

# Lianne Soller

## List of Publications by Year in descending order

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Version: 2024-02-01

51  
papers

1,087  
citations

567281

15  
h-index

414414

32  
g-index

53  
all docs

53  
docs citations

53  
times ranked

912  
citing authors

#	ARTICLE	IF	CITATIONS
1	Food allergy-specific anxiety and distress in parents of children with food allergy: A systematic review. <i>Pediatric Allergy and Immunology</i> , 2022, 33, .	2.6	27
2	Canadian parent perceptions of oral food challenges: A qualitative analysis. <i>Pediatric Allergy and Immunology</i> , 2022, 33, .	2.6	0
3	Application of the Eosinophilic Esophagitis Histology Scoring System Grade Scores in Patients at British Columbia Children's Hospital. <i>Fetal and Pediatric Pathology</i> , 2022, 41, 962-976.	0.7	7
4	Reducing parental anxiety during oral food challenges: a randomized controlled trial of deep breathing exercises. <i>Annals of Allergy, Asthma and Immunology</i> , 2022, , .	1.0	0
5	Development of IMPAACT (Impairment Measure for Parental Food Allergy-Associated Anxiety and) <i>Tj ETQq1 1 0.784314 rgBT /Overl</i> <i>Allergy, Asthma and Immunology</i> , 2022, 129, 451-460.e3.	1.0	8
6	Real-world peanut OIT in infants may be safer than non-infant preschool OIT and equally effective. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2022, 10, 1113-1116.e1.	3.8	16
7	Decreased food allergy-specific anxiety and increased general anxiety in parents of children with food allergies during the coronavirus disease 2019 pandemic. <i>Annals of Allergy, Asthma and Immunology</i> , 2022, 129, 242-246.	1.0	7
8	The Case for Prompt Salvage Infant Peanut Oral Immunotherapy Following Failed Primary Prevention. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2022, 10, 2561-2569.	3.8	13
9	Patient selection for milk and egg ladders using a food ladder safety checklist. <i>Allergy, Asthma and Clinical Immunology</i> , 2022, 18, .	2.0	10
10	Prevalence of Physician-Reported Food Allergy in Canadian Children. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2021, 9, 193-199.	3.8	22
11	First Real-World Effectiveness Analysis of Preschool Peanut Oral Immunotherapy. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2021, 9, 1349-1356.e1.	3.8	41
12	The Cost-Effectiveness of Preschool Peanut Oral Immunotherapy in the Real-World Setting. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2021, 9, 2876-2884.e4.	3.8	16
13	How to Incorporate Oral Immunotherapy into Your Clinical Practice. <i>Current Allergy and Asthma Reports</i> , 2021, 21, 30.	5.3	11
14	A High Proportion of Canadian Allergists Offer Oral Immunotherapy but Barriers Remain. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2021, 9, 1902-1908.	3.8	10
15	Caregiver views on virtual management of food allergy: A mixed-methods study. <i>Pediatric Allergy and Immunology</i> , 2021, 32, 1568-1572.	2.6	3
16	Allergic reactions to emerging food allergens in Canadian children. <i>Allergy, Asthma and Clinical Immunology</i> , 2021, 17, 71.	2.0	6
17	Demographic characteristics associated with food allergy in a Nationwide Canadian Study. <i>Allergy, Asthma and Clinical Immunology</i> , 2021, 17, 72.	2.0	3
18	Canadian food ladders for dietary advancement in children with IgE-mediated allergy to milk and/or egg. <i>Allergy, Asthma and Clinical Immunology</i> , 2021, 17, 83.	2.0	18

