## Lianne Soller

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	A population-based study on peanut, tree nut, fish, shellfish, and sesame allergy prevalence in Canada. Journal of Allergy and Clinical Immunology, 2010, 125, 1327-1335.	2.9	203
2	Overall prevalence of self-reported food allergy in Canada. Journal of Allergy and Clinical Immunology, 2012, 130, 986-988.	2.9	178
3	First Real-World Safety Analysis of Preschool Peanut Oral Immunotherapy. Journal of Allergy and Clinical Immunology: in Practice, 2019, 7, 2759-2767.e5.	3.8	85
4	Temporal trends in prevalence of food allergy in Canada. Journal of Allergy and Clinical Immunology: in Practice, 2020, 8, 1428-1430.e5.	3.8	77
5	Adjusting for nonresponse bias corrects overestimates of food allergy prevalence. Journal of Allergy and Clinical Immunology: in Practice, 2015, 3, 291-293.e2.	3.8	46
6	First Real-World Effectiveness Analysis of Preschool Peanut Oral Immunotherapy. Journal of Allergy and Clinical Immunology: in Practice, 2021, 9, 1349-1356.e1.	3.8	41
7	Oral Food Challenge Implementation: The First Mixed-Methods Study Exploring Barriers and Solutions. Journal of Allergy and Clinical Immunology: in Practice, 2020, 8, 149-156.e1.	3.8	31
8	Prevalence and Predictors of Food Allergy in Canada: AÂFocus on Vulnerable Populations. Journal of Allergy and Clinical Immunology: in Practice, 2015, 3, 42-49.	3.8	28
9	Foodâ€allergyâ€specific anxiety and distress in parents of children with food allergy: A systematic review. Pediatric Allergy and Immunology, 2022, 33, .	2.6	27
10	Knowledge gaps and barriers to early peanut introduction among allergists, pediatricians, and family physicians. Journal of Allergy and Clinical Immunology: in Practice, 2019, 7, 681-684.	3.8	23
11	Prevalence of Physician-Reported Food Allergy in Canadian Children. Journal of Allergy and Clinical Immunology: in Practice, 2021, 9, 193-199.	3.8	22
12	Canadian food ladders for dietary advancement in children with IgE-mediated allergy to milk and/or egg. Allergy, Asthma and Clinical Immunology, 2021, 17, 83.	2.0	18
13	Comparison of practice patterns among Canadian allergists before and after NIAID guideline recommendations. Journal of Allergy and Clinical Immunology: in Practice, 2019, 7, 2901-2903.e3.	3.8	17
14	The Cost-Effectiveness of Preschool Peanut Oral Immunotherapy in the Real-World Setting. Journal of Allergy and Clinical Immunology: in Practice, 2021, 9, 2876-2884.e4.	3.8	16
15	Real-world peanut OIT in infants may be safer than non-infant preschool OIT and equally effective. Journal of Allergy and Clinical Immunology: in Practice, 2022, 10, 1113-1116.e1.	3.8	16
16	Possession of epinephrine auto-injectors by Canadians with food allergies. Journal of Allergy and Clinical Immunology, 2011, 128, 426-428.	2.9	15
17	The use of incentives in vulnerable populations for a telephone survey: a randomized controlled trial. BMC Research Notes, 2012, 5, 572.	1.4	15
18	Development of anaphylactic cow's milk allergy following cow's milk elimination for eosinophilic esophagitis in a teenager. Journal of Allergy and Clinical Immunology: in Practice, 2017, 5, 1413-1414.	3.8	15

