

CPT codes for OFCs. TN SPT wheal size, TN sIgE, any coexisting food allergy, allergic diseases, and OFC reactions were obtained from chart review. Subjects were classified as allergic to TN, sensitized to TN (with no history of allergy to any TN), or avoiding TN despite a lack of sensitization or reaction history. TN-allergic patients did not undergo an OFC to the TN they were allergic to; instead, they underwent OFCs to other TNs without known histories of allergic reaction. National Institutes of Allergy and Infectious Disease and Food Allergy & Anaphylaxis Network anaphylaxis criteria were used to assess documented OFC outcomes.

**RESULTS.** Of 156 TN OFCs in 109 patients, 86% were negative challenges. Seventy-six percent of patients with a specific TN allergy had a negative challenge to another TN. Among patients with TN sensitization only, 91% had a negative challenge. A negative challenge was seen for 89% of patients with TN sIgE <2 kUA/L ( $n = 124$ ) and for 69% of patients with sIgE  $\geq 2$  kUA/L ( $n = 16$ ). In patients with a TN SPT wheal  $\geq 3$  mm ( $n = 44$ ), 61% had a negative challenge. Among patients with peanut allergy and TN co-sensitization, 96% had a negative TN challenge. Sixty percent of OFCs were delayed longer than 12 months.

**CONCLUSIONS.** TN OFCs are frequently negative, even in patients with sensitization, as demonstrated by SPT or sIgE testing. Most patients with peanut allergy and specific TN allergy and/or sensitization are able to tolerate selected TNs.

**REVIEWER COMMENTS.** This retrospective study provides useful data regarding outcomes for TN OFCs in patients with a tree nut allergy or sensitization from a single academic center. Additional studies would be beneficial to provide guidance for clinical decision-making regarding when to refer patients with a history of peanut or specific TN allergy or sensitization for consideration of OFCs to other TNs.

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### Food Allergy Needs Assessment, Training Curriculum, and Knowledge Assessment for Child Care

Lanser BJ, Covar R, Bird JA. *Ann Allergy Asthma Immunol.* 2016;116(6):533-537.e4

**PURPOSE OF THE STUDY.** To ascertain the educational needs of child care center workers (CCCWs) in the Dallas-Fort Worth metroplex and to provide education covering topics critical to understanding food allergies and anaphylaxis.

**STUDY POPULATION.** CCCWs in 72 licensed child care centers in the Dallas-Fort Worth metroplex.

**METHODS.** The authors developed a needs assessment survey, which was used to develop a training curriculum, and

a knowledge assessment was developed from the training curriculum.

**RESULTS.** Most of the respondents worked in large child care centers (>50 children), and 93% had at least 1 child with food allergies. Thirty-six percent of respondents reported that a food-related allergic reaction occurred at their center; use of epinephrine autoinjectors was low (9%), whereas the use of antihistamines was high (50%). Twenty-seven percent of respondents reported that none of the children with a food allergy at their center had an emergency action plan. Only 46% of CCCWs reported having prior training regarding food allergies. Training came from a variety of sources, mostly from the families of the food-allergic child but also from online resources. Most believed they had at least a moderately high proficiency in food allergy topics, but knowledge assessment scores indicated that 62% correctly answered questions related to food allergy understanding, 62% correctly recognized a reaction, and 51% understood the correct treatment of food allergy. The training curriculum resulted in significant improvements in knowledge in all categories.

**CONCLUSIONS.** CCCW training on food allergies is largely informal and is mostly obtained from families of allergic children. There is a need for formal, standardized education on food allergy for CCCWs. Training curriculums can improve knowledge, as demonstrated in this study, but the CCCWs' preference for face-to-face learning and written materials are not practical for widespread dissemination.

**REVIEWER COMMENTS.** These results demonstrate the need for allergists and pediatricians to continue to educate CCCWs on food allergies, particularly on the recognition of reactions and appropriate treatment. A standardized, online, interactive course would be ideal. Although this was not the preferred method of learning for these CCCWs, it is the most practical approach to disseminate the education to larger groups. Fifty percent of preschool-aged food-allergic children attend daycare, and they need to be safe. Pediatricians and allergists should keep this in mind as they counsel the parents of food-allergic patients.

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### Epicutaneous Immunotherapy for the Treatment of Peanut Allergy in Children and Young Adults

Jones SM, Sicherer SH, Burks AW, et al; Consortium of Food Allergy Research. *J Allergy Clin Immunol.* 2017;139(4):1242-1252.e9

**PURPOSE OF THE STUDY.** To evaluate the clinical, safety, and immunologic effects of epicutaneous immunotherapy (EPIT) for the treatment of peanut allergy.

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