



Allergy trigger? Simplify KNOWING.



KNOWING whether it's an allergy can make a lifetime of difference



A patient presents with a cough, shortness of breath, headache, and congestion. Is it a respiratory infection such as SARS-CoV-2 (COVID-19)? Asthma? Or is it an allergy?

Unfortunately, all three can have similar symptoms, making them difficult to differentiate. Being able to rule in or rule out allergies as the cause of your patients' symptoms can help you not only identify your patients' illnesses, but also inform better treatment decisions.

The Centers for Disease Control and Prevention (CDC) also recommends allergy testing for patients with asthma, to help close gaps in care and mitigate risk for other respiratory illnesses.¹

Identifying allergic triggers is more important than ever.
The **ImmunoCAP™ IgE blood test** from Quest Diagnostics can help.



Simplify allergy testing and patient management with ImmunoCAP

ImmunoCAP from Quest is an easy, reliable blood test that quantitatively measures specific IgE antibody levels and identifies allergic sensitivities.

With ImmunoCAP, you and your patients benefit from a blood test that is:

Easy—one simple blood draw can be performed irrespective of age, skin condition, antihistamine use, symptoms, or pregnancy status



Reliable—accurately identifies specific allergen sensitization in patients with confirmed allergy



Precise—FDA-cleared quantitative detection of specific IgE antibodies, even at low levels





Identify upper respiratory disorder allergy triggers

Upper respiratory disorders (URDs), including rhinitis, sinusitis, and allergic rhinitis, affect tens of millions of Americans.² Because the cause of URD symptoms may be viral, bacterial, or allergic, a definitive diagnosis is essential to determine appropriate treatment.

Nearly two-thirds of patients prescribed antihistamines for their reported allergic rhinitis have symptoms that are not due to allergy.³ ImmunoCAP specific IgE blood test results can play a key role in making the correct diagnosis.⁴

Who should be tested?

Anyone presenting with allergy-like symptoms is a candidate for specific IgE testing. But ImmunoCAP should be strongly considered for patients with:

Recurrent or chronic URD, eg, rhinitis, sinusitis, allergic rhinitis

Unseasonal allergy-like symptoms

Seasonal or perennial allergy-like symptoms

Recurrent otitis media

Exogenous asthma and other conditions in which IgE mediation is suspected

Most respiratory-specific IgE blood testing **profiles are targeted to their geographic area**, including regional panels.



Better **manage** asthma by KNOWING the triggers

Research shows that allergy is a risk factor for asthma,⁵ as multiple allergic triggers can add up to asthma symptoms. ImmunoCAP can help you identify these triggers to reduce gaps in care and help you and your patients better control their asthma, for improved health and financial outcomes.

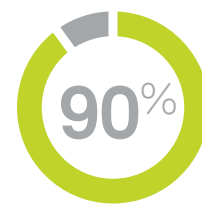
Guidelines recommend allergy testing

The CDC recommends allergy testing for patients with asthma¹:

Children and adults with persistent asthma, particularly for indoor inhalant allergens (animal dander, house dust mites, cockroaches, molds)

Allergy testing can be considered for patients with intermittent asthma

Allergic sensitivities in patients with asthma^{6,7}:



Up to 90% of children



Up to 60% of adults

\$5,963

Annual cost of an uncontrolled patient with asthma is 2x that of a controlled patient⁸

The National Institutes of Health recommends testing as well:

“...patients who have persistent asthma should be evaluated for the role of allergens as possible contributing factors... Allergy testing is the only reliable way to determine sensitivity to perennial indoor allergens.”⁹



Detect sensitivities with food allergen component testing

Whole allergens can help you diagnose food allergy, allowing you to prepare a more comprehensive management plan. Determine which proteins your patients are sensitive to with ImmunoCAP food allergen component testing.

Detecting sensitivities to the **whole peanut** can help you determine the likelihood of a systemic reaction.

77.6% of patients sensitive to peanut may not be at risk for a systemic reaction¹⁰

Detecting sensitivities to cow's **milk** is the first step in discovering your patient's allergy and can help determine the likelihood of reaction to baked goods, as well as the likelihood of allergy persistence.

75% of children with milk allergy do not react to baked milk¹¹

Determining if your patient is sensitive to **egg white** can help you predict the likelihood of reaction to products baked with egg, as well as allergy persistence.

70% of children with egg allergy do not react to baked egg¹²

Tree nut allergy like walnut and cashew can be potentially life-threatening, increasing in prevalence and rarely outgrown.¹³⁻¹⁵

74% vs. 30%¹⁶

The risk for severe allergic reactions in patients sensitive to cashew nut vs. peanut allergy patients



Stay under threshold for better patient management








From animal dander to pollens, allergens often add up, as every patient has a different level at which they show symptoms. When that level is crossed, the combination of allergens turns into symptoms.^{17,18} ImmunoCAP can help you assess your patients' indoor and seasonal allergies to help them stay under threshold.

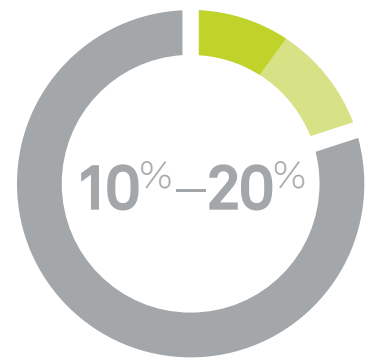
KNOWING if it's an animal dander allergy

Whole allergens can help you diagnose pet allergy, allowing you to prepare a more comprehensive management plan for your patients.

