Eller E, et al. *Allergy* 2016; n71:556–562. **7.** Beyer K, et al. *Allergy* 2015; 70: 90–98. **8.** Masthoff L, et al. *J Allergy Clin Immunol* 2013; 132(2):393-9. **9.** Brandström J, et al. *Clin Exp Allergy* 2015; 45(9):1412-8. **10.** Kleine-Tebbe J, et al. Editors: *Molecular Allergy Diagnostics*. Springer International Publishing Switzerland 2017. **11.** Flinterman AE, et al. *J Allergy Clin Immunol* 2008; 121(2):423-428. **12.** Hansen KS, et al. *Allergy* 2003; 58(2):132-138. **13.** Anhoj C, et al. *Allergy* 2001; 56(6):548-552. **14.** Kalyoncu AF, et al. *Allergol Immunopathol* 1995; 23(2):94-95. **15.** Bindslev-Jensen C, et al. *Allergy* 1991; 46(8): 610-613.

Official product names: ImmunoCAP Allergen f17, Hazelnut; ImmunoCAP Allergen f440, Allergen component nCor a 9, Hazelnut; ImmunoCAP Allergen f439, Allergen component rCor a 14, Hazelnut; ImmunoCAP Allergen f428, Allergen component rCor a 1 PR-10, Hazelnut; ImmunoCAP Allergen f425, Allergen component rCor a 8, Hazelnut

 Learn more at thermofisher.com/allergencomponents