



ARAVAX: FUTURE OF ALLERGY IMMUNOTHERAPY

Next generation food allergy treatment - it's not just a question of efficacy



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Recent scientific and commercial developments in food allergy therapeutics are converging towards a common goal - transforming the outlook for patients and their families. It's also clear the market is set to expand. [SnackSafely.com](https://www.snacksafely.com) recently reported on a forecast tripling across the major pharmaceutical markets by 2035.

However, an important question remains: what does "success" really look like in this field?

Having attended the American Academy of Allergy, Asthma & Immunology Annual Meeting 2026 and the Antigen Specific Immune Tolerance Summit earlier this year, a clear theme emerged. Across both allergy and autoimmune disease, there has been strong progress with therapies that suppress select effector immune pathways to achieve short-term improvements in clinical symptomology. At the same time, appetite is growing for immunotherapies designed to address the underlying dysfunction in immune tolerance by

targeting the root cause of disease. Instead of than just blocking symptoms, these agents offer potential for disease modification over time.

Commercially, the approval of Palforzia for the treatment of peanut allergy in 2020 marked a watershed moment. Its Phase 3 data demonstrated robust efficacy, with meaningful desensitisation in a majority of patients. Yet, uptake has been limited and the product is now being withdrawn. The reasons are multifactorial, but often relate to the burden of treatment placed on patients, families and clinical practices. High efficacy alone was not enough to overcome challenges around safety, convenience and real-world usability.

In contrast, Xolair has seen rapid adoption following its expanded indication for food allergy in 2024. By targeting IgE, it reduces allergic reactivity across multiple allergens and avoids many of the logistical challenges associated with Palforzia oral immunotherapy. This momentum has been followed by a number of strategic moves, including the acquisitions of RAPT Therapeutics by GSK and Excellergy by Novartis, signalling strong belief in next-generation anti-IgE approaches.

These newer agents aim to improve on the first-generation biologics, particularly through reduced dosing frequency, an important step toward improving convenience and broadening use.

However, even as these therapies gain traction, an important limitation remains: anti-IgE biologics do not correct the underlying immune dysfunction that drives food allergy. Their benefit is contingent on continued treatment, and allergic sensitivity has been shown to return once therapy stops. For many patients, temporary risk reduction is valuable, particularly in higher-risk life stages, but it may not fully meet long-term expectations.

Indeed, treatment goals vary widely. Some patients and families prioritise immediate protection from accidental exposure. Others such as those with younger children may seek therapies that offer the possibility of lasting change, or even resolution of disease.

This is where a new generation of allergen-specific immunotherapies is attracting increasing interest.

These approaches are designed to retrain the immune system's response to specific food proteins, with the goal of inducing durable tolerance. In doing so, they aim to replicate the natural process observed in individuals who "outgrow" their allergies.

For example, DBV Technologies is developing epicutaneous immunotherapy with its Viaskin Peanut patch, which delivers small amounts of allergen through the skin in a controlled, low-inflammatory context. Long-term studies suggest that clinical benefit can accumulate over time, potentially with an improved safety and convenience profile compared to oral approaches.

Aravax is advancing peptide-based immunotherapy, using short peptides which represent key fragments of allergenic proteins to selectively target T-cell responses. This approach is designed to minimise the risk of acute allergic reactions while efficiently promoting immune tolerance. Results from an ongoing Phase 2 study evaluating a simple monthly regimen are anticipated later this year.

Together, these modalities highlight an important shift in the field, from managing acute reactivity to modifying the underlying disease.

The experience with Palforzia underscores that efficacy, while essential, is only one part of the equation. Safety, convenience, durability of effect, and alignment with patient and physician needs are equally critical. No single therapy is likely to meet all these requirements across a diverse patient population.

The future of food allergy treatment will therefore not be defined by one treatment modality, but by a toolkit of therapeutic options. Anti-IgE biologics will play a key role in rapid, flexible risk reduction, and allergen-specific immunotherapies look set to offer the prospect of longer-term disease modification. Other innovations will no doubt further expand the landscape.

What matters most is that this growing range of options reflects the real-world diversity of patient needs.

Food allergy has long been an area of high unmet need. Today, with deepening scientific understanding, increasing regulatory clarity, and sustained commercial investment, the field is entering a new phase. One in which patients and physicians can begin to expect more, not just protection, but progress toward lasting clinical improvements.