Summary

In one aspect, the present disclosure refers to the use of a therapeutic composition comprising peanut protein in the manufacture of a medicament for treating an individual with peanut allergy, wherein the therapeutic composition is to be administered as follows:

(1) a daily dose of peanut protein is to be orally administered to the individual with peanut allergy,

wherein the daily oral dose is increased at intervals of at least 2 weeks in a series of increments from an initial dose to a maximum dose, the series of dose increments including 2mg, 5mg, 12.5mg, 25mg, 50mg, 100mg and 200mg, and

(2) a daily oral dose of the maximum dose of peanut protein is to be administered for at least 1 year following step 1.

Detailed Description

One aspect of the invention provides a method of treating an individual with peanut allergy which comprises:

(1) providing an individual with peanut allergy,

(2) orally administering a daily dose of peanut protein to the patient,

wherein the daily oral dose is increased at intervals of at least 2 weeks in a series of increments from an initial dose to a maximum dose, the series of dose increments including 2mg, 5mg, 12.5mg, 25mg, 50mg, 100mg, 200mg, 400mg and 800mg,

(3) orally administering a daily dose of the maximum dose of peanut protein for at least 2 years,

(4) orally administering a weekly dose of the maximum dose of peanut protein for at least 2 years.

A patient with a peanut allergy may display an immediate type-1 hypersensitivity immune reaction on exposure to peanuts or peanut extract.

Peanuts (*Arachis hypogaea*) contain multiple allergenic proteins, including Ara h1 to Ara h9 (see for example, Sicherer SH et al J Allergy Clin Immunol. 2007; 120:491-503, de Leon et al Expert Rev Mol

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Patients who are hypersensitive to any peanut allergen or combination of peanut allergens may be treated using the methods described herein.

Individuals with peanut allergy from Western European populations are typically hypersensitive to one or more of Ara h1, h2 and h3 and most individuals display an allergic response to Ara h2. However, other patterns of peanut allergen hypersensitivity may be more typical in individuals from other populations.

A patient with a peanut allergy may display peanut-specific serum IgE, i.e. IgE which specifically binds to peanut protein.

Patients may be diagnosed with peanut allergy according to standard clinical criteria. Standard clinical criteria may include for example, a history of a type-1 hypersensitivity reaction which is temporally related to peanut ingestion (e.g. hives, swelling, wheezing, abdominal

Claims:

1. Use of a therapeutic composition comprising peanut protein in the manufacture of a medicament for treating an individual with peanut allergy, wherein the therapeutic composition is to be administered as follows:

(1) a daily dose of peanut protein is to be orally administered to the individual with peanut allergy,

wherein the daily oral dose is increased at intervals of at least 2 weeks in a series of increments from an initial dose to a maximum dose, the series of dose increments including 2mg, 5mg, 12.5mg, 25mg, 50mg, 100mg and 200mg, and

(2) a daily oral dose of the maximum dose of peanut protein is to be administered for at least 1 year following step 1.

2. Use according to claim 1 wherein the initial dose is 2mg.

3. Use according to any one of the preceding claims wherein the maximum dose is 200mg.

4. Use according to any one of the preceding claims wherein the series of dose increments consists of 2mg, 5mg, 12.5mg, 25mg, 50mg, 100mg and 200mg.

5. Use according to any one of the preceding claims wherein the peanut protein is to be administered as peanut flour.

6. Use according to claim 5 wherein the peanut flour is admixed with a carrier for administration.

7. Use according to claim 6 wherein the carrier is a dairy or dairy substitute product.

8. Use according to any one of the preceding claims comprising monitoring levels of serum anti-peanut IgE during the treatment.

9. Use according to any one of the preceding claims wherein the level of serum anti-peanut IgE in the serum of the individual is reduced or abolished by the treatment.