



Primary Prevention of Cow's Milk Sensitization and Food Allergy by Avoiding Supplementation With Cow's Milk Formula at Birth

A Randomized Clinical Trial

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Disclosures

- ▶ I have no financial disclosures

Introduction

- ▶ Prevalence and severity of food allergy is increasing
- ▶ To overcome this, exclusive breastfeeding (BF) with or without supplementation with hypoallergenic formulas for infants at risk of atopic disease has been recommended
 - ▶ Controversial supporting evidence
 - ▶ Breastfeeding previously supplemented with sugar water
- ▶ **Hypothesis:** Early exposure to cow's milk formula (CMF) at birth is, at least in part, associated with the recent increase in children with food allergy
- ▶ **Study purpose:** Investigate whether the risk of cow's milk sensitization and food allergy is decreased by avoiding supplementation with CMF at birth

Methods

- ▶ Single center RCT in Tokyo, Japan
- ▶ Newborn Randomization
 - ▶ Breastfeeding (BF) / Amino-acid based elemental formula (EF)
 - ▶ Breastfeeding (BF) plus cow's milk formula (CMF)
- ▶ Inclusion Criteria
 - ▶ ≥ 1 father, mother, or sibling with atopic disease
- ▶ Exclusion Criteria
 - ▶ Parents intended exclusive BF or CMF
 - ▶ Infants born at < 36 weeks
 - ▶ Birth weight < 2000 g
 - ▶ Serious congenital anomalies

Methods

Intervention

- BF/EF
 - Exclusive BF for 5 months
 - Supplement with EF prn
 - Switch to CMF if
 - >150mL/day of EF for 3 days
 - Or maternal preference after day 3
- BF plus CMF
 - CMF \geq 5mL/d within the first 24hrs of birth until 1 month
 - CMF \geq 40mL/d from 1 month until 5 months

Outcomes

- Primary
 - Cow's milk sensitization (CM-IgE \geq 35 U_A)
- Secondary
 - Clinical food allergies
 - Other atopic diseases
- Safety
 - Any admission or ED visit
 - Growth retardation

Follow-up

- Regular examinations
- Antigen specific IgE to cow's milk and other foods at 5 and 24 months
- OFC ~1 year of age
 - Performed by blinded physicians

Participant Characteristics

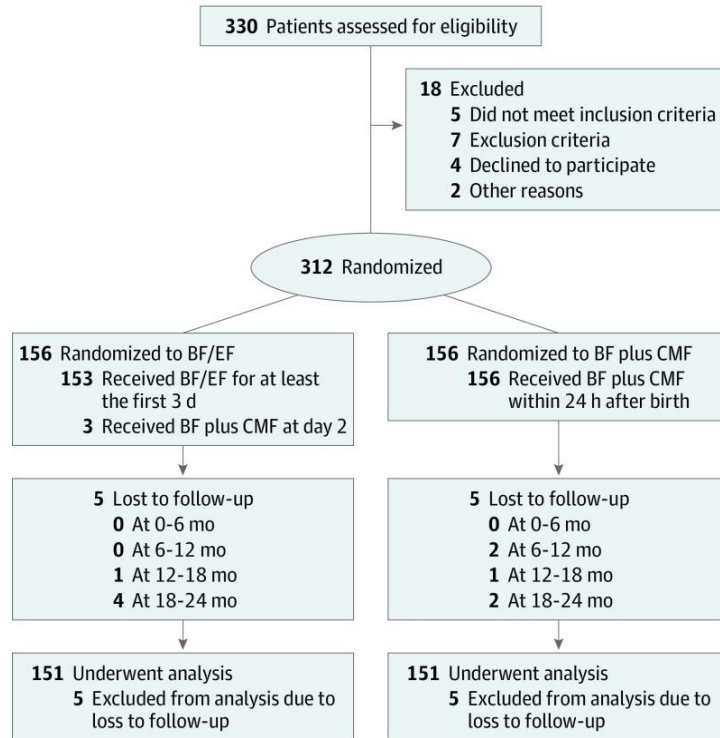


Figure 1. Patient Flow Through the Atopy Induced by Breastfeeding or Cow's Milk Formula (ABC) Trial. BF indicates breastfeeding; CMF, cow's milk formula; and EF, elemental formula.

