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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

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Definition, aims, and implementation of GA²LEN/HAEi Angioedema Centers of Reference and Excellence

To the Editor,

GA²LEN, the Global Allergy and Asthma European Network, and HAE international (HAEi), the global umbrella organization for the world's hereditary angioedema (HAE) patient groups, have launched their joint ACARE (Angioedema Center of Reference and Excellence) program, within GA²LEN's center of reference and excellence (CORE) initiative. Angioedema is a common, heterogeneous, often debilitating and chronic condition and is frequently a challenge for physicians and affected patients, especially patients suffering from recurrent attacks. Additionally, it can be a challenge for some patients to understand the underlying etiology of their angioedema (Table 1). GA²LEN's CORE networks, such as UCARE for urticaria and ADCARE for atopic dermatitis, help to improve the management of difficult-to-treat conditions. Here, we describe the aims, requirements, provisions, application process, audit, and accreditation

protocol for GA²LEN/HAEi ACAREs. ACAREs aim to provide excellence in angioedema management, increase the knowledge of angioedema through research and education, and promote advocacy activities that raise angioedema awareness. To become a certified ACARE, angioedema centers must fulfill 32 requirements, defined by specific provisions that will be assessed during an audit visit. The ACARE program will result in a strong network of angioedema specialists, promote angioedema research and awareness, and harmonize and improve angioedema management globally. ACAREs will expand access to modern angioedema medicines in countries where they are available and help to bring them to countries where they are not.¹

This document summarizes the aims of GA²LEN/HAEi Angioedema Centers of Reference and Excellence (ACAREs) and elaborates the requirements that ACAREs must fulfill to become

TABLE 1 Classification of angioedema

Bradykinin-mediated angioedema				Mast cell mediator-mediated angioedema		Unknown mediator
C1-INH det	ficiency/	C1-INH normal		IgE mediated	Non-IgE mediated	
Inherited	Acquired	Inherited	Acquired			
HAE-1 HAE-2	AAE-C1- INH	HAE nC1-INH (HAE- FXII, HAE-ANGPTI, HAE-PLG, HAE- KNG1, HAE-UNK)	AE due to medication that interferes with BK degradation, eg ACEi	Angioedema with or without wheals in patients with urticaria Anaphylaxis	Angioedema with or without wheals in patients with urticaria	Idiopathic AE

Abbreviations: AAE-C1-INH, acquired angioedema due to C1-inhibitor deficiency; ACEI-AE, angiotensin-converting enzyme inhibitor-induced angioedema; BK, bradykinin; HAE nC1-INH, hereditary angioedema with normal C1-inhibitor levels, either due to a mutation in factor XII (F12), angiopoietin-1 (ANGPT1), plasminogen (PLG), kininogen-1 (KNG1), or unknown (UNK) (HAE-FXII, HAE-ANGPTI, HAE-PLG, HAE-KNG1, HAE-UNK); HAE-1, hereditary angioedema due to C1-inhibitor deficiency; HAE-2, hereditary angioedema due to C1-inhibitor dysfunction.

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34	Support of the ACARS sotwork	Training and activities in auditing and certifying GAYLEN/NASI ACARSI and interaction with other ACARSI.	Letter of intent to serve as a GA*LEN/NAC! ALARS auditor and to contribute to ALARS setwork activities, projects, and meetings	0 0	A
15.	"Never give up" attitude	Staff needs to exhibit high motivation to help angioedenia patients and show understanding that they may be the lest recent of patients. Staff needs to convey to patients, that they are in good care and that the contex will help them, however hand this may be.	Evidence of "never give up" a tritude by staff interview	0 0	в
Г		Management			_
	Requirement	Eiglanation	Deliverable(s)	Yes /No	Car.
35.	Knowledge of and adherence to international guidelines* and conserves decuments* for engineering	All center staff members need to know the current vendors of these international guidelines and their semesponding national guidelines, if available. Center approach to analosolema needs to be based on	International guidelines and consensus documents for angioedema are present (paper / electronic sersion ^{1,2})	0 0	
	angroccens	approach to angloedema needs to be based on guideline recommendations.	Center staff can answer questions on guideline recommendations	0 0	A
			Center physicians can show, by use of a patient file, that management decision are based on guideline recommendations	0 0	
37.	Knowledge and use of current nomenclature and classification of angioedensa	Center staff needs to knew and use the current angloedema classification and nomenclature	Evidence that stelf uses current, angioedems nonneclature and classification ¹⁷ , e.g. by interview and/or patient file review.	0 0	А
18.	Knowledge and use of guided history taking/becomesis	Structured history taking by center physicians is eccertial and a shecklist can facilitate this	Checklist for history taking needs to be present and used as evidenced by interview or ongoodems patient file toview.	0 0	
39.	Knowledge and use at differential clasprostic algorithm	Center physicians need to be aware of the differential diagnoses of angioesterns and know how not to miss their.	Differential diagnostic algorithm* seeds to be present and used as endenced by interview or angioedoma partient file traview.	0 0	A
30.	Standardood assessments and monitoring of disease activity, impact and central of disease	The use of instruments for assessing disease activity, impact and control allows for standardized measurements and monitoring of patients can help to optimize anglocolemn management.	AAS', AE-Qui, 14, AECT or other validated tools for the assessment of angioedema disease activity, impact and central need to be present and used.	0 0	A
			At least one of them needs to be used in 80% of recurrent assignment outliness		
21.	identification of camorbidities and underlying causes	Center needs to have access to and use measures to identify committed and causes of chronic recurrent angloedems, for example C3 inhibitor testing and genetic testing.	Evidence that diagnostic measures for angioedenia comorbidities and underlying sauces are used, e.g. C4 and C1 inhibitor tests, genetic testing	0 0	٨
22.	Family screening and pedigree charting	In patients with hereditary angioedema, all finz- degree family members need to be screened and a	Standardized documentation of family screening and pedigree charting		
		pedigree (a family tree) needs to be prepared. SOPs are needed as is the use of appropriate instruments. for pedigree charting and updating.	instrument / techniques are assilable and used as evidenced by patient file reviews	0 0	А
23.	Knowledge and use of therepositic algorithm	Content physicians need to knew and apply therapeutic guideline algorithms.	Evidence that stell uses current, therapeutic algorithms for the treatment of pariests with angioedima, e.g. by intension and/or patient file review.	0 0	A
34.	Counceling	Counseling of patients and their families, for example on triggers of exacerbation, on emergency medication/measures, doily life issues can help to optimize angloodens management.	Evidence that angioedema gaslents receive courseling, e.g. by interview anti/or patient file review	0 0	A

