

# ImmunoCAP Food Allergy Panel with Reflex

Decode Allergy and Optimize Management

Test Code: 91236

Specimen Requirements: 1ML Serum from an SST



With ImmunoCAP Component test results, you have more of the information necessary to evaluate your patient's potential risk of systemic reaction, manage dietary modification, and improve your patient's quality of life. To learn more, visit [immunocap.com](http://immunocap.com).

## Characteristics of Individual Proteins

### Peanut f13

- High levels of peanut IgE can predict the likelihood of peanut sensitivity, but may not be solely predictive of reactions or allergic response<sup>3</sup>

### Ara h 8 f352

- LOW RISK** of systemic reaction<sup>4</sup>
- Risk of mild, localized symptoms, such as itching/tingling of the lips, mouth, and oropharynx<sup>5</sup>
- Cross-reactive with pollens (e.g., birch)<sup>5</sup>

### Ara h 9 f427

- VARIABLE RISK** of systemic reaction including anaphylaxis<sup>6</sup>
- Often accompanied by sensitization to other peanut proteins<sup>7</sup>
- Cross-reactive with fruits with pits (e.g., peaches)<sup>8</sup>

### Ara h 1,2,3 f421, f423, f424

- HIGH RISK** of systemic reaction including anaphylaxis<sup>8,9</sup>
- Sensitization to Ara h 2 is nearly always associated with clinical peanut allergy<sup>4</sup>

### Ara h 8

f352

+

### Ara h 9

f427

-

### Ara h 1,2,3

f421, f423, f424

-

### Management Considerations

Oral food challenge (OFC) with a specialist is recommended.<sup>1</sup> High likelihood that patient may pass OFC. If patient passes an OFC:

- Foods prepared with or around peanuts may be consumed
- Patient not restricted to peanut-free zones

+/-

+

-

- If there is **no clinical history** of symptoms, please see considerations above.
- If there is a **clinical history** of symptoms, please see considerations below

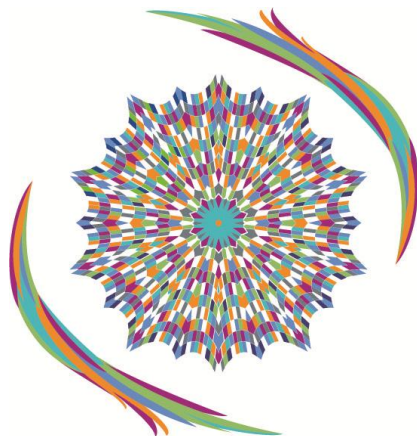
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- Choose peanut-free zones for patient's safety. Prescribe epinephrine auto-injector
- Family, colleagues, and teachers should be made aware of the allergy

As in all diagnostic testing, a diagnosis should be made by the physician based on both test results and patient history.



# 77.6%

of patients sensitized to peanuts **may not be at risk** for a systemic reaction.<sup>3</sup>

# 70%

of children with egg allergy can tolerate **cooked egg**.<sup>11</sup>

# 75%

of children with cow's milk allergy can tolerate **baked milk**.<sup>5</sup>

**Food Allergy Testing now available at a whole new level**

**A Food Allergy Panel that reflexes to Milk, Egg, and Peanut Components**

Clam	(f207)
Cod Fish	(f3)
Corn (Maize)	(f8)
Peanut	(f13)
Scallop	(f338)
Egg White	(f1)
Sesame Seed	(f10)
Shrimp	(f24)
Soybean	(f14)
Walnut	(f256)
Wheat	(f4)
Milk	(f2)

## Characteristics of Individual Proteins



### Cow's Milk *f2*

- High levels of cow's milk IgE may predict the likelihood of sensitivity, but may not be solely predictive of reactions to baked milk or allergy duration<sup>3</sup>

### a-lactalbumin *Bos d 4/f76*

- Susceptible to heat denaturation<sup>11</sup>
- HIGH RISK** of reaction to fresh milk<sup>10,12</sup>
- LOW RISK** of reaction to baked milk<sup>10,12</sup>
- Patient likely to "outgrow" milk allergy<sup>13</sup>

### B-lactoglobulin *Bos d 5/f77*

- Susceptible to heat denaturation<sup>11</sup>
- HIGH RISK** of reaction to fresh milk<sup>10,12</sup>
- LOW RISK** of reaction to baked milk<sup>10,12\*</sup>
- Patient likely to "outgrow" milk allergy<sup>13</sup>

### Casein *Bos d 8/f78*

- Resistant to heat denaturation<sup>11</sup>
- HIGH RISK** of reaction to all forms of milk<sup>10,12,14</sup>
- Patient unlikely to "outgrow" milk allergy with high levels of specific IgE to casein<sup>13</sup>

\*In clinical studies, extensively baked muffin, waffle, and cheese pizza were heated to the point of protein denaturation.

### a-lactalbumin    B-lactoglobulin    Casein

*Bos d 4/f76*                  *Bos d 5/f77*                  *Bos d 8/f78*

+                                  +                                  -

+                                  -                                  -

-                                  +                                  -

+/-                                +/-                                +

### Management Considerations

- Avoid fresh milk
- Likely to tolerate baked milk products
- Baked milk oral food challenge with a specialist may be appropriate
- Likely to outgrow allergy
- Avoid all forms of cow's milk
- Unlikely to become tolerant of cow's milk over time
- Avoid cow's milk and baked milk products (yogurt, cookies, cakes), as well as products processed with milk (chocolate, sausage, potato chips)<sup>14,15</sup>

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## Characteristics of Individual Proteins

### Egg White *f1*

- High levels of egg white IgE may predict the likelihood of sensitivity, but may not be solely predictive of reactions to cooked egg or allergy duration<sup>3</sup>

### Ovalbumin *Gal d 2/f232*

- Susceptible to heat denaturation<sup>17</sup>
- HIGH RISK** of reaction to uncooked egg<sup>16,18</sup>
- LOW RISK** of reaction to cooked egg<sup>16,18\*</sup>
- Patient likely to "outgrow" egg allergy<sup>19</sup>

### Ovomucoid *Gal d 1/f233*

- Resistant to heat denaturation<sup>17</sup>
- HIGH RISK** of reaction to all forms of egg<sup>16</sup>
- Patient likely to "outgrow" egg allergy with high levels of specific IgE to ovomucoid<sup>20,21,22,23</sup>

### Ovalbumin    Ovomuroid

*Gal d 2/f232*                  *Gal d 1/f233*

+                                  -

+/-                                +

### Management Considerations

- Avoid uncooked eggs
- Likely to tolerate cooked egg
- Cooked egg oral food challenge with a specialist may be appropriate
- Consider repeating ImmunoCAP IgE Component test biennially during childhood to determine potential tolerance
- May be transferred via breast milk, so mothers of infants with egg allergy should take caution when breastfeeding<sup>17,25</sup>
- Avoid all forms of egg
- Consider repeating ImmunoCAP IgE Component test biennially during childhood to determine potential tolerance
- Patients sensitized to ovalbumin with low levels of IgE to ovomucoid may react to egg that is not fully cooked<sup>16,18,24</sup>

As in all diagnostic testing, a diagnosis should be made by the physician based on both test results and patient history.