

Allergy & Asthma News

CONNECTING CANADIANS WITH ANAPHYLAXIS, ALLERGIES AND ASTHMA

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Allergy/Asthma Information Association Mission Statement

The AAIA creates safer environments and improves quality of life for Canadians affected by allergy, asthma, and anaphylaxis by empowering individuals and providing education, leadership, and a national voice.

Sublingual Immunotherapy

By
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Seasonal allergic rhinitis or “hay fever” is a common problem. Children as young as 5 years of age can start developing symptoms of sneezing, itching, nasal congestion, and itchy, watery eyes. The causes of seasonal allergies are tree, grass and weed pollens. In milder parts of Canada, the pollen season can begin as early as February and for most of the country it extends until the end of summer. For those who suffer severe symptoms, that can be up to half their year.

Let me present a few real-life patients to paint a picture of how the problem can present:

Timothy, a 6-year-old boy, loves to play softball. He is on the neighbourhood team and is quite the blossoming player. However, this season, after every practice and game, he comes home with red, watery, itchy eyes and they become very puffy. Trying antihistamines and eye drops do not seem to help. He is miserable and now dreads playing.

Leanne, a 16-year-old girl, is a straight-A student. However, each school year, during her last term, she has nasal congestion both day and night. She sneezes and blows her nose a lot. She cannot concentrate in school and she does not sleep well. Her grades are starting to slip. The nasal spray her doctor prescribed helps a bit but not enough to make her feel normal again.

Jeremy, a 21-year-old computer science student, has been working at a golf course in the summer the last 4 years to help pay for schooling. However, he reports that he is miserable after each shift, with itchy, watery eyes and a plugged up nose.

For the treatment of allergies, it is generally recommended to avoid the offending allergen to help reduce symptoms. However, for these three patients, avoiding the outdoors is likely not feasible or even desirable. The first-line treatments for seasonal allergic rhinitis are antihistamines, prescription nasal sprays and prescription eye drops. Most people can manage their symptoms very well with these. However, some people do not feel much better on these and some wish they could use less medications.

Traditionally, subcutaneous immunotherapy (SCIT) or “allergy shots” is another option that can target the underlying allergy. A series of injections for usually 3 to 5 years helps to re-educate the immune system to not be so reactive anymore. SCIT can work very well if used properly. However, the downsides of SCIT include fear of needles especially in young children, the time required to attend regular doctor’s visits for injections, and the risk of a severe allergic reaction.

Sublingual immunotherapy (SLIT) is another option that has become available in Canada for the last 4 years. It is available for patients who are grass or ragweed allergic. It is ideal if the patient is only allergic to grass or ragweed, which is the case in the three patients above, but it may also

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help for patients who experience their worst symptoms during these pollen seasons.

SLIT works well in helping people experience fewer symptoms due to their seasonal allergies and helps them reduce the amount of medications they require. The advantages over traditional allergy shots are that no needles are required, only the first dose is taken with the doctor (allergist) and only a few further doctor's visits are needed, and severe allergic reactions are much less common. This makes the treatment especially appealing for the younger child. The downside is that SLIT is unable to treat the person's allergies other than grass or ragweed and it is a relatively expensive treatment, costing about \$700-800 per year. Fortunately, many extended health benefit plans cover these medications.

The products available in Canada are Oralair, a 5-grass tablet, Grastek, a Timothy grass tablet, and Ragwitek, a ragweed tablet. Oralair is started 16 weeks before the beginning of grass pollen season and Grastek and Ragwitek are started 12 weeks before the beginning of grass and ragweed season, respectively. The tablet is dissolved under the tongue and the first dose is taken under supervision in the allergist's office. It is then repeated each day until the end of the grass or ragweed season. If this is repeated 3 years in a row, studies have shown that there is sustained effect when coming off the treatment in the 4th and 5th year.

SLIT is generally quite well tolerated. The more common side effects include itchiness in the mouth that lasts for up to 30 minutes and usually subsides after 1 week and less commonly there can be swelling under the tongue. Severe allergic reactions (anaphylaxis) are very rare.

SLIT is a very good option for the right type of person for the treatment of seasonal allergic rhinitis. To find out more about seasonal allergies and if this is an option for you, speak with your allergist.