Characteristic	Study Group	
	BF/EF (n = 156)	BF Plus CMF (n = 156)
Gestational age, median (IQR), wk	39 (38-39)	39 (38-39)
Nonvaginal delivery, No. (%)		
Planned cesarean delivery	16 (10.3)	17 (10.9)
Emergency cesarean delivery	21 (13.5)	20 (12.8)
Female, No. (%)	82 (52.6)	78 (50.0)
Apgar score at 5 min, No. (%) ^a		
8 points	4 (2.7)	10 (6.5)
9 points	131 (84.0)	128 (83.7)
10 points	15 (9.6)	15 (9.8)
Placental weight, mean (SD), g	585 (103)	563 (97)
pH of cord blood, mean (SD)	7.28 (0.06)	7.29 (0.08)
Anthropometry at birth, mean (SD)		
Body weight, g	2994 (313)	2994 (314)
Body height, cm	48.7 (1.7)	48.8 (1.8)
Chest circumference, cm	31.5(1.3)	31.6 (1.4)
Head circumference, cm	34.0 (1.3)	34.1 (1.2)

Table 1. Participant characteristics. Original table divided to fit the screen

Characteristic	Study Group	
	BF/EF (n = 156)	BF Plus CMF (n = 156)
Familial Background		
Age, mean (SD), y		
Paternal	37.0 (6.1)	37.7 (6.8)
Maternal	35.0 (4.5)	35.3 (4.3)
Current/previous atopic disease of mother, No. (%)		
Bronchial asthma	9 (5.8)/24 (15.4)	6 (3.8)/20 (12.8)
Atopic dermatitis	18 (11.5)/32 (20.5)	13 (8.3)/32 (20.5)
Food allergy	28 (17.9)/18 (11.5)	15 (9.6)/15 (9.6)
Allergic rhinitis	36 (23.1)/17 (10.9)	40 (25.6)/13 (8.3)
Pollen allergy	85 (54.5)/12 (7.7)	89 (57.1)/11 (7.1)
Current/previous atopic disease of father, No. (%)		
Bronchial asthma	4 (2.6)/22 (14.1)	11 (7.1)/24 (15.4)
Atopic dermatitis	7 (4.5)/14 (9.0)	13 (8.3)/25 (16.0)
Food allergy	20 (12.8)/4 (2.6)	17 (10.9)/9 (5.8)
Allergic rhinitis	37 (23.7)/11 (7.1)	41 (26.3)/17 (10.9)
Pollen allergy	80 (51.3)/11 (7.1)	79 (50.6)/3 (1.9)
Current/previous atopic disease of siblings, No. (%) ^a		
Bronchial asthma	2 (66.7)/1 (33.6)	2 (22.2)/1 (11.1)
Atopic dermatitis	0/0	3 (33.3)/0
Food allergy	1 (33.3)/2 (66.7)	5 (55.6)/1 (11.1)
Allergic rhinitis	2 (66.7)/0	3 (33.3)/0
Pollen allergy	1 (33.3)/0	1 (11.1)/0

Results

- Significantly fewer infants had cow's milk sensitization in the BF/EF group than the BF plus CMF group
- No difference in sensitization to egg white or other food antigens
- When stratified by Vitamin D level, only middle tertile was significantly different

Table 2. Effects of Avoiding CMF at Birth on Antigen-Specific IgE Levels

Subgroups	Study Group, No. (%) of Infants			RR (95% CI) ^b	P Value for Interaction
	Total	BF/EF	BF Plus CMF		
Cow's Milk-Specific IgE Level ≥ 0.35 UA/mL					
Overall (n = 286) ^d	70 (24.5)	24 (16.8)	46 (32.2)	0.52 (0.34-0.81)	NA
Subgroups stratified by 25(OH)D levels ^e					
Lower tertile (n = 94)	17 (18.1)	8 (17.0)	9 (19.1)	0.89 (0.38-2.11)	
Middle tertile (n = 89)	26 (29.2)	4 (9.1)	22 (49.0)	0.19 (0.07-0.50)	.02
Higher tertile (n = 96)	26 (27.1)	12 (25.0)	14 (29.2)	0.86 (0.44-1.66)	
Egg White-Specific IgE ≥ 0.35 UA/mL					
Overall (n = 286) ^d	107 (37.4)	53 (37.1)	54 (37.8)	0.98 (0.73-1.32)	NA
Subgroups stratified by 25(OH)D levels ^e					
Lower tertile (n = 94)	32 (34.0)	16 (34.0)	16 (34.0)	1.00 (0.57-1.78)	
Middle tertile (n = 89)	33 (37.1)	11 (25.0)	22 (49.0)	0.51 (0.28-0.92)	.02
Higher tertile (n = 96)	38 (39.6)	23 (47.9)	15 (31.3)	1.53 (0.92-2.56)	

