CURRENTLY ENROLLING

Wheat Oral Immunotherapy
Ages 4-30 years old

The purpose of this study is to determine if this experimental treatment of daily wheat oral immunotherapy (OIT) for up to 26 months, will cause a wheat-allergic person to lose their wheat allergy.

Peanut Oral Immunotherapy
Ages 12 - 48 Months

The purpose of this study is to find out if treating young peanut allergic children with an experimental treatment of peanut oral immunotherapy (OIT) for approximately 30 months causes them to lose their peanut allergy.

Isoflavone Supplement Study
Ages 18-60 years old

The purpose of this study is to investigate the introduction of dietary Isoflavones and its role in suppressing allergic reactivity to food in food allergic individuals. Adults allergic to either peanut, walnut, cashew, codfish, salmon, or shrimp, will be treated with these isoflavones for 30 days.

Baked Egg vs. Egg Oral Immunotherapy
Ages 3-16 years old

The purpose of this study is to compare and learn about the safety and immune effects of an Egg Oral Immunotherapy (OIT) compared to Baked egg Treatment. The goal of the study is to see if subjects can tolerate some egg in their diet after stopping the study treatment.

Presto Formula Study
Less than 13 months old

The purpose of this study is to compare two types of infant formula in milk allergic infants, Neocate without probiotics and the new Neocate with Prebiotics and Probiotics. The duration of the study is three years, with visits about every 6 months the first year, and then yearly for the remainder of the study.

UPCOMING TREATMENT STUDIES

- Milk Skin Patch
- Multi Food Oral Immunotherapy

ONGOING TREATMENT TRIALS CLOSED TO ENROLLMENT

- Peanut Skin Patch
- Milk Oral Immunotherapy (OIT) plus xolair®(anti-IgE)
- Peanut Oral Immunotherapy (ARC)

SINGLE VISIT STUDIES WITH BLOOD COLLECTION ONLY IN THE CLINIC:

- Assessment of Platelet Activating Factors/Acetylhydrolase levels in patients with allergic reactions (ages 6 months and up)
- Gene Expression and Epigenetics in Food Allergy (while undergoing a food challenge) ages 4 years old and up
- Natural History of Food Protein-Induced Enterocolitis Syndrome (while undergoing a food challenge) ages 6 months-45 years old
- Peanut Epitope Study (ages 2–50 years old)
- Eosinophilic Esophagitis Databank (ages 6 months-65 years old)
- Peanut Allergy Genetics-Population Diagnostics (ages 3 years old and up)
Researchers at Jaffe recently published papers discussing:


- Maternal intake of peanut, milk, and wheat during early pregnancy was associated with reduced odds of allergy and asthma in mid-childhood. Our findings suggest potential benefits to maternal intake of these foods during pregnancy.

- Clinical Features and Resolution of Food Protein-Induced Enterocolitis Syndrome: 10-year Experience. 1,2 Jean Christoph Caubet*, MD; 1,3 Lara Simone Ford*, MD, MPH; 1,4 Laura Sickles, BA; 1,6 Kirsi M. Järvinen, MD, PhD; 1 Scott H. Sicherer, MD, 1 Hugh A. Sampson, MD, 1 Anna Nowak-Węgrzyn, MD

- The investigators followed 160 patients with Food Protein-Induced Enterocolitis Syndrome (FPIES) and found that FPIES typically resolve by 5 years. However, milk-FPIES, especially with detectable food-specific IgE, may have a protracted course and eventually transition to acute reactions.

- Posing the questions that anyone with food allergies will think to ask and then some Food Allergies provides practical, emotional, and scientific guidance on the topics that affect your life. Allergy expert Scott H. Sicherer addresses the full spectrum of food allergies, from mild to life threatening, from single foods to food families, clearing up misconceptions along the way. He explains how exposure to foods can bring about an allergic response, describes the symptoms of food allergy, and illuminates how food allergies develop. He also recommends tests for diagnosing both food allergies and chronic health problems caused by food allergies such as eczema, hives, and respiratory and gastrointestinal symptoms.

- Food Allergies thoroughly explains how to prevent exposure to a known allergen at home, at school, in restaurants, and elsewhere and what to do if exposure occurs, including how to handle an anaphylactic emergency. Dr. Sicherer also reviews food reactions that are not allergic (such as lactose intolerance), advises how to get adequate nutrition when you must avoid dietary staples, and discusses whether allergies ever go away (they do and then sometimes they return).