		Research			
	Regularment	Explanation	Deliverable(s)	Yes /No	Cet
25.	Scienzific orientation	Center staff needs to be up-to-date with the literature on angioestems, especially on pathogonesis, for example by participation in journal club, attending annual meetings of scientific accieties, membership in scientific acceptance.	Syldence of knowledge of the current anginedense literature, e.g. by interview.	0 0	Α
35.	Scientific activity	Angloedema research activities in basic science, clinical science, translational science, epidemiology, and/or public health	Evidence of scientific activities and projects on angioederna	0 0	А
27.	Scientific productivity	Center needs to show that its research activities result in publications and other scientific output.	8.5 peer reviewed publication on angiaedensa per year per center physician.	0 0	A
28.	Clinical trials	Conter needs to participation in clinical trials, pharma- and/or investigator-initiated, diagnostic and/or thenipeutic trials on angioedema	8.5 trials in angioedema per year por center physician	0 0	A
29.	Participation in registry	Registries can help to better understand angioedensa. Center needs to participate in international, national, and/or negional negistry activities, e.g., CURE*	Evidence that center extest data on angrecitens patients in a registry		А
		Education			
	Requirement	Education Engineerion	Deliverable(s)	Yes /No	Curt
93.	Requirement Educational activities		Deliverable() Evidence of I reducational activity on anglosoferna per year for physicians and I per year for padients.	Yes/No	Cat
33.		Explanation Center needs to contribute to the extraction of physicians who are patients with orapidorens, a.g. dermotologists, allegists, IR physicians, podiatricians, general practitioners and family physicians, participants, and of medical students, and other products and practicipants.	Evidence of 1 educational activity on anglocetime per year for physicians and 1.		Con.
33.		biglinarion Center seeds to contribute to the education of physicians who are patients with angiocolorus, e.g. energy depressions, e.g. energy participant, e.g. et e.g. e.g. e.g. e.g. e.g. e.g. e	Evidence of 1 educational activity on anglocetime per year for physicians and 1.		٨
31.	Educational activities Flequinement	Deplarendion Contair reades is contribute to the education of anyociation who see patients with emploadems, e.g., elemental patients, explaints in the education of anyociation who see patients and the education, postations, present plants before and family physiciates, and of anyolic physiciation, and of any education of the e	Evidence of I educational activity on anglocoloma per year for physicians and I per year for gadients.	0 0	



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FIGURE 1 A and B, Audit checklist for $GA^2LEN/HAEi$ Angioedema Center of Reference and Excellence (ACARE) certification (A) and certificate awarded to $GA^2LEN/HAEi$ ACAREs upon a successful audit (B). A, The list shows and explains the requirements for becoming a $G^{A2}LEN/HAEi$ ACARE and the deliverables that are reviewed during the audit process. B, The certificate is awarded for 2 y and requires successful re-audit to be extended

certified. It also provides (see Appendix S1) background information on GA²LEN and HAEi, including HAEi member organizations and regional patient advocates, on why we need an Angioedema Center of Reference and Excellence (ACARE) program and network, and on the accreditation and certification process, governance and funding, and on the interaction with other GA²LEN networks of centers of reference and excellence. The protocols, aims, requirements, and provisions related to becoming a certified ACARE are based on (a) the experience of the GA²LEN UCARE network and (b) input from angioedema patients, general practitioners, and angioedema specialists.

What are the aims of GA²LEN/HAEi ACAREs? The aims of ACAREs are to set the global standard for excellence in comprehensive angioedema care through research, education, advocacy, and interaction among ACAREs. By serving as referral centers for the diagnosis and management of patients with angioedema, ACAREs will complement the local healthcare system. ACAREs aim to increase knowledge and awareness of angioedema.

What are the requirements for GA²LEN/HAEi ACAREs? ACAREs are required to demonstrate excellence in the management of angioedema, research activities, efforts in education, and advocacy activity. ACAREs need to fulfill 32 requirements, which are explained in the audit checklist (Figure 1A). This checklist includes specific deliverables for each requirement. For example, the requirement to know and follow international guidelines and consensus documents for angioedema (Requirement #16) entails that physicians and other ACARE healthcare professionals have read and understood the current versions of these guidelines and consensus documents and that their recommendations are implemented in their center.