Results

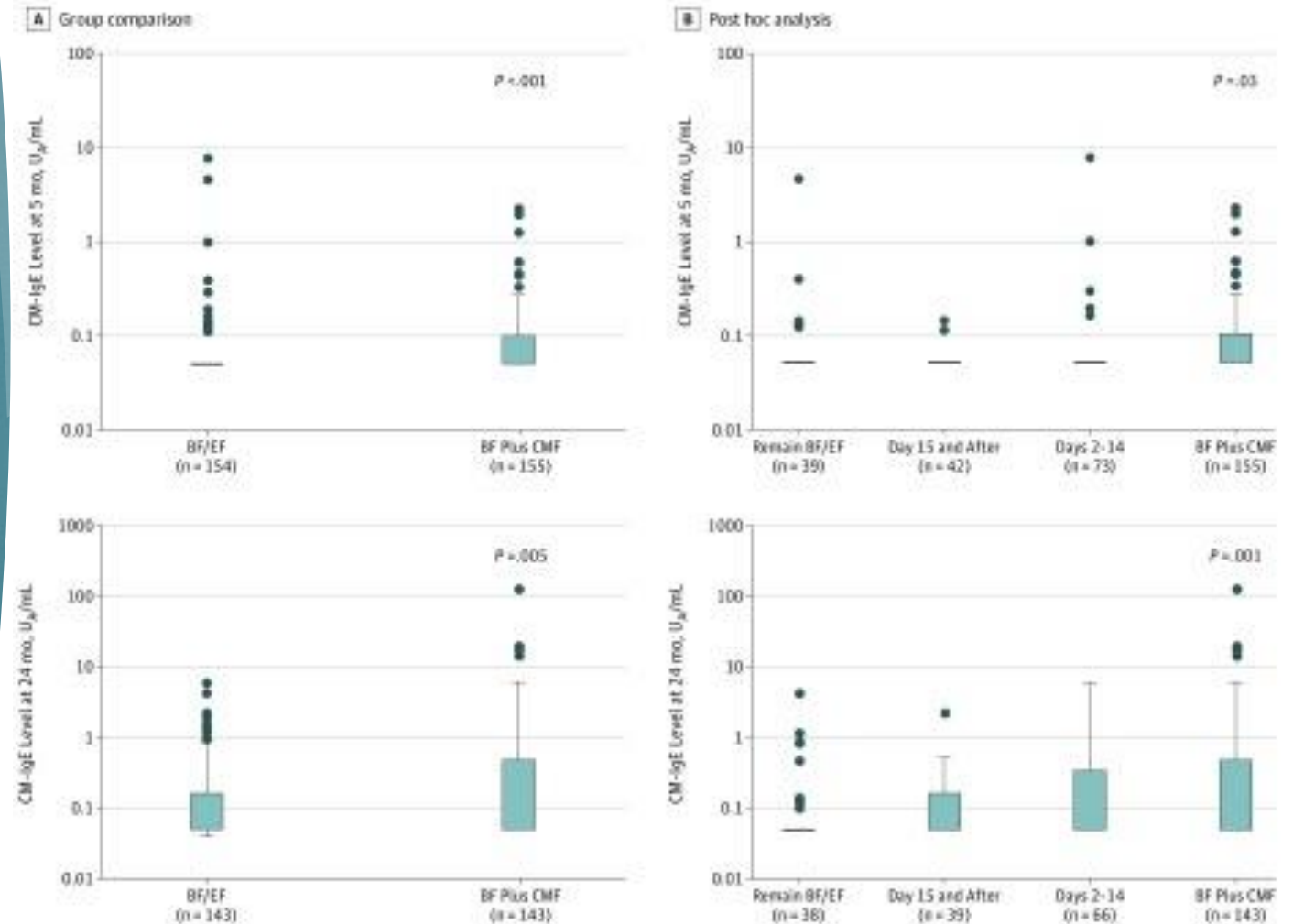
▶ A: Group Comparison

- ▶ CMF supplementation associated with greater CMF-IgE levels

▶ B: Post Hoc Analysis

- ▶ 115 infants switched from EF to CMF supplementation during the study
 - ▶ 73 within 14 days, 42 after 14 days, 39 remained BF/EF
- ▶ Earlier CMF associated with increased CMF-IgE at 24 months
- ▶ No difference in clinical food allergy

Figure 2. Cow's Milk Specific IgE (CM-IgE) Levels Among Study Groups



Results

- ▶ The immediate type of food allergy, anaphylaxis, cow's milk allergy, and egg allergy occurred less in the BF/EF group compared to the BF plus CMF group
- ▶ More infants in the BF/EF group outgrew the food allergy by age 2 compared to the BF plus CMF group
- ▶ No differences in safety outcomes

Table 3. Effects of Avoiding CMF at Birth on Immediate and Anaphylactic Types of Food Allergy

Effects	Study Group, No. (%) of Infants			RR (95% CI) ^b	P Value for Interaction ^c
	Total (n = 302)	BF/EF (n = 151)	BF Plus CMF (n = 151)		
Immediate Type of Food Allergy					
Cumulative incidence by the second birthday	67 (22.2)	22 (14.6)	45 (29.8)	0.49 (0.31-0.77)	NA
Prevalence at the second birthday	24 (7.9)	4 (2.6)	20 (13.2)	0.20 (0.07-0.57)	NA
Anaphylactic Type of Food Allergy					
Cumulative incidence by second birthday	14 (4.6)	1 (0.7)	13 (8.6)	0.08 (0.01-0.58)	NA
Prevalence at second birthday	14 (4.6)	1 (0.7)	13 (8.6)	0.08 (0.01-0.58)	NA
OFC-Positive Immediate Type of Food Allergy					
