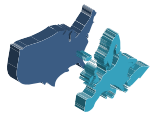


# AN INVESTIGATIONAL APPROACH TO PEANUT ALLERGY



DBV Technologies is a clinical-stage biopharmaceutical company with several investigational medicinal products in development. These products have not been approved for use or marketing by any regulatory authority.

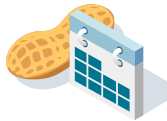
## PEANUT ALLERGY: A GROWING PUBLIC HEALTH EPIDEMIC



Affects ~1.6% of children in Europe and ~2% of children in the United States<sup>1,2</sup>



Reactions are more likely to be severe compared to other food allergies<sup>2</sup>



Accidental exposures are common - in one medical chart review study, 39% of peanut-allergic children reported an accidental exposure within ~1 year of diagnosis<sup>3</sup>



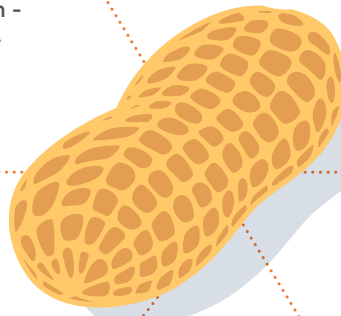
Many factors contribute to reaction severity, making reactions unpredictable<sup>7</sup>



Imposes a substantial social and psychological burden on patients, families, and caregivers<sup>4-6</sup>



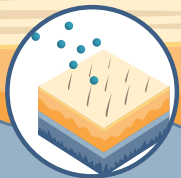
There is no conclusive method for stratifying patients according to risk of a severe reaction<sup>8</sup>



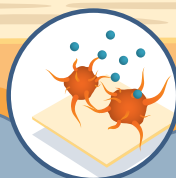
## INVESTIGATIONAL EPICUTANEOUS IMMUNOTHERAPY (EPIT): IN CLINICAL DEVELOPMENT FOR FOOD ALLERGIES

**EPIT utilizes the immune properties of the skin**

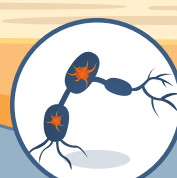
**Animal models show that**



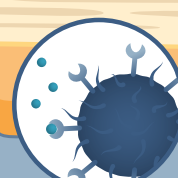
In food allergy, EPIT aims to induce desensitization by delivering small quantities of allergen to intact skin<sup>9</sup>



Allergen is captured in the superficial layers of intact skin by Langerhans cells, preventing systemic absorption<sup>10</sup>



Langerhans cells process the allergen and migrate to lymph nodes to activate the immune system<sup>10</sup>



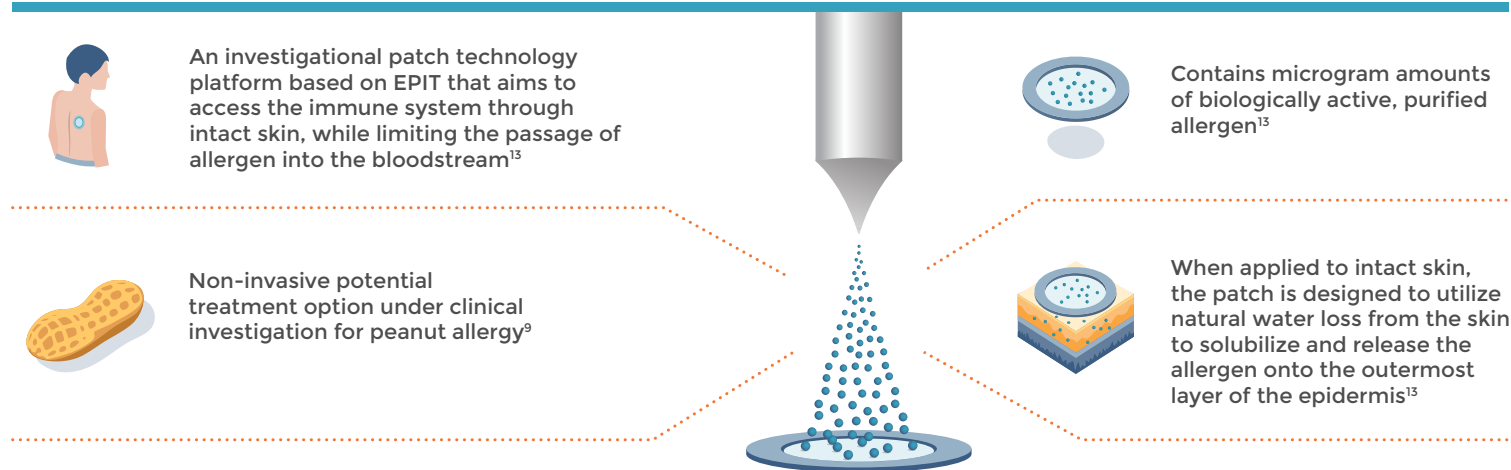
Specific EPIT-induced Tregs show sustained immune modulation (8 weeks after treatment end)<sup>11,12</sup>

# AN INVESTIGATIONAL APPROACH TO PEANUT ALLERGY



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## DBV'S INVESTIGATIONAL EPIT PATCH TECHNOLOGY



## RECENT PUBLICATIONS ON INVESTIGATIONAL EPIT FOR THE TREATMENT OF PEANUT ALLERGY

Brown-Whitehorn T, de Blay F, Spergel JM, et al. Sustained unresponsiveness to peanut after long-term peanut epicutaneous immunotherapy. *J Allergy Clin Immunol Pract*. Published online August 22, 2020. doi:10.1016/j.jaip.2020.08.017.

DunnGalvin A, Fleischer DM, Campbell DE, et al. Improvements in quality of life in children following epicutaneous immunotherapy (EPIT) for peanut allergy in the PEPITES and PEOPLE studies. *J Allergy Clin Immunol Pract*. Published online August 22, 2020. doi:10.1016/j.jaip.2020.08.015.

Fleischer DM, Chintrajah S, Scurlock AM, et al. An evaluation of factors influencing response to epicutaneous immunotherapy for peanut allergy in the PEPITES trial. *Allergy Asthma Proc*. 2020;41(5):326-355. doi:10.2500/aap.2020.41.200047.

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Fleischer DM, Spergel JM, Kim EH, et al. Evaluation of daily patch application duration for epicutaneous immunotherapy for peanut allergy. *Allergy Asthma Proc*. 2020;41(4):278-284. doi:10.2500/aap.2020.41.200045.

Greenhawt M, Kim EH, Campbell DE, Green TD, Lambert R, Fleischer DM. Improvements in eliciting dose across baseline sensitivities following 12 months of epicutaneous immunotherapy (EPIT) in peanut-allergic children aged 4 to 11 years [published online ahead of print June 2, 2020]. *J Allergy Clin Immunol Pract*. doi:10.1016/j.jaip.2020.05.030.

Remington BC, Krone T, Kim EH, et al. Estimated risk reduction to packaged food reactions by epicutaneous immunotherapy (EPIT) for peanut allergy. *Ann Allergy Asthma Immunol*. 2019;123(5):488-493.e2. doi:10.1016/j.anai.2019.08.007.

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12. Dioszeghy V, et al. *Cell Mol Immunol*. 2016;13:1-13.
13. Wang J, Sampson HA. *Pediatr Allergy Immunol*. 2018;29:341-349.