Simplify indoor and seasonal allergy detection

ImmunoCAP offers a full range of indoor and seasonal allergen testing, including regionally specific allergens and common perennial allergens.

 Trees	 Dust mites
 Weeds	 Cockroach
 Grasses	 Mouse urine
 Molds (indoor and outdoor)	



of the population worldwide is allergic to dogs and cats¹⁹

>49M

Americans are sensitized to dog and/or cat allergens^{20,21}

Managing allergies starts with **KNOWING**

Quest Diagnostics is dedicated to providing you with the insights you need to help your patients better manage allergy triggers. Access ImmunoCAP test codes and clinical information in our Test Directory: [TestDirectory.QuestDiagnostics.com](https://www.questdiagnostics.com/TestDirectory).



Simplify allergy testing and patient management with ImmunoCAP. Contact your Quest Diagnostics sales representative or learn more at [KnowingAllergies.com](https://www.knowingallergies.com).

References

1. Centers for Disease Control and Prevention. Allergy testing for persons with asthma: frequently asked questions. https://www.cdc.gov/asthma/pdfs/AA_Fact_Sheet.pdf.
2. Stewart M, Ferguson BJ, Fromer L. Epidemiology and burden of nasal congestion. *Int J Gen Med*. 2010;3:37–45.
3. Szeinbach SL, Williams B, Muntendam P, O'Connor RD. Identification of allergic disease among users of antihistamines. *J Manag Care Pharm*. 2004;10(3):234–238.
4. Papadopoulos NG, Bernstein JA, Demoly P, et al. Phenotypes and endotypes of rhinitis and their impact on management: a PRACTALL report. *Allergy*. 2015;70:474–494.
5. Nelson HS. Allergen and irritant control: importance and implementation. *Clin Cornerstone*. 1998;1(2):57–68.
6. Høst A, Halken S. The role of allergy in childhood asthma. *Allergy*. 2000;55(7):600–608.
7. Allen-Ramey F, Schoenwetter WF, Weiss TW, et al. Sensitization to common allergens in adults with asthma. *J Am Board Fam Pract*. 2005;18(5):434–439.
8. Sullivan SD, Rasouliyan L, Russo PA, et al. Extent, patterns, and burden of uncontrolled disease in severe or difficult-to-treat asthma. *Allergy*. 2007;62(2):126–133.
9. National Institutes of Health. Guidelines for the diagnosis and management of asthma (EPR-3). 2012. https://www.nhlbi.nih.gov/sites/default/files/media/docs/EPR-3_Asthma_Full_Report_2007.pdf.
10. Nicolaou N, Poorafshar M, Murray C, et al. Allergy or tolerance in children sensitized to peanut: prevalence and differentiation using component-resolved diagnostics. *J Allergy Clin Immunol*. 2010;125(1):191–197.
11. Nowak-Węgrzyn A, Bloom KA, Sicherer SH, et al. Tolerance to extensively heated milk in children with cow's milk allergy. *J Allergy Clin Immunol*. 2008;122(2):342–347.
12. Lemon-Mulé H, Sampson HA, Sicherer SH, et al. Immunologic changes in children with egg allergy ingesting extensively heated egg. *J Allergy Clin Immunol*. 2008;122(5):977–983.
13. Pastorello E, Farioli L, Pravettoni V, et al. Lipid transfer protein and vicilin are important walnut allergens in patients not allergic to pollen. *J Allergy Clin Immunol*. 2004;114(4):908–912.
14. Rosenfeld L, Shreffler W, Bardina L, et al. Walnut allergy in peanut-allergic patients: significance of sequential epitopes of walnut homologous to linear epitopes of ara h 1, 2 and 3 in relation to clinical reactivity. *Int Arch Allergy Immunol*. 2012;157:238–245.
15. Roux KH, Teuber SS, Sathe SK. Tree nut allergens. *Int Arch Allergy Immunology*. 2003;131:234–244.
16. Davoren M, Peake J. Cashew nut allergy is associated with a high risk of anaphylaxis. *Arch Dis Child*. 2005; 90(10):1084–1085.
17. Halken S, Høst A, Niklassen U, et al. Effect of mattress and pillow encasings on children with asthma and house dust mite allergy. *J Allergy Clin Immunol*. 2003;111(1):169–176.
18. Morgan WJ, Crain EF, Gruchalla RS, et al. Results of a home-based environmental intervention among urban children with asthma. *N Engl J Med*. 2004;351:1068–1080.
19. Chan SK, Leung DYM. Dog and cat allergies: current state of diagnostic approaches and challenges. *Allergy Asthma Immunol Res*. 2018;10(2):97–105.
20. Konradsen JR, Fujisawa T, van Hage M, et al. Allergy to furry animals: new insights, diagnostic approaches, and challenges. *J Allergy Clin Immunol*. 2015;135:616–625.
21. Salo PM, Arbes SJ, Jaramillo R, et al. Prevalence of allergic sensitization in the United States: results from the National Health and Nutrition Examination Survey (NHANES) 2005–2006. *J Allergy Clin Immunol*. 2014;134:350–359.

QuestDiagnostics.com

Quest, Quest Diagnostics, any associated logos, and all associated Quest Diagnostics registered or unregistered trademarks are the property of Quest Diagnostics. All third-party marks—® and ™—are the property of their respective owners. ©2020 Quest Diagnostics Incorporated. All rights reserved. SB9780 11/2020