Editor's note: Oralair and Grastek are approved for ages 5 years and over while Ragwitek is approved for ages 18 years and over. Both Grastek and Ragwitek tablets contain small amounts of fish gelatin, but the likelihood of this causing allergic reactions in fish allergic patients is very low.

Pfizer Canada Voluntarily Recalls EpiPens®

On March 31, 2017 Pfizer Canada Inc., the Canadian distributor of EpiPen® (epinephrine) Auto-Injector, announced a voluntary recall in consultation with Health Canada of one lot of EpiPen® 0.3 mg (epinephrine) and one lot of EpiPen® Jr 0.15 mg (epinephrine) Auto-Injectors distributed in Canada.

In Canada, the recall impacts one lot (5GU763) of the 0.3 mg strength of EpiPen® Auto-Injector expiring in May 2017 and one lot (5GR765) of the 0.15 mg strength of the EpiPen® Jr Auto-Injector expiring in March 2017.

The voluntary recall was conducted as a result of a potential defect that could make the device difficult to activate in an emergency. Consumers with questions regarding this recall can contact Pfizer Medical Information at 1-800-463-6001 between 9:00 a.m. and 5:00 p.m. EST.

McDonald's Restaurants – New Allergy Statement

In January 2017 McDonald's Canada launched their SKOR McFlurry which contains chopped almonds. This is the first of more products to come that will contain non-packaged peanuts or tree nuts as an ingredient. McDonalds have posted a new allergy statement at their restaurants. The statement reads as follows:

*Allergy notice. Dear Guests – We now offer products containing NUTS that are not individually packaged. For your safety, please be aware that products at this location may contain or come into contact with PEANUTS, TREE NUTS or OTHER ALLERGENS. If you have questions or concerns, please ask to speak to a Manager.

Customers with allergies now need to ask the same questions they would ask at any other restaurant when ordering food. Customers are reminded to ask about ingredients and about the risks of cross-contamination. If this policy change affects you or your family, contact McDonalds and tell them what this change means to you and / or your family. Contact McDonald's customer line at 1-888-424-4622

Health on the Net

By Lorraine Gosselin

Spring cleaning for asthmatics

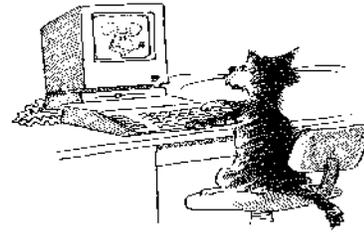
The Asthma and Allergy Foundation of America provides some spring cleaning tips for asthmatics at <https://community.aafa.org/blog/keep-asthma-allergies-at-bay-with-spring-cleaning-tips>

An app for people with problems caused by weather

Set up your own individual dashboard with your city and particular problem such as asthma, allergy or migraine and have it provide an estimated risk for you ranging from 0 to 4. “Blisly is an app that improves the welfare of people with weather-sensitive diseases. Blisly calculates aggravating environmental factors such as humidity, speed and wind direction, air pressure, and temperature variations. Blisly then provides a hazard index for each weather-sensitive disease. The user feedback then allows us to provide a customized index.” www.blisly.com

How to avoid dangerous EpiPen® mistakes

Some startling news and practical tips from Consumer Reports at <http://tinyurl.com/kstna5s>
“If you rely on the lifesaving drug epinephrine for severe allergic reactions, the [controversy](#) over high-priced auto-



injectors probably shouldn't be your only worry.

A recently released [report](#) by the American Academy of Pediatrics shows that most people with severe food allergies—the majority of them children—don't carry an auto-injector for epinephrine at all times and wait too long at the onset of an attack to inject themselves.

Even more alarming, a separate [study](#) found that just 16 percent of adults who've been prescribed epinephrine know how to use the auto-injector correctly—including parents who might need to inject their child.”

Disclaimer: although these sites have been reviewed, the AAIA does not guarantee the medical accuracy of their contents.

