

# Milk oral immunotherapy—effective but still experimental

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We read with interest the paper of Alvaro et al. [1] on milk oral immunotherapy (OIT) in 66 schoolchildren aged 5–16 years with cow's milk allergy (CMA). During pretreatment placebo-controlled milk challenge, 44 had anaphylactic symptoms, and among them, 35 achieved complete (>200 ml milk daily) and 7 partial desensitization (<200 ml) after 23- to-26-week OIT. The respective figures for those 22 with non-anaphylactic symptoms were 6 and 16. One year later, still 64/66 children tolerated milk, 77 % >150 ml. As the authors discussed, the number of children was large, and the success rate was good (96–100 %) also in children with anaphylactic symptoms [1], but the study was not controlled.

There are two randomized, placebo-controlled, double-blind studies on OIT in schoolchildren with CMA documented with milk challenge before therapy [2, 3]. Skripak et al. allocated 12 schoolchildren into treatment and seven into placebo arms [3]. Children with anaphylactic symptoms were excluded. Before OIT, the cow's milk threshold was 40 mg milk protein. After OIT, the median threshold was

5,140 mg (>2,540 mg) in the treatment and 40 mg in the placebo group.

In our recent randomized, placebo-controlled, double-blind OIT study with protein target 6,400 mg (200 ml milk) at week 23 [2], 18 schoolchildren were allocated into treatment (16 completed) and 10 into placebo arms (8 completed). Ten children with anaphylactic symptoms were included. After double-blind OIT, all 10 children in the placebo arm completed successfully open-label OIT. Short-term and long-term (3 years) success rates were 86 and 79 %, respectively.

We agree with Alvaro et al. that 6-month OIT effectively induces desensitization in schoolchildren with CMA including those with anaphylactic symptoms. However, reactions are common and severe reactions are possible. This treatment is still experimental, and all children treated with OIT should belong to prospective studies, preferably to randomized, placebo-controlled, double-blind trials.

## References

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