

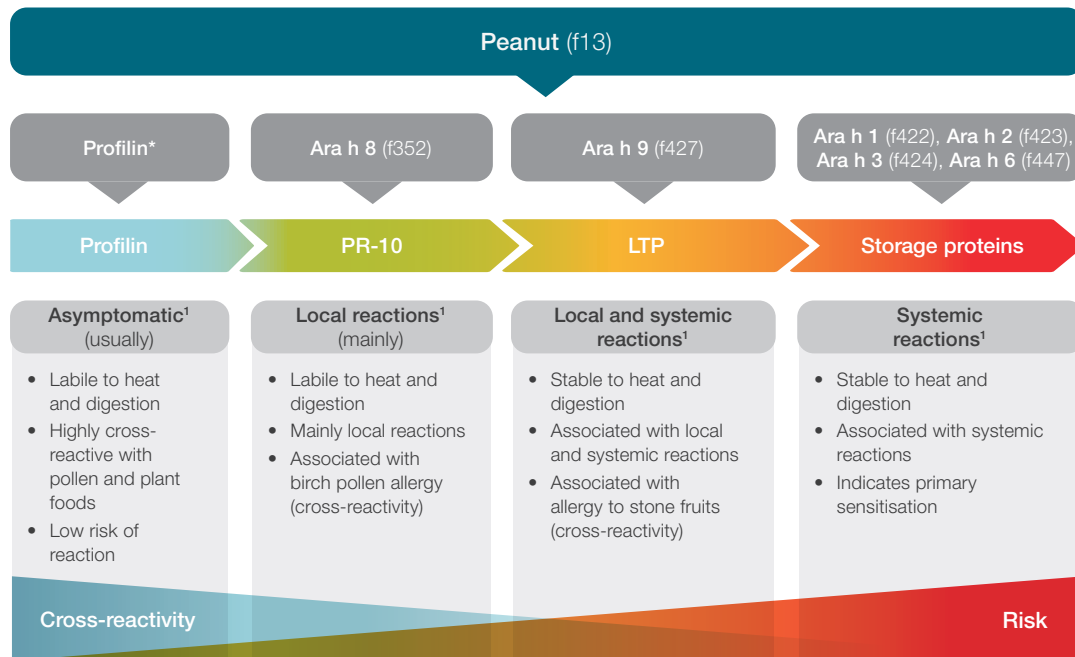
Peanut allergy

ImmunoCAP™ Specific IgE tests

ThermoFisher
SCIENTIFIC

ImmunoCAP™
Whole Allergen

ImmunoCAP™
Allergen Components



Molecular Allergology User's Guide 2.0 summary¹

- IgE to peanut components is a valuable tool for the clinician to diagnose and manage peanut allergy in children and adults.
- Knowing which allergen the patient is sensitised to can help to predict the severity of allergic reaction and prognosis.



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

Peanut (f13)	PR-10 Ara h 8	LTP Ara h 9	Storage proteins Ara h 1/2/3/6	Interpreting results*	Management considerations
				High risk of severe, systemic symptoms¹⁻¹⁶ Primary peanut allergy is likely – high risk of severe systemic symptoms, especially if Ara h 2 or Ara h 6 are positive.	• Peanut avoidance • Consider investigations for tree nut avoidance • Consider, in context of other risk factors, prescription of an adrenaline autoinjector
				Risk of local and systemic reactions¹⁻¹⁶ Primary peanut allergy is unlikely; this is likely a crossreaction to other nsLTPs in stone fruits which can increase the risk of systemic reactions.	• 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)^{1,16} If mono-sensitised, this is likely a cross-reactivity to birch pollen.	• Consider a controlled peanut challenge to rule out peanut allergy, and testing with Bet v 1 (PR-10; t215) to confirm birch sensitisation • If birch pollen sensitised and mono-sensitised to Ara h 8 consider seasonal antihistamines and/or allergen-specific immunotherapy
				If all components of the algorithm are negative and f13 is positive, the patient could be sensitised to an untested allergen such as profilins, cross-reactive carbohydrate determinants (CCD) or other allergens. 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. Mattsson L, et al. *Clinical & Experimental Allergy* 2021;51. 3. WHO/IUIS Allergen Nomenclature Sub-Committee. Allergen nomenclature. www.allergen.org 2023. Last accessed: November 2023. 4. Nicolaou N, et al. *J Allergy Clin Immunol* 2010; 125:191-197. 5. Sicherer SH, et al. *J Allergy Clin Immunol* 2010; 125:1322-1326. 6. Rona, RJ, et al. *J Allergy Clin Immunol* 2007; 120(3):638-646. 7. Lange L, et al. *Allergo J Int* 2014; 23:156-63. 8. Mortz CG, et al. *Paediatr Allergy Immunol* 2005; 16:501-506. 9. Eller E, et al. *Allergy* 2013; 68(2):190-194. 10. Dang TD, et al. *J Allergy Clin Immunol* 2012; 129(4):1056-1063. 11. Nicolaou N, et al. *J Allergy Clin Immunol* 2011; 127(3):684-685. 12. Kuikonen AK, et al. *Allergy* 2015; 70(10):1239-45. 13. Rajput S, et al. *Journal of Allergy and Immunology* 2017. 14. Van Erp FC, et al. *Journal of Allergy and Immunology* 2016. 15. Klemans RJ, et al. *Allergy* 2014; 69(8):1112-4. 16. Kleine-Tebbe J, et al. Editors: *Molecular Allergy Diagnostics*. Springer International Publishing Switzerland 2017.

Official product names: ImmunoCAP Allergen f13, Peanut; 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 SAS, U1370, rAra h 18

 Learn more at thermofisher.com/allergencomponents

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