Editor's note: For proper use of the EpiPen® go to www.epipen.ca

New Guidelines for Introducing Peanuts to Infants

In January 2017, the National Institute of Allergy and Infectious Diseases (NIAID), introduced new clinical guidelines to assist health care providers with counselling patients in the early introduction of peanut-containing foods to infants with the ultimate goal of reducing and /or preventing the development of peanut allergy.

Three separate guidelines were developed for infants at various levels of risk for developing peanut allergy.

- J) **Guideline 1:** for infants at high risk of developing peanut allergy because they already have severe eczema, egg allergy, or both. First step is to discuss with health care provider regarding the possibility of performing an allergy blood test, skin prick test, or oral food challenge at the doctor's office. The test results would help to determine if and when or how peanut should be introduced. Testing can be done between four and six months of age.
- J) **Guideline 2:** for infants with mild to moderate eczema. Introduction of peanut-containing foods should occur at around six months of age to reduce the risk of developing peanut allergy.
- J) **Guideline 3:** for infants with no eczema or food allergy. Introduction of peanut-containing foods should be “freely introduced” as with any other food according to family preferences. In all situations, infants should start other solid foods before they are introduced to peanut-containing foods.

Caution: Since peanuts and peanut butter present a choking hazard, caution must be used. Suggested methods may include mixing a small amount of peanut flour into a pureed baby food, or trying puffed cereal pieces that contain peanut flour. Another way to introduce peanut butter safely in young children is to mix it in warm milk to make a ‘peanut punch’.

Further information: Discuss with health care provider; visit NIAID website at <https://www.niaid.nih.gov/diseases-conditions/guidelines-clinicians-and-patients-food-allergy> for complete guidelines.

Reminder to Our Readers

Handling Allergic Emergencies

-) Do not hesitate to use the epinephrine auto-injector as prescribed as it is easier to stop a reaction in its early stages.¹
-) While epinephrine is usually effective after one injection, the symptoms may recur and further injections may be required to control the reaction. Repeat attacks (reactions) have occurred hours later without additional exposure to the offending allergen.²
-) The beneficial effects of an injection should last 15 to 20 minutes, but if symptoms continue to get worse or if symptoms recur, a second injection may be needed within 5 to 15 minutes after the first dose.¹
-) The second dose of epinephrine should only be given in situations in which the allergic reaction is worsening or not improving.²
-) It is recommended that a person suffering from an anaphylactic reaction be observed in an emergency facility for an appropriate period (usually 4 to 6 hours) because of the possibility of either a "biphasic" reaction (a second reaction) or a prolonged reaction.²
-) Delayed reactions can be dangerous because of the deceptively mild initial symptoms.¹
-) When discharged from hospital, the patient should obtain and immediately fill a new prescription for epinephrine.¹

Resources:

¹AAIA Anaphylaxis Reference Kit – Revised June 2007 & Oct. 2014 http://www.aaia.ca/en/anaphylaxis_reference_final.pdf

²Anaphylaxis in Schools & Other Settings 3rd Edition http://www.aaia.ca/en/Anaphylaxis_3rd_EditionR.pdf

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Benefits of Publicly Available Epinephrine

By Kelly Dunfield NP, BScN,
President, Be Ready Healthcare Inc.

If you have ever experienced or witnessed anaphylaxis, the most severe and life-threatening type of allergy, you'll know how important it is to be able to quickly access an epinephrine auto-injector (EAI). It's common for people to carry them, but there are many reported instances in which EAIs have been reported as unavailable or inaccessible ([Canadian student dies after ordering smoothie on campus; suffers severe allergic reaction: family | Globalnews.ca](#)). In fact, it is proven that the most common reason for which individuals die from anaphylaxis is due to a lack of access to EAIs¹.

Upon review of the literature, there are several recommendations and programs for responding to allergic reactions and the use of EAIs in community settings, with the most significant recommendations being to increase public access and knowledge around EAI use.^{II,III,IV} The contrast between the barrier of EAI access and the preventability of anaphylaxis mortality inspired the development of a pilot project, headed by nurse practitioner Kelly Dunfield.