These guidelines and consensus documents include, for example, the international WAO/EAACI guideline for HAE, the EAACI/GA²LEN/EDF/WAO guideline for urticaria, the International/Canadian hereditary angioedema guideline, ²⁻⁵ the international consensus on the diagnosis and management of pediatric patients with hereditary angioedema with C1 inhibitor deficiency, the international consensus on the use of genetics in the management of HAE, ⁶ and the international consensus and practical guidelines on the gynecologic and obstetric management of female patients with hereditary angioedema caused by C1 inhibitor deficiency. ⁷ The deliverables for this requirement are that (a) current guideline and consensus document versions are present (paper or electronic version) at the center, (b) ACARE staff can answer questions on the recommendations these documents provide, and (c) ACARE physicians can show, upon request, by use of a patient file, that patient

management decisions are based on guideline recommendations (Figure 1B).

This publication marks our intent to start the implementation of the GA²LEN/HAEi ACARE initiative. Specialty centers for angioedema have started to apply to become ACAREs, and audits and certifications are ongoing (Figure 1B). We expect that most GA²LEN UCARE centers and many angioedema specialty centers will become ACAREs in the near future. We predict and hope that by 2022, GA²LEN/HAEi ACAREs will be established in every continent. This will result in a strong global network of angioedema specialists, promote angioedema research, and harmonize and improve angioedema management worldwide. GA²LEN and HAEi will measure the impact of ACAREs over time and document and report the benefits of this initiative. ACARE network activities and a current list of ACAREs are posted on the network's website (www.acare-network.com).

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conduct of the study. Dr Betschel reports personal fees from CSL Behring, personal fees from Takeda/Shire, during the conduct of the study; personal fees from Octapharma, grants from Green Cross, personal fees from Novartis, personal fees from CADTH, outside the submitted work; and Chair of the Canadian Hereditary Angioedema Network. Dr Bork reports personal fees from CSL, personal fees from Shire, outside the submitted work. Dr Busse reports personal fees from CSL Behring, grants and personal fees from Shire, personal fees from Pharming, personal fees from Pearl Therapeutics, personal fees from BioCryst, personal fees from CVS Health, personal fees from Novartis, personal fees from Law offices of Levin, Riback, Adelman and Flangel, outside the submitted work. Dr Bygum reports grants and other from CSL Behring, grants and other from Shire/ TAKEDA, other from ViroPharma, from HAE Scandinavia, outside the submitted work. Dr Caballero reports personal fees and other from BioCryst, personal fees, non-financial support and other from CSL-Behring, personal fees from Merck, personal fees and other from Novartis, personal fees from Octapharma, personal fees, nonfinancial support and other from Shire HGT, personal fees and other from Pharming NV, outside the submitted work. Dr Campos reports and Personal fees for consulting and lectures from Takeda. Dr Cancian served for Scientific Advisory Boards, and received travel grants, for/from CSL Behring and Shire-Takeda. His Institution (Department of Medicine, University of Padua, Italy) received grants from CSL Behring and Shire-Takeda. Dr Cohn reports personal fees from Takeda, personal fees from Pharming, personal fees from CSL, personal fees from BioCryst, outside the submitted work. Dr Craig reports grants, personal fees and other from CSL Behring, grants and personal fees from Dyax, grants, personal fees and other from Takeda, grants and personal fees from BioCryst, grants and personal fees from Pharming, personal fees from Grifols, grants and non-financial support from GSK, grants and non-financial support from Regeneron, grants and non-financial support from Novartis/ Genetech, outside the submitted work; and On the Medical Advisory Board for HAE-A of America, AAAAI Board, ALA Mid Atlantic Board. Dr Dissemond reports grants and personal fees from Novartis, outside the submitted work. Dr Du-Thanh reports personal fees from SHIRE/T. Dr Ensina reports personal fees from NOVARTIS, personal fees and non-financial support from TAKEDA, personal fees from SANOFI, outside the submitted work. Dr Farkas reports grants and personal fees from CSL Behring, grants and personal fees from Shire/Takeda, grants and personal fees from Pharming, personal fees from BioCryst, personal fees from Kalvista, outside the submitted work. Dr Gimenez-Arnau reports grants and personal fees from URIACH, grants and personal fees from NOVARTIS, personal fees from DSANOFI, grants from CARLOS III FEDER, personal fees from FAES, personal fees from GSK, personal fees from ALMIRALL, personal fees from ASTRA ZENECA, outside the submitted work. Dr Fukunaga reports personal fees from A Takeda company (Shire), personal fees from CSL Behring, outside the submitted work. Dr Gompels reports other from Speaker at Novartis Urticaria conference 2019, outside the submitted work; and A member of the Immunology Clinical reference group. Dr Gower reports grants, personal fees, research grants and other from Takeda/Shire/Dyax, research grants and other from BioCryst Pharmaceuticals, other from CSL Behring, other from Pharming, other from Fresenius kabi, outside the submitted work. Dr Grumach reports grants, personal fees and other from Shire/Takeda, personal fees and other from CSL Behring, outside the submitted work. Dr Hide reports grants and personal fees from Shire/Takeda, Mitsubishi-Tanabe, Taiho-yakuhin, personal fees from CSL-Behring, BioCryst, Novartis, Teikoku-Seiyaku, Eizai, Kaken, Kyowahakkou-Kirin, grants from Glaxo-Smith-Klein, outside the submitted work. Dr Jakob reports grants, personal fees and non-financial support from Novartis, personal fees and nonfinancial support from Thermo Fisher Scientific, grants and personal fees from ALK-Abello, personal fees from Celgene, personal fees and non-financial support from Bencard/Allergy Therapeutics, personal fees from Allergopharma, outside the submitted work. Dr Kaplan reports other from Genentech, other from Novartis, other from Sanofi Aventis, other from BioCryst, outside the submitted work. Dr Katelaris reports grants and personal fees from CSL Behring, grants and personal fees from Takeda, grants from BioCryst, during the conduct of the study. Dr Kleinheinz reports personal fees from Novartis, during the conduct of the study; personal fees from Abbvie, personal fees from Leo GmbH, personal fees from Janssen, personal fees from Medac, personal fees from Galderma, personal fees from Celgene, personal fees from Bencard, outside the submitted work. Dr Kocatürk reports personal fees from Novartis, personal fees from Sanofi, outside the submitted work. Dr Longhurst reports grants and personal fees from BioCryst, grants, personal fees and non-financial support from CSL Behring, grants from Ionis, grants from Kalvista, personal fees from Pharming, grants, personal fees and non-financial support from Takeda, personal fees from GSK, personal fees from Octapharma, outside the submitted work. Dr MacGinnitie reports personal fees from BioCryst, personal fees from Shire, outside the submitted work. Dr Magerl reports personal fees from CSL Behring, personal fees from Shire/part of Takeda, personal fees from Novartis, personal fees from BioCryst, personal fees from KalVista, personal fees from Pharming, outside the submitted work. Dr Makris reports personal fees from Novartis, outside the submitted work. Dr Marsland reports grants and personal fees from Novartis, personal fees and non-financial support from Sanofi, personal fees from Galderma, personal fees from Roche, non-financial support from Almirall, outside the submitted work. I. Martinez Saguer has received honoraria, research funding, and travel grants from BioCryst, CSL Behring, Pharming, and Takeda/Shire, KalVista and/or served as a consultant and/or participated in advisory boards for these companies. Dr Metz reports personal fees from Moxie, personal fees from Novartis, personal fees from Roche, personal fees from Sanofi, personal fees from Shire, outside the submitted work. Dr Papadopoulos reports personal fees from Novartis, personal fees from Nutricia, personal fees from HAL, personal fees from MENARINI/FAES FARMA, personal fees from SANOFI, personal fees from MYLAN/ MEDA, personal fees from BIOMAY, personal fees from AstraZeneca, personal fees from GSK, personal fees from MSD, personal fees from ASIT BIOTECH, personal fees from Boehringer Ingelheim, grants

