

CONTINUING MEDICAL EDUCATION EXAMINATION

Comprehensive Review of Current Knowledge on Egg Oral Immunotherapy

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CME Items

- With respect to the active treatment of egg allergy, which of the following statements is incorrect?
 - Egg oral immunotherapy was first developed more than 100 years ago
 - Egg oral immunotherapy consists of the regular administration of native or modified egg products to induce desensitization so that the patient can eat the product
 - Subcutaneous or sublingual administration of egg in a single dose can resolve egg allergy
 - Egg oral immunotherapy is a promising treatment for egg allergy
- With respect to current egg oral immunotherapy protocols, which of the following statements is correct?
 - They include an induction phase or dose increase phase and a maintenance dosing phase
 - The 2 phases last the same in all protocols
 - The induction phase always includes a dose escalation at home on the first day with several doses of egg administered rapidly and a build-up phase every day or every 1-2 weeks until a target dose is reached
 - All protocols aim to achieve the same target dose
- Which of the following is a goal of egg oral immunotherapy?
 - “Maintained tolerance,” ie, the ability to ingest a food without reaction while continuing to take doses of that food regularly
 - “Desensitization,” ie, the ability to tolerate a food after a period of egg avoidance (≥ 4 weeks)
 - Avoidance of the risk of adverse reactions due to accidental exposure to egg
 - Eating only raw egg
- Which of the following is true with regard to published egg oral immunotherapy protocols?
 - They use the same methodologies, inclusion criteria for recruitment of patients, egg materials, and target dose and have the same duration
 - They are all controlled studies
 - They must be performed during the first 2 years of life
 - They are not contraindicated in asthmatic patients
- Which of the following is true for the materials used in egg oral immunotherapy?
 - In vivo and in vitro allergenic equivalence between raw and lyophilized egg white has been documented
 - They must be the same for the induction phase and the maintenance phase
 - An amount of 1-2 g of dehydrated egg white is equivalent to 1 raw egg white
 - Raw or cooked natural sources, pasteurized whole egg, pasteurized raw egg white, lyophilized egg white, dehydrated whole egg, and dehydrated egg white have been used in different protocols
- Which of the following statements about the induction phase of egg oral immunotherapy protocols is false?
 - It has been reported to last from 5 to 224 days
 - In most protocols, egg desensitization is successful in a median of $>80\%$ of patients, although this percentage can range from 0% to 100%
 - It is fully demonstrated that protocols with a longer induction phase are more effective at inducing desensitization to egg
 - Baseline egg sIgE levels may influence the success of the induction phase
- Which of the following statements on the maintenance phase of egg oral immunotherapy is false?
 - It consists of the regular administration of the same dose of egg for months or for the patient’s lifetime
 - The maintenance dose is usually the target dose for the induction phase
 - All patients who manage to reach the maintenance phase tolerate the established dose of egg throughout their lifetime
 - Studies using dehydrated egg white administer maintenance doses ranging from 300 mg to 4000 mg
- Which of the following statements about maintained tolerance of egg oral immunotherapy is false?
 - It is the ultimate goal of egg oral immunotherapy
 - It is assessed by performing an oral food challenge after a period of time in the maintenance phase followed by a period of egg avoidance
 - Studies report that 28% to 75% of patients receiving egg oral immunotherapy finally achieve maintained tolerance
 - Clinical and immunological markers that indicate successful permanent tolerance after egg oral immunotherapy are well documented
- Which of the following statements about egg oral immunotherapy is true?
 - During egg oral immunotherapy, adverse reactions affect 50% to 100% of patients and most are severe
 - The most frequent adverse reactions in egg oral immunotherapy are respiratory reactions
 - Non-IgE-mediated severe reactions, such as eosinophilic esophagitis, cannot occur
 - The risk of egg oral immunotherapy is assessed by taking into account a previous diagnosis of asthma, baseline egg white IgE level, and the threshold dose in the baseline oral food challenge (if it has been performed)
- Which of the following statements on immune modulation of successful egg oral immunotherapy is correct?
 - Egg oral immunotherapy can induce a decrease in the size of the skin prick test wheal and in levels of egg white-specific IgE and an increase in levels of egg white IgG4
 - Desensitization reflects reprogramming of the regulatory T-cell response to the allergen
 - Biomarkers are not helpful in addressing egg oral immunotherapy
 - Monitoring of basophil activation is imperative in egg oral immunotherapy