In 2015, Kelly initiated a pilot project in her home town of Sussex, N.B. where she deployed 28 EAI cabinets throughout their community. This project specifically targeted community gathering centers, including: schools, recreational centers, restaurants, churches, medical facilities and more. Curtailing the success of readily accessible automated external defibrillator cabinets, these alarmed wall mounted cabinets are bright orange and blue in color with a window that clearly displays the EAIs. The cabinet is clearly marked with instructions on how to properly access the EAIs, and allows for easy transport of the cabinet face (which holds the EAIs in an attached box) to wherever the person needing the epinephrine is located. The cabinet is able to hold up to a maximum of four EAIs. Each cabinet is equipped with an alarm feature that brings further attention to an urgent situation, and is immediately triggered when the cabinet's face is removed.

Since breaking ground on the project, public response in greater Southern New Brunswick has been entirely positive, with support from municipalities, service groups, and various businesses and private citizens. Furthermore, the novelty of this project demonstrated the safety benefit of making EAIs publicly available when a man's life was saved from an anaphylactic reaction to a bee sting^V. To date, six additional municipalities have joined the Town of Sussex in adopting similar projects, and there are currently over 150 sites in New Brunswick and Nova Scotia with these alarmed cabinets.

Easily accessible epinephrine saves lives as demonstrated in the following scenarios.

- J A man was stung by yellow jacket hornets in a remote rural area in New Brunswick. He was taken by an ATV to a nearby restaurant, Adair's Wilderness Lodge that was a part of our pilot program. He was given an adult dose and a junior dose that was publicly housed in the alarmed cabinet. This saved his life.
- J A man had an anaphylactic reaction to a bee sting in the city of Moncton. He went to hospital in Moncton for treatment and was released. He went to Adair's Wilderness Lodge for the night and had a biphasic reaction the next day. Publicly available epinephrine saved his life.
- J A young girl at school required an epinephrine auto-injector the day after an alarmed cabinet was installed for public use in the school.
- J An employee at a summer facility required her own epinephrine and the second needed dose was taken from a publicly available alarmed cabinet.

Be Ready Health Care, Inc. was established in 2015 and has dedicated itself to advocating for publicly available EAIs across Canada. The cabinets that are distributed by Be Ready were designed and are manufactured in Canada. The EAIs

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(Continued from pg 6)

used in these cabinets are available for over-the-counter purchase at any local pharmacy in Canada. For more information on how to set up a publicly available EAI cabinet in your community, please visit www.bereadyhealthcare.com or e-mail bereadyhealthcare@outlook.com.

^IGreenberger PA, Rotskoff BD, Lifschitz B. Fatal anaphylaxis: postmortem findings and associated comorbid diseases. *AAAI* 2007; 98:252-7.

^{II}Song TT, Worm M, Lieberman P. Anaphylaxis treatment: Current barriers to adrenaline auto-injector use. *Allergy* 2014; 69:983-991.

^{III}Simons FER, World Allergy Organization. Epinephrine auto-injectors: first-aid treatment still out of reach for many at risk of anaphylaxis in the community. *AAAI* 2009; 102:403-409.

^{IV}Simons FER, Peterson S, Black CD. Epinephrine dispensing patterns for an out-of-hospital population: A novel approach to studying the epidemiology of anaphylaxis. *JACI* 2002; 110:647-651.

^VCBC News. Sussex allergy injector project saves life of man stung by wasps. Posted: Sep 16, 2015 12:30 PM

Accessibility Survey – City of Victoria, BC

Have your say – Tell the City of Victoria about any barriers you face in accessing City facilities, programs and services. If you live, work or visit Victoria, please complete the Accessibility survey at the link below by May 31, 2017. The City welcomes input from people with a variety of conditions, including allergies and asthma. There are plenty of spaces to write in answers if you don't feel your experience fits into the categories. You can also find the survey by searching for "accessibility survey" on the City of Victoria website.

<http://www.victoria.ca/EN/meta/news/news-archives/2017-archive/accessibility-working-group-survey.html>

AAIA's EpiPen® Take Action Event—Calgary, June 3, 2017

2017 marks the thirteenth year of the Allergy Asthma Information Association hosting run/walk fundraising events across Canada. It will be the fourth annual event to be held at the beautiful Arbour Lake Park location in Calgary, Alberta.

