

House dust mites

Ellie suffers from allergic rhinitis almost all year – could AIT help her?

Pollen

ALLERGIC RHINITIS: Components

 **ImmunoCAP®**
Is it allergy?

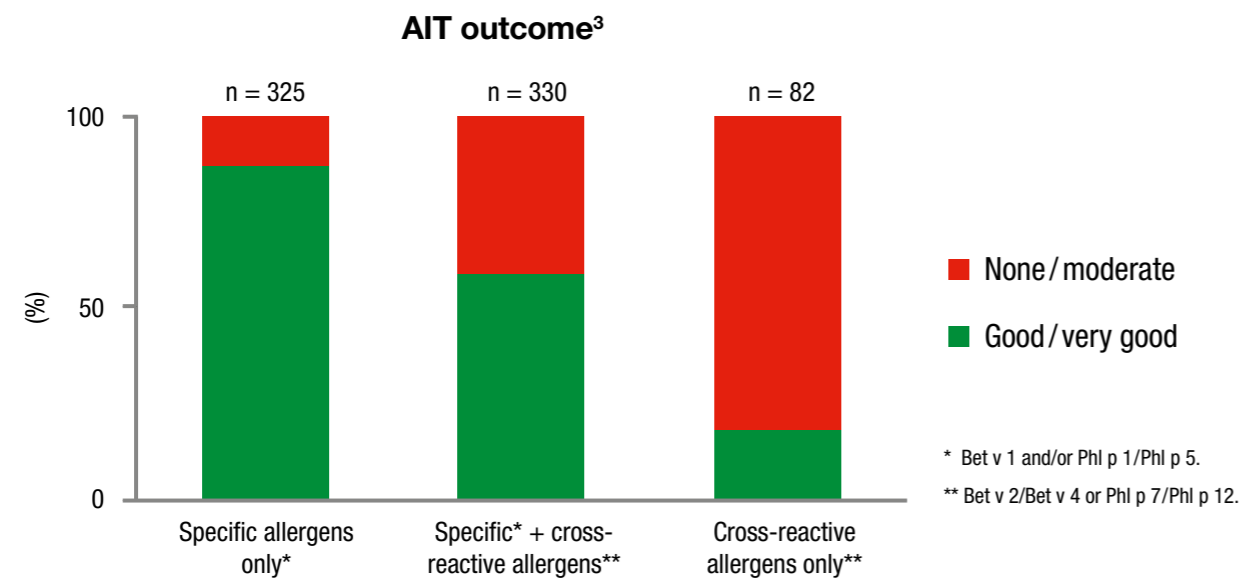
Allergic rhinitis and successful AIT

Discover the connection

ImmunoCAP® Allergen Components help you identify appropriate allergens for improved AIT outcomes

Improve the chance of AIT success

Successful therapy is more likely in patients sensitized to specific allergens¹⁻³



- Non-optimal AIT leads to unnecessary costs for treatment and patient visits as well as patient discomfort.³⁻⁶

Given that SIT is an expensive treatment typically used over longer periods of time (3 to 5 years), correct diagnosis, selection of truly eligible patients, and identification of primary sensitizing allergen(s) are important for optimal and cost-effective patient management.

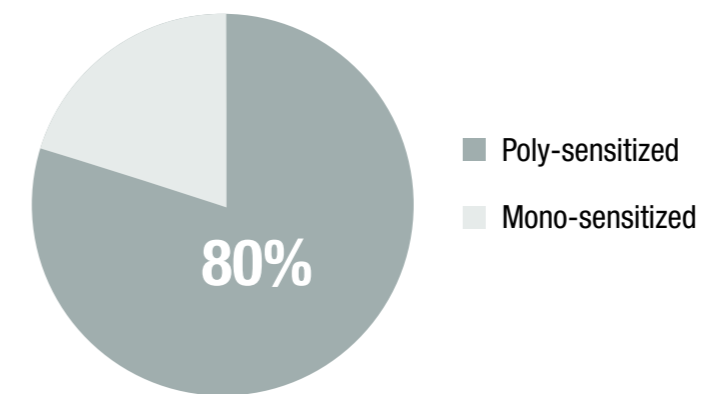
WAO – ARIA – GA²LEN Consensus Paper on Molecular-based Allergy Diagnostics¹



