Make a precise assessment
ImmunoCAP® Allergen components help you differentiate between “true” allergies and cross-reactivity.

Make a substantiated decision
A better differentiation helps you give relevant advice and define the optimal treatment.

Make a difference
Proper management helps you improve the patient’s well-being and quality of life.

References:

www.thermoscientific.com/phadia

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IS IT REALLY SOY ALLERGY?
How to better identify and manage soy allergic patients
Take the diagnosis and management of soy-allergic patients to a whole new level

Why is soy allergy complicated to identify?

• IgE-mediated allergy to soy might be the result of primary sensitization, but could also result from cross-reactivity to birch-related tree pollen and a variety of legumes.1–5
• IgE positivity to soy may be the result of different cross-reactivities, some without clinical reactions to soy.6,7
• For patients sensitized to birch pollen with a suspicion of soy allergy, it is recommended to extend the testing with Gly m 4, which can be underrepresented in available tests based on extracts.4, 5, 8
• Without components, it can be difficult to identify if your patient’s symptoms are actually due to soy.9

Better identification of the soy-allergic patient . . .

• The presence of specific IgE to the storage proteins Gly m 5 and Gly m 6 indicates real soy allergy and risk of severe reactions.2, 3
• Sensitization to Gly m 4, a PR-10 protein, is common in patients allergic to birch-related tree pollen and indicates risk of reactions to soy. The reactions are often local, but might also be systemic.4, 5, 8, 9

. . . results in improved patient management

• Evaluate your patient’s risk of severe reactions to soy.
• Ensure relevant dietary advice and avoid unnecessary elimination.
• Define the optimal treatment for your patients.
• Proper diagnosis of patients with suspected soy allergy improves quality of life.

Results that help reduce risk

Suspicion of soy allergy – risk of severe reaction?

RECOMMENDED TEST PROFILE:
Soybean (f14), Gly m 4, Gly m 5 and Gly m 6

RESULTS:
Soybean (f14)  +  Gly m 4  +  Gly m 5 / Gly m 6

+  +  +  Risk of severe reactions to soy

+/–  +  –  Often associated with local reactions*

*Systemic reactions may occur. Particularly in patients allergic to birch-related tree pollen when consuming high amounts of low-processed soy, e.g. soy milk.

All soy components are needed for a complete risk assessment and indication of severe reactions

Did you know that?

• Soy protein is an important protein source worldwide.1
• Up to 10 % of all patients with birch sensitization may also be at risk of reactions to soy, including risk of systemic reaction.2
• Cutaneous and gastrointestinal symptoms are the most common symptoms for soy allergy, but also severe and systemic reactions can occur.2, 4, 5
• IgE antibodies to the Gly m 4 are often associated with local reactions, e.g. OAS. However, systemic reactions may occur when consuming high amounts of low-processed soy, e.g. soy milk.4, 5, 8, 9
• Soy-allergic patients with IgE antibodies to Gly m 5 and/or Gly m 6 may also react to similar storage proteins, such as the peanut components Ara h 1 and Ara h 3.1
• Soy can be a hidden allergen in a wide variety of processed foods such as meat products, sausages, bakery goods, chocolate or breakfast cereals.1, 4
• An increase in soy allergy is likely in many countries due to the promoted health benefits of soy products and the increasing popularity of Asian food.1