The goal of the EpiPen® Take Action Event is to create awareness of allergies, asthma and anaphylaxis and to bring the allergic community together to raise funds for research and education into allergic disease. An added bonus is the format of a family fun event with lots of activities for children. This event also provides an opportunity for families to connect and share stories about coping with their own and their children's allergies.

Please mark your calendar and plan to attend.

When: Saturday, June 3rd, 2017

Where: Arbour Lake, #12 Arbour Lake Drive NW, Calgary, AB

How: Register and Donate online: www.aaiatakeaction.ca

Time of Event: 9 A.M. Check-in. On-site Registration.

10 A.M. Run/Walk starts

Details: 2.5 km loop, or ...

Run/walk the course two times for a 5 km workout!



Supporting Education and Research

For further information, e-mail prairies@aaia.ca or call 780-456-6651.
Hope to see you there!

AAIA Funds Important Research

Dear AAIA Supporters and Donators,

We would like to extend our gratitude to all AAIA staff and supporters who have continually supported the various research grant programs for allergy, asthma, and immunology research. Last year, our laboratory was the recipient of the 7th AAIA/CAAIF Award for Ontario Research in Food Allergy for a project titled “Deconstructing the atopic march: The role of filaggrin in peanut allergy and allergic rhinitis”. This grant provided crucial seed funding for the establishment of the patient cohort and the opportunity to collaborate with the Division of Dermatology on the project.

Currently, allergic diseases including food allergy, asthma, and allergic rhinitis (“hay fever”) are increasing in prevalence and affect 1 in 5 Canadians. Individuals with atopic dermatitis, or eczema, have dry and irritated skin, and are also much more likely to develop at least one of these disorders later in life. This is known as the “atopic march”, and suggests that the entry of allergenic substances – such as peanut protein – through irritated skin may be one way to become “sensitized” or develop an allergy. Thus, in collaboration with our colleague, Dr. Yuka Asai (Dermatology, Queen’s U), this project and cohort were founded to address a key question in the origins of allergic diseases; the role of the skin and filaggrin (an important skin barrier protein) in the development of allergic sensitization. Presently, we are investigating the role of these two factors in individuals with peanut allergy and hay fever triggered by birch pollen.

Participant recruitment is ongoing and a total of 54 individuals have been enrolled into the cohort. These individuals have been well-characterized (race, personal, and family history of allergic diseases were collected via questionnaire), have documented patch test responses (method used to determine allergic inflammation after direct exposure of substance to skin) to peanut and birch pollen protein, and had blood samples collected for genotyping for *filaggrin* mutations. The projected completion date for participant recruitment is June 2017. In a broader context, eczema is one of the most common skin diseases affecting infants and children. Studying the skin as a potential entry route for allergenic proteins may lead to new preventive treatments that benefit not only patients with eczema, but also reduce their likelihood of developing future allergies.

This grant has also laid the foundation for future studies that aim to investigate both the cellular and molecular changes that occur in the skin after direct exposure to allergenic proteins. This cohort is an invaluable source of biological samples with a rich data set, and will have a critical role in these future studies. Without the seed funding from AAIA and CAAIF, and the support from its staff and donators, these endeavors would have not been possible.

Sincerely,

Anne Ellis, MD, MSc, FRCPC

Mark Tenn, BHS, MSc Candidate



Black Bean Brownies (Can be nut-free)

Source: Internet

1 19 oz (540 mL) can black beans,
drained and rinsed
1/2 cup sugar
2 large eggs
1/3 cup butter, melted

1/4 cup cocoa
2 tsp. vanilla
1/4 tsp. salt
1/2 cup chocolate chips
1/3 cup chopped walnuts or pecans (optional)

Preheat oven to 350°F.

Place the black beans, sugar, eggs, melted butter, cocoa, vanilla and salt in the bowl of a food processor and blend until smooth, pulsing and scraping down the sides of the bowl to ensure all the beans are completely pureed. Remove the blade and gently stir in the chocolate chips and walnuts. Pour into an 8 x8 pan that has been sprayed with non-stick spray. Bake for 25-30 minutes, or until slightly puffed and set. Cool before cutting into squares.

Note: If leaving out the walnuts or pecans, no replacement is required.