Practical Aspects of Immunotherapy

How to select and administer grass SLIT among the patients of your practice

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This program will use a case based study with audience participation questions to look at practical use of SLIT vs SCIT in the US allergy practice.

Learning Objectives:
• Based on some short cases: Comment on which patients would make good and which would make bad candidates for SLIT
• Discuss safety issues concerning SLIT with grass pollen extracts, especially focused on practical similarities and differences in Europe and U.S.

WAO SLIT White Paper 2014-Indications for SLIT
• SLIT may be particularly indicated in the following patients:
  – Patients whose allergy is uncontrolled with optimal pharmacotherapy (that is, those with severe chronic upper airway disease)
  – Patients in whom pharmacotherapy induces undesirable side effects
  – Patients who refuse injections
  – Patients who do not want to be on constant or long-term pharmacotherapy
• SLIT may be considered as initial treatment
  – Failure of pharmacological treatment is not an essential prerequisite for the use of SLIT

SLIT vs SCIT-What would you issues in determining use?
• Efficacy
• Safety
• Availability of Allergens
• Polysensitization
• Adherence
• Cost

CONCLUSIONS: Evidence supports the efficacy of both SCIT and SLIT for the treatment of asthma and rhinitis in children.


Overall safety profile was similar in mono- and poly-sensitized subjects; 142 of 196 (72%) monosensitized and 522 of 735 (71%) polysensitized AIT-treated subjects reported treatment-related AEs. In both subgroups, the majority of AEs were mild/moderate local reactions in mouth and throat, that is, the most commonly reported AEs were oral pruritus (reported by 86 (44%) monosensitized and 294 (40%) poly-sensitized), throat irritation [reported by 44 (22%) monosensitized and 161 (22%) polysensitized], ear pruritus [reported by 31 (16%) monosensitized and 86 (12%) polysensitized], mouth edema [reported by 25 (13%) monosensitized and 78 (11%) polysensitized]. None of the related AEs were serious. Severe related AEs were rarely reported in both subgroups (overall, 2% of subjects reported severe related AEs) and were mostly local reactions associated with the application site.
What are the cost issues with immunotherapy in the US?

- Since approved SLIT will be by prescription, coverage may be dramatically different than coverage for SCIT that is prepared and billed by the allergist
- Costs will effect adherence to SLIT
  - de-Olano et al. Annals Allergy 2013 looked at adherence pre and during the recent Spanish recession and showed a significant decrease in SCIT and SLIT adherence during the recession
- With the changes in healthcare, will IT be covered as well as the past?
- Will there be a difference in SCIT vs. SLIT in coverage?