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work. Dr van Doorn reports personal fees from Leopharma, grants and personal fees from Novartis, personal fees from Abbvie, personal fees from BMS, personal fees from Celgene, personal fees from Lilly, personal fees from MSD, personal fees from Pfizer, personal fees from Sanofi-Genzyme, personal fees from Janssen Cilag, outside the submitted work. Dr Weber-Chrysochoou reports personal fees from Takeda and CSL Behring, outside the submitted work. Dr Zuberbier reports personal fees from AstraZeneca, personal fees from AbbVie, personal fees from ALK, personal fees from Almirall, personal fees from Astellas, personal fees from Bayer Health Care, personal fees from Bencard, personal fees from Berlin Chemie, personal fees from FAES, personal fees from HAL, personal fees from Leti, personal fees from Meda, personal fees from Menarini, personal fees from Merck, personal fees from MSD, grants and personal fees from Novartis, personal fees from Pfizer, personal fees from Sanofi, personal fees from Stallergenes, personal fees from Takeda, personal fees from Teva, personal fees from UCB, grants from Henkel, personal fees from Kryolan, personal fees from L'Oréal, outside the submitted work; and Organizational affiliations: Üommitee member: WHO-Initiative "Allergic Rhinitis and Its Impact on Asthma" (ARIA) Dember of the Board: German Society for Allergy and Clinical Immunology (DGAKI)Đead: European Centre for Allergy Research Foundation (ECARF) Decretary General: Global Allergy and Asthma European Network (GA2LEN)Dember: Committee on Allergy Diagnosis and Molecular Allergology, World Allergy Organization (WAO). Other authors declare that they have no conflicts of interest.

> Marcus Maurer¹ Werner Aberer² Rosana Agondi³ Mona Al-Ahmad⁴ Maryam Ali Al-Nesf⁵ Ignacio Ansotegui⁶ Rand Arnaout⁷ Luisa Karla Arruda⁸ Riccardo Asero⁹ Emel Aygören-Pürsün¹⁰ Aleena Banerji¹¹ Andrea Bauer¹² Moshe Ben-Shoshan¹³ Alejandro Berardi¹⁴ Jonathan A. Bernstein¹⁵ Stephen Betschel¹⁶ Carsten Bindslev-Jensen¹⁷ Mojca Bizjak¹⁸ Isabelle Boccon-Gibod¹⁹ Konrad Bork²⁰ Laurence Bouillet¹⁹ Henrik Balle Boysen²¹ Nicholas Brodszki²² Sigurd Broesby-Olsen¹⁷