Poly-sensitization is common and complicates AIT prescription

The majority of allergic patients are poly-sensitized^{7,8}

- Up to **80%** of allergic patients are sensitized to several allergen extracts.^{7,8}
- The average patient is sensitized to **3** allergens.^{7,8}
- Allergens may be both cross-reactive and specific.



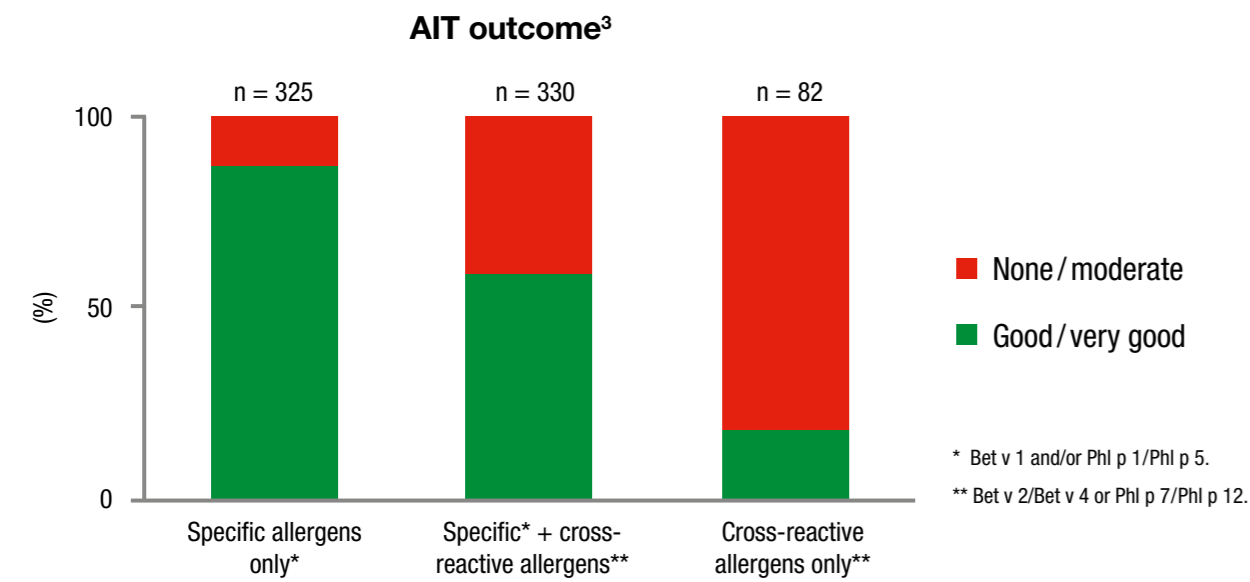
In some situations (polysensitized patients), the use of *in vitro* component-based IgE diagnostics can increase the likelihood of AIT being successful as early on as at the time of making the indication. Patients without sensitization to major allergens may receive less therapeutic benefit from AIT.

Guideline on allergen-specific immunotherapy in IgE-mediated allergic diseases⁹

ImmunoCAP Allergen Component testing can help you differentiate between specific sensitization and cross-reactivity

