To the Editor: We read with interest the publication by Levin et al. [1] on the peptide composition and potential residual allergenicity of a range of specialty infant formulas. This publication is topical, as current cow’s milk protein allergy guidelines have provided relatively little detail on the molecular specifications and technical requirements of extensively hydrolysed formulas (EHFs). [2,3] Currently, significant differences exist in the peptide composition of marketed EHF s which are thought to be the basis for observed differences in their clinical tolerability. [4,5] Some EHF s with a comparatively high residual allergen content may be associated with a significant rate of allergic reactions; however, their exact allergen contents and peptide profiles are generally not publicly disclosed. For this reason, providing published information on the degree of hydrolysis and residual allergen content in EHF s is welcome and will assist clinicians in selecting a hypoallergenic formula with a low residual allergen content.

Levin et al. [1] evaluated several EHF s and amino acid-based formulas (AAF s) available in South Africa (SA) for their residual allergen content, peptide size profile and amino acid content. EHF s are manufactured by extensive enzymatic hydrolysis, heat denaturation and sometimes ultrafiltration, which eliminates the vast majority of allergenic peptides. Conversely, AAF s are not prepared by hydrolysis and contain free amino acids, but no residual cow’s milk-derived peptides. We were intrigued to see some large differences and high values obtained for peptide compounds between 1.5 and 3 kDa in a range of EHF s and AAF s, as summarised in Table 2 of the publication. Levin et al. [1] report values for Alfaré, a whey-based EHF, which are in stark contradiction to our own analytical results. Based on area under the curve (AUC) data provided, they found 14% peptides of 1.5 - 3 kDa in size for Alfaré, compared with <2% of peptides >1.2 kDa found by our internal analyses. [6] In addition, several AAFs were reported as having a significant content of larger peptides, which is not plausible given the manufacturing process from single amino acids. We speculate that the detection of larger peptides in EHF s and AAF s may be due to an analysis artefact, possibly relating to residual starches or fat in formula samples.

In conclusion, we congratulate the authors on addressing the heterogeneity of EHF s in terms of residual allergen content and peptide composition. However, we question the validity of the reported content of larger peptides (1.5 - 3 kDa) in EHF s and AAF s. The study highlights the need for standardisation of analytical methods in the quantification of the residual allergen content in hypoallergenic formulas. Furthermore, formal consensus is required on the definition and technical requirements of EHF s with regard to peptide molecular weight profile and proportion of peptides >1.2 kDa. Importantly, while molecular peptide characteristics of EHF s may suggest hypoallergenicity, these findings need to be assessed by rigorous clinical trials demonstrating tolerance in at least 90% of cow’s milk-allergic children by double-blind, placebo-controlled food challenge, in line with the guidance provided by the American Academy of Pediatrics. [2,3]

Sophie Nutten, Martinas Kuslys
Nestlé Health Science, Vevey, Switzerland
sophie.nutten@nestle.com

Levin et al. respond: We welcome the interest in and comments on the analysis we performed on the various milk formulas available in SA. We agree that nutrition, especially in the young, is most important and that standardisation of methods is very important. As dedicated laboratories are not available in SA, the analysis was done in a research laboratory setting and with such methods as were available to answer the question about the suitability of the various milk formulas for patients. As indicated in the results section for high-performance liquid chromatography, the ultraviolet absorption wavelength is not necessarily specific. The AUC for the molecular mass distribution in commercial hydrolysates and hydrolysate-based nutritional products.

M E Levin
Division of Allergology, Department of Paediatrics, Faculty of Health Sciences, University of Cape Town, South Africa
michael.levin@uct.ac.za

D M Blackhurst
Division of Chemical Pathology, Department of Pathology, Faculty of Health Sciences, University of Cape Town, South Africa

F Kirstein
Institute of Infectious Disease and Molecular Medicine, Division of Immunology, Faculty of Health Sciences, University of Cape Town, South Africa; and International Centre for Biotechnology and Genetic Engineering, Cape Town Component, South Africa