> > Paula Busse²³

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Thomas Buttgereit ¹
Anette Bygum ²⁴
Teresa Caballero ²⁵ Régis A. Campos ^{26,27}
Mauro Cancian ²⁸
Ivan Cherrez-Ojeda ^{29,30}
Danny M. Cohn ³¹
Célia Costa ³²
Timothy Craig ³³
Paulo Ricardo Criado ^{34,35,36}
Roberta F. Criado ³⁷
Dorottya Csuka ³⁸
Joachim Dissemond ³⁹
Aurélie Du-Thanh ⁴⁰
Luis Felipe Ensina ⁴¹
Ragıp Ertaş ⁴²
José E. Fabiani ⁴³
Claudio Fantini ⁴⁴
Henriette Farkas ³⁸ 🕩
Silvia Mariel Ferrucci ⁴⁵
Ignasi Figueras-Nart ⁴⁶
Natalia L. Fili ⁴⁷
Daria Fomina ^{48,49}
Atsushi Fukunaga ⁵⁰
Asli Gelincik ⁵¹
Ana Giménez-Arnau ⁵²
Kiran Godse ⁵³
Mark Gompels ⁵⁴ Margarida Gonçalo ⁵⁵
Maia Gotua ⁵⁶
Richard Gower ⁵⁷
Anete S. Grumach ⁵⁸
Guillermo Guidos-Fogelbach ⁵⁹
Michihiro Hide ⁶⁰
Natalia Ilina ⁶¹
Naoko Inomata ⁶²
Thilo Jakob ⁶³
Dario O. Josviack ⁶⁴
Hye-Ryun Kang ⁶⁵ 🕩
Allen Kaplan ⁶⁶ 🔑
Alicja Kasperska-Zając ⁶⁷ 🕞
Constance Katelaris ⁶⁸
Aharon Kessel ⁶⁹
Andreas Kleinheinz ⁷⁰
Emek Kocatürk ⁷¹
Mitja Košnik ¹⁸ 🗓
Dorota Krasowska ⁷²
Kanokvalai Kulthanan ⁷³
M. Sendhil Kumaran ⁷⁴
José Ignacio Larco Sousa ⁷⁵

Allen Kaplan ⁶⁶ 🗓
Kasperska-Zając ⁶⁷ 🗓
Constance Katelaris ⁶⁸
Aharon Kessel ⁶⁹
Andreas Kleinheinz ⁷⁰
Emek Kocatürk ⁷¹
Mitja Košnik ¹⁸ 🕩
Dorota Krasowska ⁷²
nokvalai Kulthanan ⁷³
M. Sendhil Kumaran ⁷⁴
gnacio Larco Sousa ⁷⁵
ry J. Longhurst ^{76,77,78}
William Lumry ⁷⁹
ew MacGinnitie ⁸⁰ 🗓

Hila

Andr

Markus Magerl¹ Michael P. Makris⁸¹ Alejandro Malbrán⁸² Alexander Marsland⁸³

Inmaculada Martinez-Saguer⁸⁴

Iris V. Medina⁸⁵

Raisa Meshkova⁸⁶

Martin Metz¹

Iman Nasr⁸⁷

Jan Nicolay⁸⁸

Chikako Nishigori⁸⁹

Isao Ohsawa⁹⁰

Kemal Özvurt⁹¹

Nikolaos G. Papadopoulos 92

Claudio A. S. Parisi⁹³

Jonathan Grant Peter⁹⁴ Wolfgang Pfützner⁹⁵

Todor Popov⁹⁶

Nieves Prior⁹⁷

German D. Ramon⁹⁸

Adam Reich⁹⁹

Avner Reshef¹⁰⁰

Marc A. Riedl¹⁰¹

Bruce Ritchie¹⁰²

Heike Röckmann-Helmbach¹⁰³

Michael Rudenko¹⁰⁴

Andaç Salman¹⁰⁵

Mario Sanchez-Borges¹⁰⁶

Peter Schmid-Grendelmeier 107

Faradiba S. Serpa¹⁰⁸

Esther Serra-Baldrich¹⁰⁹

Farrukh R. Sheikh¹¹⁰

William Smith¹¹¹

Angèle Soria¹¹²

Petra Staubach¹¹³

Urs C. Steiner¹¹⁴

Marcin Stobiecki¹¹⁵

Gordon Sussman¹¹⁶

Anna Tagka¹¹⁷

Simon Francis Thomsen¹¹⁸

Regina Treudler¹¹⁹

Solange Valle¹²⁰ Martiin van Doorn¹²¹

Lilian Varga³⁸

Daniel O. Vázquez¹²²

Nicola Wagner¹²³

Liangchun Wang¹²⁴

Christina Weber-Chrysochoou¹⁰⁷

Young-Min Ye¹²⁵

Anna Zalewska-Janowska¹²⁶

Andrea Zanichelli¹²⁷

Zuotao Zhao^{128,129} iD

Yuxiang Zhi¹³⁰

Torsten Zuberbier¹³¹ Ricardo D. Zwiener¹³² Anthony Castaldo¹³³

¹Department of Dermatology and Allergy, Dermatological Allergology, Allergie-Centrum-Charité, Charité-Universitätsmedizin Berlin, Berlin, Germany ²Department of Dermatology, Medical University of Graz, Graz, Austria

> ³University of São Paulo, São Paulo, Brazil ⁴Microbiology Department, Faculty of Medicine, Kuwait University, Safat, Kuwait

⁵Allergy and Immunology Section, Department of Medicine, Hamad General Hospital, Doha, Qatar

⁶Department of Allergy and Immunology, Hospital Quiron Bizkaia, Bizkaia, Spain

⁷King Faisal Specialist Hospital & Research Center, Al Faisal University, Riyadh, Saudi Arabia

⁸Ribeirão Preto Medical School, University of São Paulo, São Paulo, Brazil

⁹Ambulatorio di Allergologia, Clinica San Carlo, Paderno Dugnano (MI), Italy

¹⁰Center for Children and Adolescents, University Hospital Frankfurt, Frankfurt, Germany

¹¹Division of Rheumatology, Allergy and Immunology, Massachusetts General Hospital, Boston, MA, USA ¹²Department of Dermatology, University Allergy Center, University Hospital Carl Gustav Carus, Technical University, Dresden, Germany