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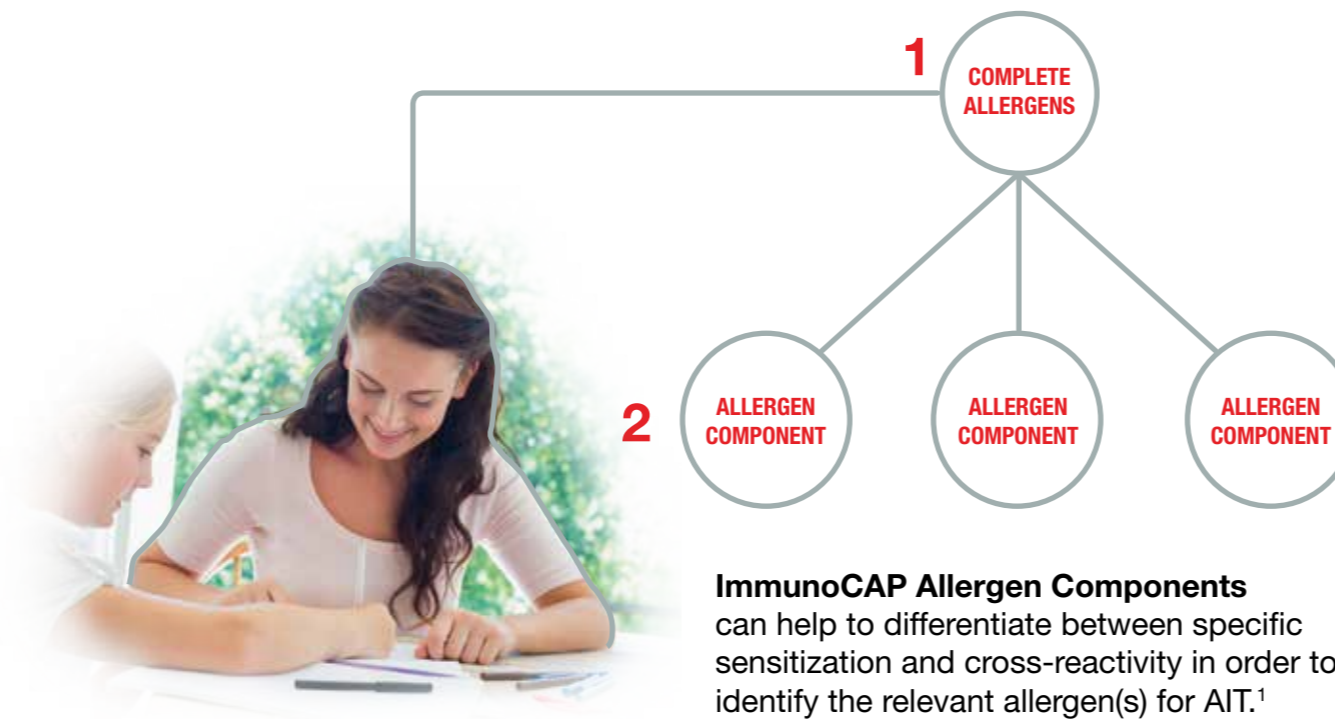
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Identify suitable allergens for improved AIT outcomes

ImmunoCAP, a two-step approach to support an accurate allergy diagnosis.

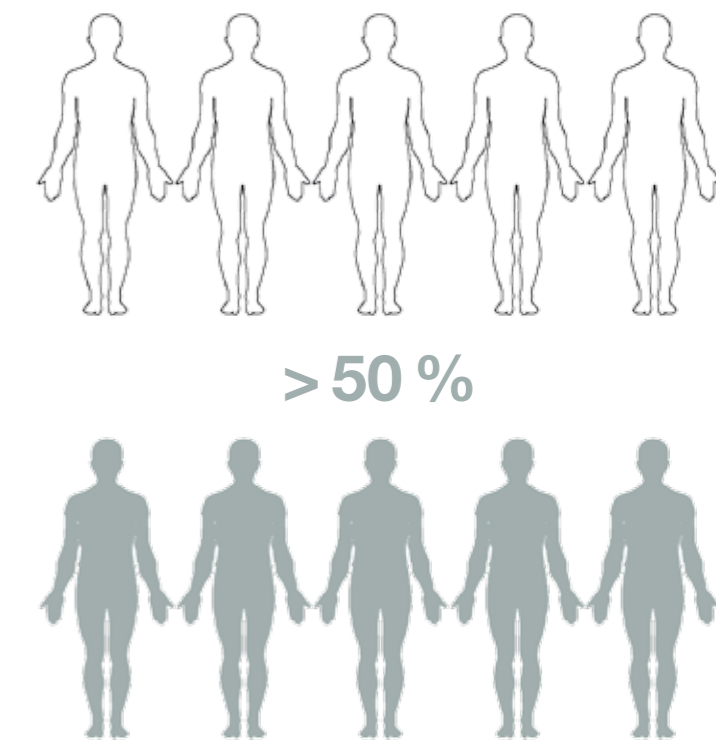
ImmunoCAP Complete Allergens can help identify the allergen extracts the patient is sensitized to, i.e. help rule in/out allergy.¹⁰⁻¹²



