

What are *her* allergic triggers?



OAK



DUST MITE



MOLD



Use ImmunoCAP® test results to identify your patient's unique IgE profile and target treatment

ImmunoCAP Specific IgE blood test is a quantitative assay that can accurately identify and quantify specific allergen sensitizations in your asthma patients. The table below shows management options according to the degree of the allergic response to inhalant allergens.* (Please note: Results must always be interpreted based on clinical signs and symptoms.)

Management options for ImmunoCAP Specific IgE test results

| Specific IgE (kU _A /L) | Level | Clinical Correlation | Management Options* |
|-----------------------------------|-----------|--|---|
| < 0.35 | normal | | consider non-allergic triggers |
| 0.35-0.70 | low | uncertain clinical relevance; weak IgE antibody response may be a risk factor for future sensitization | consider treatment options: • targeted exposure reduction • trial of pharmacotherapy |
| 0.70-3.50 | moderate | probably a contributing factor to total allergic load | |
| 3.50-17.50 | high | clinically relevant | |
| 17.50-50 | very high | highly clinically relevant | consider treatment options (see above); if not controlled, consider referral to an allergy specialist |
| 50-100 | very high | | |
| >100 | very high | | |

*These measures apply to inhalant allergens only. Allergic sensitivity to foods is managed by dietary avoidance of the offending allergen(s). Due to the potential for malnourishment, specialist consultation or referral is recommended for food elimination in children.

Interpreting ImmunoCAP® Respiratory Profile Results

Use this guide to interpret the ImmunoCAP Specific IgE test report. ImmunoCAP is a quantitative assay that can accurately identify and quantify specific allergen sensitizations in patients with confirmed allergy.

Quantitative results: What they mean¹

| | | |
|--------------|-----------------------------|---|
| Specific IgE | <0.35 kU _A /L | normal test result |
| | 0.35-100 kU _A /L | elevated test result (indicates sensitization) |
| Total IgE | 0-100 kU/L | normal test result (range varies with age and laboratory) |
| | >100 kU/L | elevated test result |

Note: Although total IgE alone is not diagnostic for allergies, total IgE is sometimes helpful when included with specific IgE profiles.²

- Knowing your patient's unique specific IgE profile to specific allergens or allergen categories allows for targeted exposure reduction²
- Diagnosis of allergy is made when elevated specific IgE test results, clinical history, and physical examination *correlate* with symptoms²

Note: Patients with a family history of allergy should be considered to be more likely to develop allergic disease. In these patients, total allergic load should be considered, even if only a few allergens seem relevant.^{3,4}

The ImmunoCAP Specific IgE results are back: What do I do now?

✓ Make a plan

- Rank positive results in order from high to low IgE measurements. Consider reducing exposure to allergen(s) with the highest IgE level(s) first*
- Focus on indoor triggers first, since these may be easier to control
- For patients with polysensitization, reduce exposure for 4 weeks to the trigger showing highest IgE levels. If symptoms improve, continue therapy. If not, continue to avoid the first allergen and instruct patient to avoid next most likely contributor to symptoms

✓ **Educate the patient** by reviewing test results and stressing the need to follow the entire treatment plan (target exposure reduction and drug therapy, etc)

✓ **Counsel for targeted exposure reduction** based on the patient's documented allergen sensitizations. Use the patient information sheet provided by your Phadia representative

✓ **Schedule a follow-up appointment**

*Even at very low levels of specific IgE, there is still the possibility of clinical symptoms.¹

References

1. Lopata A. *Curr Allergy Clin Immunol.* 2006;19:152-154.
2. Fromer LM. *J Fam Pract.* 2004;suppl:S4-S14.
3. AAAAI. *The Allergy Report.* 2000;1:8.
4. Pharmacia Diagnostics. Publication 52-5107-86/02.

The image shows a patient information sheet from Phadia. At the top, it says 'You know your IgE Is it allergy?'. Below this, there is a section titled 'Take action now to control your allergic asthma triggers' with a sub-section 'Counsel about how you use your IgE'. The sheet includes a checklist of allergens: Dog dander, Cat dander, Cockroach, Grass pollen, Weed pollen, Mold, Tree pollen, House dust mites, and Other allergens. There is also a section titled 'Reducing allergic triggers reduces symptoms' and a diagram titled 'The cumulative effect of allergens' showing how multiple allergens can lead to asthma symptoms.



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Setting the Standard

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