¹³Division of Allergy, Immunology and Dermatology, Department of Pediatrics, McGill University Health Center, Montreal, QC, Canada

¹⁴Instituto de Asma, Alergia y Enfermedades Respiratorias, Corrientes, Argentina

¹⁵Allergy Section, Division of Immunology, Department of Internal Medicine, Partner Bernstein Allergy Group, Partner Bernstein Clinical Research Center, University of Cincinnati, Cincinnati, OH, USA

¹⁶Division of Clinical Immunology and Allergy, St. Michael's Hospital, University of Toronto, Toronto, ON, Canada ¹⁷Department of Dermatology and Allergy Center, Odense University Hospital, Odense, Denmark

¹⁸Division of Allergy, University Clinic of Respiratory and Allergic Diseases Golnik, Golnik, Slovenia

¹⁹Clinical Immunology/Internal Medicine Department, National Reference Center for Angioedema, Grenoble University Hospital, Grenoble, France

²⁰Department of Dermatology, Johannes Gutenberg University

Mainz, Mainz, Germany

²¹HAE International (HAEi), Horsens, Denmark ²²Skåne University Hospital, Lund University, Lund, Sweden

²³Division of Clinical Immunology, Icahn School at Mount Sinai,

New York, NY, USA

²⁴HAE Centre, Odense University Hospital, Odense, Denmark
²⁵Allergy Department, Hospital Universitario La Paz, IdiPaz,
CIBERER U754, Madrid, Spain

²⁶Universidade Federal da Bahia, Salvador, Brazil

²⁷Serviço de Imunologia, Hospital das Clínicas Professor Edgard Santos, Salvador, Brazil

²⁸Department of Systems Medicine, University Hospital of Padua, Padua, Italy

²⁹School of Medicine, Universidad de Especialidades Espíritu Santo, Samborondón, Ecuador

³⁰RespiraLab, Research, Guayaquil, Ecuador

³¹Department of Vascular Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam, The Netherlands ³²Immunoallergology Department, Hospital de Santa Maria, Centro Hospitalar Universitário de Lisboa Norte (CHLN), EPE, Lisbon, Portugal

³³Department of Medicine and Pediatrics, Penn State University, Hershey, PA, USA

³⁴Faculdade de Medicina do ABC, Santo André, Brazil
³⁵Alergoskin Alergia e Dermatologia SS Itda, Santo André, Brazil
³⁶UCARE Center, São Paulo, Brazil

³⁷Faculdade de Medicina do ABC (FMABC), Santo André, Brazil ³⁸3rd Department of Internal Medicine, Hungarian Angioedema Reference Center, Semmelweis University, Budapest, Hungary ³⁹Department of Dermatology, Venereology and Allergology, University of Essen, Essen, Germany

> ⁴⁰Service de Dermatologie-allergologie, CHU Montpellier, Montpellier Cedex 5, France

⁴¹Division of Allergy, Clinical Immunology and Rheumatology, Department of Pediatrics, Federal University of São Paulo, São Paulo, Brazil

⁴²Department of Dermatology, Kayseri City Education and Research Hospital, Kayseri, Turkey

⁴³Private Practice, Lomas de Zamora, Argentina

⁴⁴Servicio de Alergia e Inmunología—Hospital Alende y Clínica Colón, Mar del Plata, Argentina

⁴⁵Ambulatorio di Dermatologia Allergologica e Professionale, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milano (MI), Italy

⁴⁶The Dermatology Department of the Hospital de Bellvitge, Universitat de Barcelona, Barcelona, Spain

⁴⁷Unidad Alergia e Inmunología Clínica, Hospital Público Materno Infantil, Salta, Argentina

⁴⁸Center of Allergy and Immunology, City Clinical Hospital No.
52, Moscow Ministry of Healthcare, Moscow, Russian Federation
⁴⁹Department of Allergology and Clinical Immunology, I.M.
Sechenov First Moscow State Medical University, Moscow,
Russian Federation

⁵⁰Division of Dermatology, Graduate School of Medicine, Kobe University, Kobe, Japan

⁵¹Division of Immunology and Allergic Diseases, Department of Internal Medicine, Istanbul Faculty of Medicine, Istanbul University, Istanbul, Turkey

⁵²Department of Dermatology, Hospital del Mar, IMIM, Universitat Autònoma, Barcelona, Spain

⁵³Department of Dermatology, D Y. Patil University School of Medicine, Mumbai, India

⁵⁴Department of Immunology, North Bristol NHS Trust, Southmead Hospital, Bristol, UK

⁵⁵Clinica de Dermatologia, Centro Hospitalar Universitário Coimbra, Coimbra, Portugal

⁵⁶Center of Allergy and Immunology, Tbilsi, Georgia
⁵⁷Marycliff Clinical Research, Spokane, WA, USA

⁵⁸Clinical Immunology, Medical School, University Center Health ABC. Santo Andre. Brazil

⁵⁹National School of Medicine, Instituto Politécnico Nacional, Mexico City, Mexico

⁶⁰Department of Dermatology, Graduate School of Biomedical and Health Sciences, Hiroshima University, Hiroshima, Japan ⁶¹NRC Institute of Immunology FMBA, Moscow, Russia ⁶²Department of Environmental Immuno-Dermatology, Yokohama City University Graduate School of Medicine, Yokohama, Japan

⁶³Department of Dermatology and Allergy, University Medical Center Giessen (UKGM), Justus-Liebig-University Giessen, Giessen, Germany

⁶⁴Instituto de Medicina Respiratoria—Rafaela, Santa Fe, Argentina

⁶⁵Institute of Allergy and Clinical Immunology, Seoul National University Medical Research Center, Seoul, Korea