Allergen immunotherapy demands clear identification of the responsible allergen(s).¹

ImmunoCAP Allergen Components can change doctors' AIT prescription

- Several independent publications show that addition of pollen components would modify AIT prescription in >50% of patients compared to extract based testing only.^{1,4,6,13}



A recent study reported that the use of MA diagnostics modified the prescription of SIT compared to SPT in more than 50% of patients, suggesting that poly-sensitized patients are at risk of incorrect SIT prescription.¹

WAO – ARIA – GA²LEN Consensus Paper on Molecular-based Allergy Diagnostics¹

You've discovered the connection Now see the benefits of ImmunoCAP

ImmunoCAP can help you improve AIT outcome

- **AIT success** is more likely if sensitization to specific components is identified.¹⁻³
- **Poly-sensitization makes differentiation** between specific and cross-reactive components a challenge.^{1,7,8}
- **ImmunoCAP Complete Allergens** identify the allergen sources the patient is sensitized to, i.e. help rule in/out allergy.¹⁰⁻¹²
- **ImmunoCAP Allergen Components** differentiate between specific and cross-reactive sensitization.¹⁻³



Incorporating **ImmunoCAP** in your diagnostic process can help improve patient management.

References: 1. Canonica GW, et al. *World Allergy Organization Journal* 2013;6(1):17. 2. Asero R. *Eur Ann Allergy Clin Immunol.* 2012;44(5):183-7. 3. Schmid-Grendelmeier P. *Hautarzt* 2010;61(11):946-53. 4. Letrán A, et al. *Ann Allergy Asthma Immunol.* 2013;111(4):295-7. 5. Sastre J. *Curr Opin Allergy Clin Immunol.* 2013;13(6):646-50. 6. Sastre J, et al. *Allergy.* 2012;67(5):709-11. 7. Ciprandi G, et al. *Eur Ann Allergy Clin Immunol.* 2008;40(3):77-83. 8. Petersson CJ, et al. Sensitization profile in undiagnosed children with skin and respiratory allergy-like symptoms in primary care. Abstract presented at WAO, Buenos Aires, Argentina 6-10 December 2009. 9. Pfaar O, et al. *Allergo J Int.* 2014;23:282-319. 10. Duran-Tauleria E, et al. *Allergy.* 2004;59(Suppl 78):35-41. 11. Söderström L, et al. *Allergy.* 2003;58:921-8. 12. Sampson HA. *J Allergy Clin Immunol.* 2001;107:891-6. 13. Passalacqua G, et al. *Allergy.* 2013;68(8):1029-33.

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Head office Sweden +46 18 16 50 00
Austria +43 1 270 20 20
Belgium +32 2 749 55 15
Brazil +55 11 2730 3134
China +86 800 810 5118
Czech Republic +420 220 518 743
Denmark +45 70 23 33 06
Finland +358 9 3291 0110
France +33 1 61 37 34 30

Germany +49 761 47 8050
Hong Kong +852 2885 4613
India +91 11 4610 7555/56
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The Netherlands +31 30 602 37 00
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