Peanut Allergen component testing

Discover the connection

Whole Allergens and Allergen Components help you diagnose allergy, allowing you to prepare a more comprehensive management plan.
Knowing which protein your patient is sensitized to can help you develop a management plan.

1,2,8-10

As in all diagnostic testing, any diagnosis or treatment plan must be made by the physician based on test results, individual patient history, the physician’s knowledge of the patient, and the physician’s clinical judgement.

**Management Considerations**

**Oral food challenge (OFC) with a specialist may be recommended. High likelihood that patient may pass OFC.**

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

A specific IgE blood test that detects sensitization to the whole peanut is the first step in discovering the likelihood of a systemic reaction and the necessary precautions that may be prescribed.

**CHARACTERISTICS OF INDIVIDUAL PROTEINS**

<table>
<thead>
<tr>
<th>Peanut f13</th>
<th>Ara h 8 f352</th>
<th>Ara h 9 f427</th>
<th>Ara h 1, 2, 3 f422, f423, f424</th>
</tr>
</thead>
<tbody>
<tr>
<td>- High levels of peanut IgE can predict the likelihood of peanut sensitivity, but may not be solely predictive of reactions or allergic response</td>
<td>- LOWER RISK of systemic reaction</td>
<td>- VARIABLE RISK of systemic reaction including anaphylaxis</td>
<td>- HIGHER RISK of systemic reaction including anaphylaxis</td>
</tr>
<tr>
<td>- Risk of mild, localized symptoms, such as itching/tingling of the lips, mouth, and oropharynx</td>
<td>- Often accompanied by sensitization to other peanut proteins</td>
<td>- Sensitization to Ara h 2 is nearly always associated with clinical peanut allergy</td>
<td></td>
</tr>
<tr>
<td>- Cross-reactive with pollens (e.g., birch)</td>
<td>- Cross-reactive with fruits with pits (e.g., peaches)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Ara h 8 f352**
  - **VARIABLE RISK** of systemic reaction including anaphylaxis
  - Often accompanied by sensitization to other peanut proteins
  - Cross-reactive with fruits with pits (e.g., peaches)

- **Ara h 9 f427**
  - **HIGHER RISK** of systemic reaction including anaphylaxis
  - Sensitization to Ara h 2 is nearly always associated with clinical peanut allergy

- **Ara h 1, 2, 3 f422, f423, f424**
  - **LOWER RISK** of systemic reaction
  - Risk of mild, localized symptoms, such as itching/tingling of the lips, mouth, and oropharynx
  - Cross-reactive with pollens (e.g., birch)

- **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
  - Risk of mild, localized symptoms, such as itching/tingling of the lips, mouth, and oropharynx
  - Cross-reactive with pollens (e.g., birch)

- **Ara h 9 f427**
  - Variable risk of systemic reaction including anaphylaxis
  - Often accompanied by sensitization to other peanut proteins
  - Cross-reactive with fruits with pits (e.g., peaches)

- **Ara h 1, 2, 3 f422, f423, f424**
  - Higher risk of systemic reaction including anaphylaxis
  - Sensitization to Ara h 2 is nearly always associated with clinical peanut allergy

**Peanut Allergen Component testing can help determine which proteins your patient is sensitized to.**

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

- **Ara h 8 f352**
  - Lower risk of systemic reaction
  - Risk of mild, localized symptoms, such as itching/tingling of the lips, mouth, and oropharynx
  - Cross-reactive with pollens (e.g., birch)

- **Ara h 9 f427**
  - Variable risk of systemic reaction including anaphylaxis
  - Often accompanied by sensitization to other peanut proteins
  - Cross-reactive with fruits with pits (e.g., peaches)

- **Ara h 1, 2, 3 f422, f423, f424**
  - Higher risk of systemic reaction including anaphylaxis
  - Sensitization to Ara h 2 is nearly always associated with clinical peanut allergy

- **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
  - Risk of mild, localized symptoms, such as itching/tingling of the lips, mouth, and oropharynx
  - Cross-reactive with pollens (e.g., birch)

77.6% of patients sensitized to peanut may not be at risk for a systemic reaction.1

As in all diagnostic testing, any diagnosis or treatment plan must be made by the physician based on test results, individual patient history, the physician’s knowledge of the patient, and the physician’s clinical judgement.
With Peanut Allergen Component test results, you have more of the information necessary for proper diagnosis, allowing you to evaluate your patient’s potential risk of systemic reaction, and develop a more comprehensive management plan.

- ASSESS risk for systemic allergic reactions
- DIFFERENTIATE between clinical peanut allergy and cross-reactivity
- ADDRESS parental anxiety

References