⁶⁶Medical University of South Carolina, Charleston, SC, USA
 ⁶⁷European Center for Diagnosis and Treatment of Urticaria,

Zabrze, Poland

⁶⁸Immunology & Allergy Unit, Department of Medicine, Campbelltown Hospital, Campbelltown, NSW, Australia ⁶⁹Division of Allergy & Clinical Immunology, Rappaport Faculty of Medicine, Bnai Zion Medical Center, Technion, Haifa, Israel ⁷⁰Clinic for Dermatology, Elbe Kliniken Buxtehude, Buxtehude, Germany

> ⁷¹Department of Dermatology, School of Medicine, Koç University, Koc, Turkey

⁷²Department of Dermatology, Venerology and Pediatric Dermatology, Medical University of Lublin, Lublin, Poland
 ⁷³Department of Dermatology, Faculty of Medicine, Siriraj Hospital, Mahidol University, Bangkok, Thailand
 ⁷⁴Department of Dermatology, Postgraduate Institute of Medical Education and Research, Chandigarh, India
 ⁷⁵Clinica San Felipe, Lima, Peru

⁷⁶Department of Immunology, Addenbrookes Hospital Cambridge University NHS Foundation Trust, Cambridge, UK ⁷⁷UCLH, London, UK

⁷⁸Addenbrooke's Hospital Cambridge and University College Hospital, London, UK

⁷⁹Allergy/Immunology Division, Department of Internal Medicine, University of Texas Southwestern Medical School, Dallas, TX, USA

80 Division of Immunology, Department of Pediatrics, Boston Children's Hospital, Harvard Medical School, Boston, MA, USA
81 Allergy Unit "D. Kalogeromitros", 2nd Department of Dermatology and Venereology, University Hospital "Attikon", National and Kapodistrian University of Athens, Athens, Greece
82 Unidad de Alergia, Asma e Inmunología Clínica, Buenos Aires, Argentina

⁸³Department of Dermatology, The Urticaria Clinic, Salford Royal Foundation Trust, University of Manchester, Manchester, UK

⁸⁴Hemophilia Centre Rhine Main (HZRM), Moerfelden-Walldorf, Germany

⁸⁵Allergy and Clinical Immunology Department, Centro Médico Vitae, de Julio, Argentina

⁸⁶Department of Clinical Immunology and Allergology, Smolensk State Medical University, Smolensk, Russian Federation
⁸⁷Adult Immunology and Allergy Unit, Department of Medicine,
Royal Hospital, Muscat, Oman

⁸⁸Klinik für Dermatologie, Universitätsklinikum Mannheim, Mannheim, Germany

⁸⁹Division of Dermatology, Kobe University Graduate School of Medicine, Kobe, Japan

⁹⁰Department of Internal Medicine, Saiyu Soka Hospital, Soka,

⁹¹Department of Dermatology, Faculty of Medicine, Kırşehir Ahi Evran University, Kırşehir, Turkey

⁹²Allergy Unit, 2nd Pediatric Clinic, National and Kapodistrian University of Athens, Athens, Greece

⁹³Adults and Pediatrics Allergy Unit, Hospital Italiano de Buenos Aires, Buenos Aires, Argentina

⁹⁴Department of Medicine, University of Cape Town, Cape Town, South Africa

⁹⁵Department of Dermatology and Allergology, Allergy Center Hessen, University Clinic Marburg, Marburg, Germany ⁹⁶University Hospital Sv. Ivan Rilski, Sofia, Bulgaria ⁹⁷Allergy Department, Hospital Universitario Severo Ochoa, Madrid, Spain

⁹⁸Instituto de Alergia e Inmunologia del Sur, Buenos Aires, Argentina

⁹⁹Department of Dermatology, University of Rzeszow, Rzeszów,

Poland ¹⁰⁰Angioedema Center, Barzilai Medical Center, Ashkelon, Israel

¹⁰¹Department of Medicine, University of California—San Diego, La Jolla, CA, USA

¹⁰²Departments of Medicine and Medical Oncology, University of Alberta, Edmonton, AB, Canada

of Alberta, Edmonton, AB, Canada

103 Department of Dermatology and Allergology, University
Medical Center Utrecht, Utrecht, The Netherlands

104 London Allergy and Immunology Centre, London, UK

105 Dermatology Department, Marmara University School of
Medicine, Pendik Research and Training Hospital, Istanbul,

Turkev

¹⁰⁶Allergy and Clinical Immunology Department, Centro Medico Docente La Trinidad, Caracas, Venezuela

¹⁰⁷Allergy Unit, Department of Dermatology, University Hospital of Zürich, Zürich, Switzerland

¹⁰⁸Hospital Santa Casa de Misericórdia de Vitória, Espírito Santo. Brazil

¹⁰⁹Dermatology Department, Hospital Sant Pau, Barcelona, Spain

¹¹⁰Department of Medicine, King Faisal Specialist Hospital & Research Center, Rivadh, Saudi Arabia

¹¹¹Clinical Immunology and Allergy, Royal Adelaide Hospital,
Adelaide. SA. Australia

¹¹²Service de Dermatologie et Allergologie, Hopital Tenon, APHP, Sorbonne Université, Paris, France

¹¹³Department of Dermatology, University Medical Center, Mainz, Germany

¹¹⁴Department of Clinical Immunology, University Hospital Zurich, Zurich, Switzerland

¹¹⁵Department of Environmental Allergology, Jagiellonian University Medical College Kraków, HAE Center, University Hospital, Kraków, Poland