Cumulative incidence by second birthday	12 (4.0)	1 (0.7)	11 (7.3)	0.09 (0.01-0.70)	NA
Prevalence at second birthday	9 (3.0)	0	9 (6.0)	0 (NA)	NA
Cow's Milk Allergy					
Cumulative incidence by second birthday	11 (3.6)	1 (0.7)	10 (6.6)	0.10 (0.01-0.77)	NA
Prevalence at second birthday	4 (1.3)	0	4 (2.6)	0 (NA)	NA
Egg Allergy					
Cumulative incidence by second birthday	47 (15.6)	17 (11.3)	30 (19.9)	0.57 (0.33-0.98)	NA
Prevalence at second birthday	9 (3.0)	1 (0.7)	8 (5.3)	0.13 (0.02-0.99)	NA
Wheat Allergy					
Cumulative incidence by second birthday	8 (2.6)	1 (0.7)	7 (4.6)	0.14 (0.02-1.15)	NA
Prevalence at second birthday	5 (1.7)	0	5 (3.3)	0 (NA)	NA

Discussion

- ▶ How does this compare with other studies?
- ▶ Why did CMF affect prevalence of other food allergies?
 - ▶ Early CMF exposure with scarce growth of gut microbiome → enterocolitis → increased gut permeability → increased absorption of food allergens → food allergy
- ▶ Role of Vitamin D in food allergy?
 - ▶ Still unclear, possible bimodal function
- ▶ Limitations
 - ▶ Not double-blinded, OFC test not universal, short follow-up, different prevalence of food allergies by country, variable amounts of CMF or EF used, differential misclassification, cows milk sensitization as primary outcome
- ▶ Conclusion
 - ▶ Authors: sensitization of cow's milk and clinical food allergies may be preventable by avoiding supplementation of cow's milk formula at birth
 - ▶ Professional Organizations: inconsistent evidence for a protective benefit of hypoallergenic formulas