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19	Grass pollen allergy as an anaphylaxis cofactor during peanut oral immunotherapy. <i>Annals of Allergy, Asthma and Immunology</i> , 2021, 127, 263-264.	1.0	3
20	Web-based Infant Food Introduction (WIFI): Feasibility and satisfaction of virtual allergist-supervised food introduction. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2021, 9, 3521-3523.e1.	3.8	4
21	Oral peanut immunotherapy acutely unmasking eosinophilic esophagitis with an esophageal stricture. <i>Annals of Allergy, Asthma and Immunology</i> , 2021, 127, 691-692.	1.0	1
22	Home-Based Peanut Oral Immunotherapy for Low-Risk Peanut-Allergic Preschoolers During the COVID-19 Pandemic and Beyond. <i>Frontiers in Allergy</i> , 2021, 2, 725165.	2.8	10
23	Comparing quality of life in Canadian children with peanut, sesame, and seafood allergy. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2020, 8, 352-354.e1.	3.8	15
24	Oral Food Challenge Implementation: The First Mixed-Methods Study Exploring Barriers and Solutions. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2020, 8, 149-156.e1.	3.8	31
25	Temporal trends in prevalence of food allergy in Canada. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2020, 8, 1428-1430.e5.	3.8	77
26	Poor Correlation of Oral Swabs with Esophageal Eosinophil Counts. <i>Dysphagia</i> , 2020, 35, 773-779.	1.8	1
27	Multiple shifting phenotypes with cow's milk: From eosinophilic esophagitis to immediate hypersensitivity and back again. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2020, 8, 1117-1118.	3.8	3
28	One-year sustained impact of supervised epinephrine autoinjector administration during food challenge on parent confidence. <i>Annals of Allergy, Asthma and Immunology</i> , 2020, 125, 705-707.	1.0	3
29	First pediatric electronic algorithm to stratify risk of penicillin allergy. <i>Allergy, Asthma and Clinical Immunology</i> , 2020, 16, 103.	2.0	14
30	Comparing food allergy prevalence in vulnerable and nonvulnerable Canadians. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2020, 8, 2425-2430.e11.	3.8	7
31	Parents of children with food allergy. <i>Annals of Allergy, Asthma and Immunology</i> , 2020, 125, 674-679.	1.0	14
32	Phenotype consensus is required to enable large-scale genetic consortium studies of food allergy. <i>Allergy: European Journal of Allergy and Clinical Immunology</i> , 2020, 75, 2383-2387.	5.7	5
33	Current tools measuring anxiety in parents of food-allergic children are inadequate. <i>Pediatric Allergy and Immunology</i> , 2020, 31, 678-685.	2.6	12
34	Billing fees for various common allergy tests vary widely across Canada. <i>Allergy, Asthma and Clinical Immunology</i> , 2020, 16, 28.	2.0	7
35	First Real-World Safety Analysis of Preschool Peanut Oral Immunotherapy. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2019, 7, 2759-2767.e5.	3.8	85
36	Comparison of practice patterns among Canadian allergists before and after NIAID guideline recommendations. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2019, 7, 2901-2903.e3.	3.8	17

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37	Extended analysis of parent and child confidence in recognizing anaphylaxis and using the epinephrine autoinjector during oral food challenges. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2019, 7, 693-695.	3.8	7
38	An update on the controversy around offering oral immunotherapy to peanut-allergic children outside of research. <i>Annals of Allergy, Asthma and Immunology</i> , 2019, 122, 559-562.	1.0	14
39	Knowledge gaps and barriers to early peanut introduction among allergists, pediatricians, and family physicians. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2019, 7, 681-684.	3.8	23
40	BARRIERS TO IMPLEMENTATION OF EARLY PEANUT INTRODUCTION AMONG PEDIATRICIANS, FAMILY PHYSICIANS, AND ALLERGISTS. <i>Paediatrics and Child Health</i> , 2018, 23, e3-e3.	0.6	1
41	First reported case in Canada of anaphylaxis to lupine in a child with peanut allergy. <i>Allergy, Asthma and Clinical Immunology</i> , 2018, 14, 64.	2.0	7
42	Delayed Unblinding of Double-Blind Placebo-Controlled Food Challenges in Anxious Patients Allows Exclusion of Both Immediate and Delayed Adverse Reactions to Food. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2018, 6, 1432-1433.	3.8	0
43	Development of anaphylactic cow's milk allergy following cow's milk elimination for eosinophilic esophagitis in a teenager. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2017, 5, 1413-1414.	3.8	15
44	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€PF10). <i>Clinical and Translational Allergy</i> , 2015, 5, P7.	3.2	7
45	Prevalence and Predictors of Food Allergy in Canada: A Focus on Vulnerable Populations. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2015, 3, 42-49.	3.8	28
46	Adjusting for nonresponse bias corrects overestimates of food allergy prevalence. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2015, 3, 291-293.e2.	3.8	46
47	Likelihood of being prescribed an epinephrine autoinjector in allergic Canadians with lower educational levels. <i>Annals of Allergy, Asthma and Immunology</i> , 2014, 113, 326-329.	1.0	1
48	The use of incentives in vulnerable populations for a telephone survey: a randomized controlled trial. <i>BMC Research Notes</i> , 2012, 5, 572.	1.4	15
49	Overall prevalence of self-reported food allergy in Canada. <i>Journal of Allergy and Clinical Immunology</i> , 2012, 130, 986-988.	2.9	178
50	Possession of epinephrine auto-injectors by Canadians with food allergies. <i>Journal of Allergy and Clinical Immunology</i> , 2011, 128, 426-428.	2.9	15
51	A population-based study on peanut, tree nut, fish, shellfish, and sesame allergy prevalence in Canada. <i>Journal of Allergy and Clinical Immunology</i> , 2010, 125, 1327-1335.	2.9	203