

DATE:	2022 June 27
TO:	All Healthcare Providers in North, Edmonton and Central Zone that send to DynaLIFE
FROM:	DynaLIFE Medical Labs and Alberta Precision Laboratories
RE:	IgE Allergy Testing: Upcoming discontinuation of the Food Allergen Screen and Inhalant Screen Reflex Panel Testing

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Message

- Projected for **Fall 2022**, several changes will be made to IgE allergy testing offered by DynaLIFE Medical Labs in Edmonton, including:
 - Discontinuation of the Food Allergen Screen and associated reflex Food Allergen Panels.
 - Discontinuation of seasonal Inhalant Panels that reflex from a positive Inhalant Screen.
- These changes will (1) align with national and international recommendations for allergy investigation¹⁻³, (2) optimize IgE allergy testing in support of clinical allergy diagnosis for improved patient care¹⁻⁴, and (3) support provincial standardization initiatives.

Background and Rationale

- Food Allergen Screen (FAS) Discontinuation:
 - *Currently, more than 95% of food allergy investigations from non-allergy specialists in North Sector include a FAS.*
 - Choosing Wisely Canada recommendations from the Canadian Society of Allergy and Clinical Immunology and the Canadian Pediatric Society advocate against ordering food allergen screening panels in all cases and specific food allergen IgE testing in the absence of pertinent medical history^{2,3}.
 - **A positive FAS may not indicate the presence of clinical food allergy.** In some cases, clinically irrelevant positive results from the FAS and associated reflex Food Allergen Panels lead to inappropriate food avoidance, which can result in true clinical allergy (loss of tolerance) and/or nutritional deficiencies⁴.
 - **A negative FAS does not rule out clinical food allergy**, particularly if the suspected food allergen was not part of the FAS.
- Inhalant Screen Seasonal Reflex Panels Discontinuation:
 - The Inhalant Screen will remain available; there will be no reflex panels from a positive screen.
 - To optimize the identification of clinically relevant inhalant allergens, Allergen Specific IgE tests should be carefully chosen based on the patient's symptoms and exposures.

Action Required to Prepare for Upcoming Change

- **Reduce or cease ordering of the Food Allergen Screen.**
- If food and/or environmental allergy investigation is clinically indicated, the appropriate individual Allergen Specific IgE(s) should be selected based on the patient's clinical history and exposures.
 - Refer to the DynaLIFE Medical Labs Test Directory page "[Allergy Testing, IgE](#)" for details on the individual Allergen Specific IgE tests that are available.
 - To help ensure appropriate utilization, **do not order more than 5 Allergen Specific IgE tests per patient** per year (allergy specialists excluded).
- **If you are a physician within North Sector and have clinical allergy questions, contact the Allergy Consult Service (see contact details below).**

Additional Details



- Requests for IgE allergy tests against particular allergens (Allergen Specific IgE) should be made after a comprehensive medical history is taken and reveals clinical allergic disease¹. When properly utilized, a positive Allergen Specific IgE result has a high predictive value that allergic signs and symptoms are caused by exposure to the specific allergen.
- All components of the FAS and the Inhalant Screen Seasonal Reflex Panels will remain available as individual tests that can be ordered if clinically indicated.
 - FAS Allergens: Egg White, Codfish, Milk, Peanut, Wheat, Soybean
 - Seasonal Inhalant Panel Allergens: Common Silver Birch, Timothy Grass, Cat Dander, Dog Dander, *Dermatophagoides* Dust Mites (*D. farina* and *D. pteronyssinus*)

Questions/Concerns/Feedback

Clinical inquiries:

Allergy Consult Service for North Sector Physicians (M-F, 9am-5pm): Call the UAH switchboard at 780-407-8822 and ask for the allergist on call to be paged.

Laboratory inquiries:

DynaLIFE Clinical Chemists, 780-451-3702 ext. 3572 or clinical.chemists@dynalife.ca

A detailed education session can be organized for your care teams upon request.

This change in practice has been reviewed and is endorsed by

- Dr. Ling Ling, MD, FRCPC, ABAI, Internal Medicine, Allergy and Clinical Immunology, University of Alberta
- Dr. Harissios Vliagoftis, MD, Allergy and Clinical Immunology, University of Alberta
- Dr. Mathew Estey, Director of Chemistry, DynaLIFE Medical Labs
- Dr. Erene Farag, Medical Director, DynaLIFE Medical Labs
- Dr. Kareena Schnabl, Section Chief, Clinical Biochemistry, APL North Sector
- Dr. Michael Mengel, Medical Director, APL North Sector

References and Resources

1. NIAID-Sponsored Expert Panel, et al. Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel. J Allergy Clin Immunol. 2010 Dec;126(6 Suppl):S1-58. [Summary for Clinicians](#)
2. <https://choosingwiselycanada.org/recommendation/allergy-clinical-immunology/>
3. <https://choosingwiselycanada.org/recommendation/paediatrics/>
4. Bird JA, et al. Food Allergen Panel Testing Often Results in Misdiagnosis of Food Allergy. J Pediatr. 2015 Jan;166(1):97-100.