

A Managed Care Perspective on Immunotherapy Treatment for Peanut Allergies

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Sample of Online Posttest

Choose the best answer for each of the following:

1. The prevalence of peanut allergy in the United States has _____ over the past several decades.
 - A. Decreased significantly
 - B. Decreased slightly
 - C. Remained stable
 - D. Increased
2. Peanut allergies are considered a type I hypersensitivity reaction mediated by which immune globulin (Ig)?
 - A. IgA
 - B. IgE
 - C. IgG
 - D. IgM
3. Which test is considered the "gold standard" for diagnosis of peanut allergy?
 - A. Patient history
 - B. Peanut-specific sIgE level
 - C. Peanut skin-prick test
 - D. Oral food challenge
4. JC is a 2-year-old boy presenting with a mild pruritic erythematous skin rash on his arms and mild erythema around his lips. His parents bring him in, as they are extremely concerned because these symptoms began approximately 30 minutes after JC ingested peanut butter for the first time. The parents gave JC oral diphenhydramine when his symptoms began approximately 6 hours ago, which has decreased the severity of the rash and erythema. JC's older brother has a severe diagnosed peanut allergy. After conducting a thorough history, serum peanut-specific sIgE levels are obtained, as a skin-prick test is not possible due to the presence of rash. The sIgE level returns at 10 kUA/L. The parents are very worried that JC may also have a peanut allergy. What would be an appropriate next step?
 - A. Send JC home. He does not have a peanut allergy based on history and lab values.
 - B. Wait until his rash completely disappears and then place a peanut skin-prick test.
 - C. Schedule an in-office oral food challenge with the family and instruct them to avoid peanut products until that time.
 - D. Plan to see JC back in 1 week for supervised peanut feeding in the office.
5. Based on the outcomes of the Learning Early About Peanut Allergy (LEAP) study, the National Institute of Allergy and Infectious Diseases published an addendum to its guidelines with new recommendations for the prevention of peanut allergies. These guidelines recommend the introduction of peanut-containing foods to infants at highest risk of developing a peanut allergy (those with severe eczema, egg allergy, or both) at what age?
 - A. 4 to 6 months
 - B. 1 year
 - C. 2 years
 - D. 5 years
6. For patients experiencing anaphylaxis, should epinephrine be preferentially administered via autoinjector or intravenous (IV) bolus, and why?
 - A. Autoinjector, as this route of administration is associated with fewer cardiovascular adverse events
 - B. Autoinjector, because the stable solution guarantees efficacy of epinephrine
 - C. IV bolus, to reduce chance of administration error
 - D. IV bolus, to ensure an optimal dose with little chance of overdose

7. By 12 months of treatment with a maintenance dose of 300 mg in the PALISADE trial, what percentage of patients receiving AR101 were able to tolerate ≥ 600 mg of peanut protein at the exit double-blind placebo-controlled food challenge?
- A. 48%
 - B. 56%
 - C. 65%
 - D. 76%
8. The majority of medical costs related to peanut allergies come from:
- A. Immunotherapy
 - B. Anaphylaxis
 - C. Epinephrine
 - D. Missed school
9. Barriers to the use of peanut oral immunotherapy include all of the following, EXCEPT:
- A. Cost
 - B. Lack of an FDA-approved therapy
 - C. Lack of a standardized protocol
 - D. Lack of defined criteria for patient selection
10. Which of the following best describes the outcomes of peanut immunotherapy regarding induced desensitization?
- A. While those receiving peanut immunotherapy were able to tolerate some peanut challenge, the difference between the induced desensitization from intervention and placebo groups were not significant.
 - B. Sublingual immunotherapy is superior to oral immunotherapy.
 - C. Oral immunotherapy offers the greatest advantages over other treatments.
 - D. Sublingual and oral immunotherapies present equal advantages regarding induced desensitization.

SAMPLE
POSTTEST