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**ACAAI Annual
Scientific Meeting**

**November 10-14, 2022
Louisville, Kentucky
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June 17, 2022

Steve Rusckowski
Chairman, Chief Executive Officer and President
Quest Diagnostics
500 Plaza Drive
Secaucus, NJ 07094

Via email: stephen.h.rusckowski@questdiagnostics.com

Dear Mr. Rusckowski:

I am writing on behalf of the American College of Allergy, Asthma and Immunology -- a professional association of 6,000 allergist/immunologists and allied health professionals -- regarding our concerns about the direct-to-consumer food allergy testing offered by Quest Direct.

It has come to our attention that Quest Direct is now offering various food allergy panel tests, including a "Food Allergy Test Panel," "Nut Allergy Test Panel" "Seafood Allergy Test Panel," and "Shellfish Allergy Test Panel" (<https://questdirect.questdiagnostics.com/>). While we commend Quest for seeking to aid both the clinician and patient in food allergy testing, **we are very concerned that this form of direct-to-consumer testing provides more harm than benefit to individuals concerned about food allergy.**

According to current food allergy diagnostic guidelines, serum IgE testing can aid in the diagnosis of IgE-mediated food allergies and is a valid diagnostic test.¹⁻² However, **all guidelines recommend that testing be used in conjunction with the patient's medical history.** In fact, the medical history is the most important part of the evaluation and establishes the pre-test probability of the patient having a food allergy, which is required to interpret the serum IgE test.² This is paramount in IgE-mediated food allergy, as serum IgE testing can be overly sensitive for food allergy leading to many false positive and clinically irrelevant tests in up to 50% of cases.¹⁻³ This can lead to serious consequences to both individual patients (unnecessary food avoidances, unfounded fears, and decreased quality of life) and to society as a whole (increased health care costs due to overdiagnosis of food allergy). Although not as common, false-negative test results can also occur in serum IgE testing leading to future allergic reactions that may be life-threatening. Encouraging patients to self-evaluate for a condition as complex and potentially life threatening as food allergies

through a direct-to-consumer marketing campaign may unintentionally cause undue harm to patients.

Based on the above, we urge Quest to reconsider its direct-to-consumer food allergy serum IgE testing and join ACAAI along with other national medical associations⁴ in following best practices for food allergy evaluation.

Sincerely,



Mark Corbett, MD
ACAAI President

1. NIAID-Sponsored Expert Panel, Boyce JA, Assa'ad A, Burks AW, 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.
2. Greenhawt M, Shaker M, Wang J, et al. Peanut allergy diagnosis: A 2020 practice parameter update, systematic review, and GRADE analysis. *J Allergy Clin Immunol.* 2020 Dec;146(6):1302-1334.
3. Liu AH, Jaramillo R, Sicherer SH, et al. National prevalence and risk factors for food allergy and relationship to asthma: results from the National Health and Nutrition Examination Survey 2005-2006. *J Allergy Clin Immunol.* 2010 Oct;126(4):798-806.
4. Choosing Wisely (clinician recommendations for food allergy testing): https://www.choosingwisely.org/clinician-lists/#keyword=food_allergy