



Icahn  
School of  
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Elliot and Roslyn Jaffe  
Food Allergy Institute

# Jaffe Food Allergy Research Newsletter

## Spring 2018

## Clinical Trials Updates

CURRENTLY  
ENROLLING

### **ADULT PEANUT VACCINE (ASTELLAS)**

1

**Ages 18—55 years old**

The purpose of this study is to determine the safety and efficacy of an injection therapy for treating peanut allergy.

### **FORMULA STUDY FOR COW'S MILK ALLERGIC CHILDREN (IVORY)**

2

**Ages 2 months - 4 years old**

The purpose of this study is to determine that the test formula does not provoke an allergic reaction in milk allergic infants and children compared to a currently approved hypoallergenic formula.

### **ASTHMA BIOMARKER**

3

**Ages 5—65 years old**

The purpose of this study is to identify non-invasive biomarkers of asthma. We are recruiting people with and without asthma. You will receive lung function assessment as part of the study (1 visit with compensation)



## Upcoming Treatment Studies

**1-3 YEARS OLD**

Peanut Patch  
Phase 3 Part B  
(EPITOPE)

**12-17 YEARS OLD**

Peanut Vaccine  
Injection Phase 1  
(HAL)

**18-45 YEARS OLD**

Pregnant women with  
family history of  
allergies or asthma  
(ACTIVATE)

## Ongoing but CLOSED to Enrollment

- Milk Patch Part B (Ages 2-17 years old)
- Formula study (PRESTO)
- Peanut Patch Phase 3 (Ages 4-11 years old) (PEPTITES/PEOPLE)
- Peanut OIT (Ages 12 months—4 years old) ITN
- Peanut Patch Phase 3 (Ages 4-11 Years old) (REALISE)
- Peanut OIT Phase 3 (PALISADES/ARC004)
- Peanut Patch Phase 3 Part A (Ages 1-3 years old) (EPITOPE)



### Did You Know



*Penicillin allergy is the most commonly reported medication allergy. It is reported by approximately 10% of the US population. Studies have shown that 95-98% of patients are actually not allergic!*

*Dr. Oriel is currently working on a project aimed at the accurate recording of drug allergies and correcting inaccurate labels. If you have a penicillin allergy and would like to be tested, please inquire with your doctor!*

### JAFFE FOOD ALLERGY CONTACT INFORMATION:

Research Information Line: 212-241-2000 | To Make Clinic Appointment Call: 212-241-5548

Email: [foodallergyresearch@mssm.edu](mailto:foodallergyresearch@mssm.edu) | Facebook: <http://facebook.com/MountSinaiJaffeFoodAllergyInstitute>

## Food Allergy and Epinephrine Use

Drs. Wang and Sicherer worked with the NYC Department of Health and Mental Hygiene to examine rates of food allergy and epinephrine use in NYC schools and found that there has been an increase in the number of students who have a diagnosis of food allergy and triple the number of epinephrine autoinjector administrations to treat allergic reactions over 5 school years.

In collaboration with a colleague in Boston, Dr. Wang performed a national survey of school nurses to study the management of allergic reactions in schools. In the 2014—2015 school year, one-third of epinephrine uses were for students who were not known by the school to have an allergy. Also, in 10% of reactions that were treated with epinephrine, a second dose was needed before EMS arrived. These findings demonstrate that schools need to be prepared to manage and treat allergic reactions and that having stock epinephrine available is critical.

**Increase in epinephrine autoinjector use to treat allergic reactions**



## The EMPOWER Program Update

The EMPOWER program hosted an evening devoted to transitions in food – allergic children and adolescents. The well-attended mini-conference is a part of our community outreach effort that complements our research findings. We have found that transition periods (for example: transition from middle school

to high school, or from high-school to college) could be anxiety-provoking to the child and parents, and yet they are also essential and positive milestones in the child's development into an adult. Reducing anxiety during such periods, by modeling positive coping strategies, can lead to improved quality

of life and better management of food allergy. Our newest research effort focuses on reducing such anxiety through gradual exposure to avoided (but safe) situations in the clinic, such as touching a peanut without eating it.

Roxanne Oriel, MD  
&  
Angela Tsuang, MD



**PLEASE EXTEND A WARM WELCOME TO OUR NEW ALLERGISTS & STAFF MEMBERS**



Makeda Pinnock, RN—Research Nurse | Rachel Albino—Research Assistant | Tracy Lo, RN—Research Nurse | Allison Schaible, MS, RD—Dietitian

## NEWS IN RESEARCH

### Improve testing to diagnose food allergy



*Dr. Jacob Kattan, Assistant Professor at Mt. Sinai Pediatrics Department, has been involved in studies looking to improve the testing used to diagnose a food allergy. In recent years, component testing looking at individual proteins in peanut and hazelnut have been shown to help differentiate between a true allergy to these foods and a test result that is falsely elevated due to a coexisting pollen allergy. Component testing to milk or egg may also improve our ability to identify someone who can tolerate baked versions of these foods.*

### MT. SINAI ALLERGIST CONTRIBUTING AUTHOR

#### Pediatrician's Guide to Feeding Babies and Toddlers

Dr. Amanda Cox, Assistant Professor at Mt. Sinai Pediatrics Department, was a contributing author for a recently published comprehensive manual for feeding babies and toddlers



during the first year of life: *The Pediatrician's Guide To Feeding Infants and Toddler - Practical Answers To Your Questions on Nutrition, Starting Solids, Allergies, Picky Eating, and More (For Parents, By Parents)*. <http://pediatriciansguide.com/>