¹¹⁶Division of Allergy and Immunology, University of Toronto, Toronto, ON, Canada

¹¹⁷First Department of Dermatology and Venereology, National and Kapodistrian University of Athens, "A. Syggros" Hospital, Referral Center of Occupational Dermatological Diseases,

Athens, Greece

¹¹⁸Department of Dermatology, Bispebjerg Hospital, Copenhagen, Denmark

¹¹⁹Department of Dermatology, Venerology and Allergology and Leipzig Interdisciplinary Center of Allergology—Comprehensive Allergy Center, UMC Leipzig, Leipzig, Germany

¹²⁰Federal University of Rio de Janeiro, Rio de Janeiro, Brazil
 ¹²¹Department of Dermatology, Erasmus MC, Rotterdam, The
 Netherlands

¹²²Clínica Privada Monte Grande, Buenos Aires, Argentina ¹²³Department of Dermatology, University of Erlangen,

Erlangen, Germany

¹²⁴Dermatology Department of Sun Yat-sen Memorial Hospital, Guangzhou, China

> ¹²⁵Department of Allergy and Clinical Immunology, Ajou University School of Medicine, Suwon, Korea

126 Chair of Clinical Immunology and Rheumatology, Department of Psychodermatology, Medical University of Lodz, Lodz, Poland
 127 Department of Biomedical and Clinical Sciences, Luigi Sacco

Hospital, University of Milan, Milan, Italy

¹²⁸Department of Dermatology and Venereology, First Hospital, Peking University, Beijing, China

> ¹²⁹Beijing Key Laboratory of Molecular Diagnosis on Dermatoses, Beijing, China

¹³⁰Department of Allergy, Peking Union Medical College

Hospital &, Chinese Academy of Medical Sciences, Beijing, China

131 Department of Dermatology and Allergy, Allergie-CentrumCharité, Charité—Universitätsmedizin Berlin, Berlin, Germany

132 Servicio de Alergia e Inmunología, Hospital Universitario
Austral, Buenos Aires, Argentina

133 HAE International (HAEi), Fairfax City, VA, USA

Correspondence

Marcus Maurer, Department of Dermatology and Allergy,
Allergie-Centrum-Charité, Dermatological Allergology,
Charité—Universitätsmedizin Berlin, Charitéplatz 1, D-10117
Berlin, Germany.

Email: marcus.maurer@charite.de

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ORCID

Marcus Maurer https://orcid.org/0000-0002-4121-481X Mona Al-Ahmad https://orcid.org/0000-0003-3720-7032 Maryam Ali Al-Nesf https://orcid.org/0000-0001-9354-0214 Luisa Karla Arruda https://orcid.org/0000-0002-7505-210X Riccardo Asero https://orcid.org/0000-0002-8277-1700 Jonathan A. Bernstein https://orcid.org/0000-0002-3476-1196 Mojca Bizjak https://orcid.org/0000-0003-2595-468X Konrad Bork https://orcid.org/0000-0002-6084-4577 Laurence Bouillet https://orcid.org/0000-0001-8245-4767 Sigurd Broesby-Olsen https://orcid.org/0000-0002-1558-8471 Anette Bygum https://orcid.org/0000-0002-3004-0180 Ivan Cherrez-Ojeda https://orcid.org/0000-0002-1610-239X Henriette Farkas https://orcid.org/0000-0003-2929-1721 Natalia L. Fili https://orcid.org/0000-0003-0327-3963 Atsushi Fukunaga https://orcid.org/0000-0003-2026-8154 Asli Gelincik https://orcid.org/0000-0002-3524-9952 Ana Giménez-Arnau https://orcid.org/0000-0001-9548-5423 Maia Gotua https://orcid.org/0000-0003-2497-4128 Hye-Ryun Kang https://orcid.org/0000-0002-2317-4201 Allen Kaplan https://orcid.org/0000-0002-6566-4743 Alicja Kasperska-Zając https://orcid.org/0000-0002-2000-0070 Mitja Košnik https://orcid.org/0000-0002-4701-7374 Andrew MacGinnitie https://orcid.org/0000-0002-9451-3733 Martin Metz https://orcid.org/0000-0002-4070-9976 Iman Nasr https://orcid.org/0000-0003-0346-9675 Nikolaos G. Papadopoulos https://orcid.org/0000-0002-4448-3468 Wolfgang Pfützner https://orcid.org/0000-0002-8721-724X Avner Reshef https://orcid.org/0000-0002-3324-7072 Marc A. Riedl https://orcid.org/0000-0003-3460-1544 Andaç Salman https://orcid.org/0000-0002-6407-926X Mario Sanchez-Borges https://orcid.org/0000-0002-9308-6418 Peter Schmid-Grendelmeier https://orcid.org/0000-0003-3215-3370 Angèle Soria https://orcid.org/0000-0002-8726-6658 Gordon Sussman https://orcid.org/0000-0002-2202-2513 Anna Tagka https://orcid.org/0000-0003-3307-6522 Simon Francis Thomsen https://orcid.org/0000-0002-4838-300X Lilian Varga https://orcid.org/0000-0002-5484-364X Daniel O. Vázquez https://orcid.org/0000-0001-9864-0783 Liangchun Wang https://orcid.org/0000-0002-5169-2751 Young-Min Ye https://orcid.org/0000-0002-7517-1715 Zuotao Zhao https://orcid.org/0000-0002-9595-6050 Yuxiang Zhi https://orcid.org/0000-0001-7539-6650 Torsten Zuberbier https://orcid.org/0000-0002-1466-8875

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.