A roadmap for optimal care of the patient with food allergy

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Food Allergy Research and Education (FARE) and Oceanside Publications are pleased to partner in the launch of the *Journal of Food Allergy* and the publication of this Primer on the diagnosis and management of food allergy.

The number of journals has exponentially increased in recent years, which begs the question as to why we need a new journal and, specifically, one dedicated to food allergy. The aspirations of any new journal include the dissemination of knowledge critical to improve the management of the patients we serve. In the case of food allergy, the necessity has never been greater.[1] The global burden of food allergy has steadily increased. In the United States, estimates indicate that almost 11% of adults and 8% of children have at least one current food allergy. This amounts to an astounding 32 million Americans. Approximately 200,000 people in the United States require urgent medical care for an allergic reaction to food each year. Every 3 minutes a food allergy reaction sends someone to the emergency department.

In this issue of the *Journal*, Jiang *et al.*[2] describe how food allergies may disproportionately affect African Americans. Black children and adults with food allergies report higher rates of severe reactions as well as higher rates of food allergy–related emergency department visits than white children and adults. Importantly, as pointed out by Jiang *et al.*,[2] we do not have accurate information on the burden of food allergies in minority populations. Furthermore, even the prevalence numbers quoted above are estimates because we lack good reliable diagnostic tests.

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Indeed, other than blinded food challenges, which are time consuming and risky for patients, both the over- and underdiagnosis of food allergy remains a problem. Food Allergy Research and Education (FARE) is committed to finding a better option than food challenges for the diagnosis of food allergy but, as pointed out in this issue of the *Journal* by Schuler *et al.*,[3] we are not there yet, which critically hampers our ability to get accurate epidemiologic data. Nonetheless, the growing burden of food allergies is real and has also led to increased health care utilization. Even more importantly, Kachru,[4] in this issue of the *Journal*, points out that we do not fully understand the psychosocial issues and impaired quality of life of patients and their families who suffer from food allergy, but they are substantial.

Despite the large number of patients experiencing food allergy, we have, until recently, made very little progress in providing treatment options and preventative strategies. Indeed, with the exception of the newly approved oral immunotherapy product for children with peanut allergy, Palforzia (Aimmune Therapeutics, Inc., Brisbane, CA), there is not a single U.S. Food and Drug Administration approved therapy for the 32 million patients with food allergy in the United States. It is hard to fathom a disease that affects that many people with only a single therapeutic option being available. However, the past several years have seen an increased understanding of the pathogenesis of food allergy as detailed by Shreffler[5] in this issue. This has led to the investigation of many novel therapeutics as detailed in the *Journal*. New options under investigation include oral immunotherapy, sublingual immunotherapy, epicutaneous immunotherapy, immunotherapy in combination with biologics, and biologics as monotherapy. Although promising, thus far, we have not been able to find a cure for food allergy. However, as we learn more about the biology of food allergy, preventative options become an even greater possibility. Not long ago, allergists often incorrectly advised parents of newborns to avoid highly allergenic foods, *e.g.*, peanut. Leonard,[6] in this issue of the *Journal*, reviews the potential of early introduction of allergenic foods to prevent the

development of food allergy. Additional approaches currently under investigation include manipulation of the gut and skin microbiome. Ultimately, prevention of the development of food allergy and many of the common allergic comorbid conditions is the best answer to the growing crisis of food allergy.

As you read this inaugural issue of the *Journal* and look at the author list, there is a common theme.[2–28] All the authors are members of the revised, expanded, and improved FARE Clinical Network. FARE believes that every individual with a food-allergy deserves the best care and treatment possible. To that end, the FARE Clinical Network was created to raise the quality of care for patients with food allergy nationwide, reduce discrepancies in care among providers, make comprehensive care accessible and available for all patients with food allergy, investigate the biology of food allergy, and develop new therapies and new diagnostics for food allergy. This mission overlaps with that of the *Journal of Food Allergy*. This Primer is dedicated to achieving these goals by providing a comprehensive roadmap for health care professionals to provide optimal patient care for the food allergy community. We hope that this inaugural issue will be the first of many that addresses the growing epidemic of food allergy by providing education and research findings critical to providing the best care possible for patients with food allergy. Indeed, we as a medical community must do better. Asking patients to avoid food allergens and to carry epinephrine autoinjectors cannot be considered state-of-the-art medicine. FARE and the *Journal of Food Allergy* are committed to helping improve the care of the food allergy community, and this Primer, we believe, is an important first step.

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