

# Perennial/seasonal allergic asthma

## ImmunoCAP™ Specific IgE tests

Specific IgE blood testing helps to identify allergic triggers, and to confirm suspected allergies in asthmatic patients.<sup>1,2</sup>

### Who to test<sup>2</sup>

- Persistent asthmatics
- Preschool children with repeated wheeze

#### Patients needing<sup>2</sup>

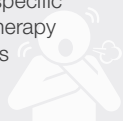
- oral corticosteroids
- high-dose inhaled corticosteroids

#### Patients seeking to<sup>2</sup>

- understand their disease better
- get guidance on pets

#### Candidates for<sup>2</sup>

- allergen-specific immunotherapy
- biologicals



### Why to test

Allergens are a major trigger in asthma.<sup>3,4</sup>

Up to **90%** of children and **60%** of adults with asthma are sensitised to at least one specific allergen.<sup>3,4</sup>



### What to test

Global asthma guidelines recommend specific IgE testing after asthma diagnosis is confirmed.<sup>5-13</sup>

Specific IgE testing can assess whether your patient is sensitised to the most common aeroallergens associated with asthma, including:<sup>2</sup>

- House dust mites
- Cat dander
- Dog dander
- Moulds
- Pollens (e.g. grass or tree)



### How to test

Specific IgE blood tests can be requested through a local laboratory:

- Serum and plasma (EDTA or heparin) samples from venous or capillary blood can be used<sup>14\*</sup>
- Can be performed irrespective of age, skin condition, medication, symptoms, or pregnancy<sup>15-17</sup>
- For further guidance contact your local laboratory



### Patient management<sup>2</sup>

Positive test results in connection with physical examination and patient history enable an allergy diagnosis and targeted patient care:<sup>2</sup>

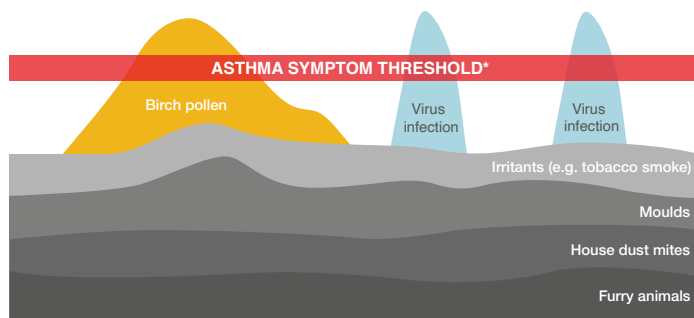
- Advice on allergens avoidance
- Appropriate symptomatic treatment
- Referral to a specialist, especially for allergen-specific immunotherapy
- A negative result suggests that additional investigation of the underlying causes of allergy-like symptoms is required.<sup>2</sup>

*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 judgement.*

\* Please refer to your local laboratory for specific specimen sample requirements.

## Multiple allergic triggers can add up to asthma symptoms<sup>11,18</sup>

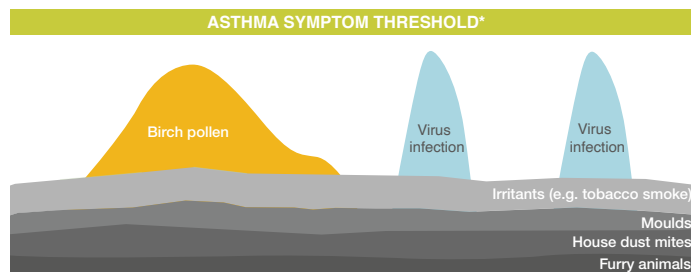
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- Patient experiences symptoms when threshold\* is exceeded.<sup>19</sup>
- An individual may have a number of triggers (average 3), which combined may lead to symptoms<sup>19,20</sup>

## Exposure reduction works to reduce asthma exacerbations<sup>20</sup>

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\* Symptom threshold is the point at which the cumulative allergen load leads to asthma symptoms.<sup>19</sup>

**References:** 1. NICE Clinical Guideline CG116: Food allergy in under 19s: assessment and diagnosis. February 2011. 2. Casale TB, et al. Allergy Clin Immunol Pract 2020; 8:2526-2532. 3. 6. Host A, et al. Allergy 2000; 55:600-608. 4. Allen-Ramey F, et al. J Am Board Fam Pract 2005; 18:434-439. 5. NICE Guideline NG80: Asthma diagnosis and monitoring of asthma in adults, children and young people. November 2017. 6. Demoly P, et al. Journal of Asthma and Allergy 2022;15 1069-1080 7. Halvorsen R, et al. Int J Pediatr. 2009; 460:737 8. Duran-Tauleria E, et al. Allergy. 2004; 59 Suppl 78:35-41 9. Flocchi A, et al. Ann Allergy Asthma Immunol. 2004 Oct; 93(4): 328-33 10. Paganelli R, et al. Allergy. 1998; 53(8):763-8 11. Wickman M. Allergy 2005;60 (Suppl 79): 14-8 12. Pfaar O, et al. Allergol Select. 2022;6: 167-232. DOI 10.5414/ALX02331E 13. Venkatesan P. 2023 GINA report for asthma. Lancet Respir Med. 2023 Jul;11(7):589. 14. Direction for Use 52-5291-EN, ImmunoCAP™ Specific IgE. 15. Siles RI, et al. Cleve Clin J Med. 2011;78(9):585-592. 16. Bonnelykke K, et al. J Allergy Clin Immunol. 2008;121(3):646-651. 17. Bacharier LB, et al. Allergy. 2008;63(1):5-34. 18. Eggleston PA. Immunol Allergy Clin North Am 2003; 23:533-547 19. Wickman M. Allergy 2005; 60:14-18 20. Murray CS, et al. Am J Respir Crit Care Med 2017; 196:150-158.

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