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19	Comparing quality of life in Canadian children with peanut, sesame, and seafood allergy. Journal of Allergy and Clinical Immunology: in Practice, 2020, 8, 352-354.e1.	3.8	15
20	An update on the controversy around offering oral immunotherapy to peanut-allergic children outside of research. Annals of Allergy, Asthma and Immunology, 2019, 122, 559-562.	1.0	14
21	First pediatric electronic algorithm to stratify risk of penicillin allergy. Allergy, Asthma and Clinical Immunology, 2020, 16, 103.	2.0	14
22	Parents of children with food allergy. Annals of Allergy, Asthma and Immunology, 2020, 125, 674-679.	1.0	14
23	The Case for Prompt Salvage Infant Peanut Oral Immunotherapy Following Failed Primary Prevention. Journal of Allergy and Clinical Immunology: in Practice, 2022, 10, 2561-2569.	3.8	13
24	Current tools measuring anxiety in parents of foodâ€ellergic children are inadequate. Pediatric Allergy and Immunology, 2020, 31, 678-685.	2.6	12
25	How to Incorporate Oral Immunotherapy into Your Clinical Practice. Current Allergy and Asthma Reports, 2021, 21, 30.	5.3	11
26	A High Proportion of Canadian Allergists Offer Oral Immunotherapy but Barriers Remain. Journal of Allergy and Clinical Immunology: in Practice, 2021, 9, 1902-1908.	3.8	10
27	Home-Based Peanut Oral Immunotherapy for Low-Risk Peanut-Allergic Preschoolers During the COVID-19 Pandemic and Beyond. Frontiers in Allergy, 2021, 2, 725165.	2.8	10
28	Patient selection for milk and egg ladders using a food ladder safety checklist. Allergy, Asthma and Clinical Immunology, 2022, 18, .	2.0	10
29	Development of IMPAACT (Impairment Measure for Parental Food Allergy-Associated Anxiety and) Tj ETQq1 Allergy, Asthma and Immunology, 2022, 129, 451-460.e3.	l 0.784314 rgE 1.0	3T /Overlock 8
30	A short simple tool to measure the impact of food allergy on patients in routine clinical practice; the Food Allergy Quality of Life Questionnaire, Parent Form 10 (FAQLQâ€₱F10). Clinical and Translational Allergy, 2015, 5, P7.	3.2	7
31	First reported case in Canada of anaphylaxis to lupine in a child with peanut allergy. Allergy, Asthma and Clinical Immunology, 2018, 14, 64.	2.0	7
32	Extended analysis of parent and child confidence in recognizing anaphylaxis and using the epinephrine autoinjector during oral food challenges. Journal of Allergy and Clinical Immunology: in Practice, 2019, 7, 693-695.	3.8	7
33	Comparing food allergy prevalence inÂvulnerable and nonvulnerable Canadians. Journal of Allergy and Clinical Immunology: in Practice, 2020, 8, 2425-2430.e11.	3.8	7
34	Billing fees for various common allergy tests vary widely across Canada. Allergy, Asthma and Clinical Immunology, 2020, 16, 28.	2.0	7
35	Application of the Eosinophilic Esophagitis Histology Scoring System Grade Scores in Patients at British Columbia Children's Hospital. Fetal and Pediatric Pathology, 2022, 41, 962-976.	0.7	7
36	Decreased food allergy-specific anxiety and increased general anxiety in parents of children with food allergies during the coronavirus disease 2019 pandemic. Annals of Allergy, Asthma and Immunology, 2022, 129, 242-246.	1.0	7

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#	Article	IF	CITATIONS
37	Allergic reactions to emerging food allergens in Canadian children. Allergy, Asthma and Clinical Immunology, 2021, 17, 71.	2.0	6
38	Phenotype consensus is required to enable largeâ€scale genetic consortium studies of food allergy. Allergy: European Journal of Allergy and Clinical Immunology, 2020, 75, 2383-2387.	5.7	5
39	Web-based Infant Food Introduction (WIFI): Feasibility and satisfaction of virtual allergist-supervised food introduction. Journal of Allergy and Clinical Immunology: in Practice, 2021, 9, 3521-3523.e1.	3.8	4
40	Multiple shifting phenotypes with cow's milk: From eosinophilic esophagitis to immediate hypersensitivity and back again. Journal of Allergy and Clinical Immunology: in Practice, 2020, 8, 1117-1118.	3.8	3
41	One-year sustained impact of supervised epinephrine autoinjector administration during food challenge on parent confidence. Annals of Allergy, Asthma and Immunology, 2020, 125, 705-707.	1.0	3
42	Caregiver views on virtual management of food allergy: A mixedâ€methods study. Pediatric Allergy and Immunology, 2021, 32, 1568-1572.	2.6	3
43	Demographic characteristics associated with food allergy in a Nationwide Canadian Study. Allergy, Asthma and Clinical Immunology, 2021, 17, 72.	2.0	3
44	Grass pollen allergy as an anaphylaxis cofactor during peanut oral immunotherapy. Annals of Allergy, Asthma and Immunology, 2021, 127, 263-264.	1.0	3
45	Likelihood of being prescribed an epinephrine autoinjector in allergic Canadians with lower educational levels. Annals of Allergy, Asthma and Immunology, 2014, 113, 326-329.	1.0	1
46	BARRIERS TO IMPLEMENTATION OF EARLY PEANUT INTRODUCTION AMONG PEDIATRICIANS, FAMILY PHYSICIANS, AND ALLERGISTS. Paediatrics and Child Health, 2018, 23, e3-e3.	0.6	1
47	Poor Correlation of Oral Swabs with Esophageal Eosinophil Counts. Dysphagia, 2020, 35, 773-779.	1.8	1
48	Oral peanut immunotherapy acutely unmasking eosinophilic esophagitis with an esophageal stricture. Annals of Allergy, Asthma and Immunology, 2021, 127, 691-692.	1.0	1
49	Delayed Unblinding of Double-Blind Placebo-Controlled Food Challenges in Anxious Patients Allows Exclusion of Both Immediate and Delayed Adverse Reactions to Food. Journal of Allergy and Clinical Immunology: in Practice, 2018, 6, 1432-1433.	3.8	0
50	Canadian parent perceptions of oral food challenges: A qualitative analysis. Pediatric Allergy and Immunology, 2022, 33, .	2.6	0
51	Reducing parental anxiety during oral food challenges: a randomized controlled trial of deep breathing exercises. Annals of Allergy, Asthma and Immunology, 2022, , .	1.0	0