

Edwin H Kim

List of Publications by Year in descending order

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Version: 2024-02-01

64
papers

2,616
citations

331670

21
h-index

189892

50
g-index

64
all docs

64
docs citations

64
times ranked

1375
citing authors

#	ARTICLE	IF	CITATIONS
1	Allergen-specific T cells and clinical features of food allergy: Lessons from CoFAR immunotherapy cohorts. <i>Journal of Allergy and Clinical Immunology</i> , 2022, 149, 1373-1382.e12.	2.9	30
2	Safety of Epicutaneous Immunotherapy in Peanut-Allergic Children: REALISE Randomized Clinical Trial Results. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2022, 10, 1864-1873.e10.	3.8	31
3	Effective methods of clinical education. <i>Annals of Allergy, Asthma and Immunology</i> , 2022, 128, 240-247.	1.0	5
4	Efficacy and safety of oral immunotherapy in children aged 1-3 years with peanut allergy (the Immune Tj ETQq0.0.0 rgBT /Overlock 1359-371.	13.7	139
5	Updating the CoFAR Grading Scale for Systemic Allergic Reactions in Food Allergy. <i>Journal of Allergy and Clinical Immunology</i> , 2022, 149, 2166-2170.e1.	2.9	30
6	Caregiver Perceptions and Lifestyle Behaviors After Completion of Peanut Immunotherapy: A Long-Term Follow-Up Study. <i>Journal of Allergy and Clinical Immunology</i> , 2022, 149, AB36.	2.9	0
7	Moving Away from Routine Emergency Department Evaluation After Treatment of Anaphylaxis - A Retrospective Review of Epinephrine Usage Among High-Risk Peanut-Allergic Children. <i>Journal of Allergy and Clinical Immunology</i> , 2022, 149, AB107.	2.9	0
8	Intestinal Barrier Dysfunction Accompanies Peanut Allergy In A Genetically-Susceptible Mouse Model And Identifies Angiopoietin-like 4 As A Biomarker. <i>Journal of Allergy and Clinical Immunology</i> , 2022, 149, AB163.	2.9	0
9	Five-year follow-up of early intervention peanut oral immunotherapy. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2021, 9, 514-517.	3.8	17
10	Epicutaneous immunotherapy for treatment of peanut allergy: Follow-up from the Consortium for Food Allergy Research. <i>Journal of Allergy and Clinical Immunology</i> , 2021, 147, 992-1003.e5.	2.9	34
11	Irradiated Tree Nut Flours for Use in Oral Immunotherapy. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2021, 9, 321-327.	3.8	1
12	Mechanisms of oral immunotherapy. <i>Clinical and Experimental Allergy</i> , 2021, 51, 527-535.	2.9	38
13	Biomarkers for Desensitization in Patients Undergoing Sublingual Immunotherapy for Peanut Allergy. <i>Journal of Allergy and Clinical Immunology</i> , 2021, 147, AB110.	2.9	0
14	Effect on age on clinical and immunologic efficacy of peanut sublingual immunotherapy. <i>Journal of Allergy and Clinical Immunology</i> , 2021, 147, AB164.	2.9	0
15	Increasing diversity in peanut oral immunotherapy research and accessibility. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2021, 9, 2132-2133.	3.8	3
16	Peanut Immunotherapy: Practical Applications. <i>Current Treatment Options in Allergy</i> , 2021, 8, 242-260.	2.2	0
17	Shorter time to peanut introduction can prevent peanut allergy and avert false Ara h 2 screening results in infants. <i>Journal of Allergy and Clinical Immunology</i> , 2021, 148, 274-275.	2.9	1
18	Heterogeneity in Parent Preferences for Peanut Desensitization Therapy. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2021, 9, 3459-3465.	3.8	1

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19	Current Insights into Immunotherapy Approaches for Food Allergy. <i>ImmunoTargets and Therapy</i> , 2021, Volume 10, 1-8.	5.8	12
20	An extended proportional hazards model for interval-censored data subject to instantaneous failures. <i>Lifetime Data Analysis</i> , 2020, 26, 158-182.	0.9	5
21	A 5-year summary of real-life dietary egg consumption after completion of a 4-year egg powder oral immunotherapy (eOIT) protocol. <i>Journal of Allergy and Clinical Immunology</i> , 2020, 145, 1292-1295.e1.	2.9	12
22	Sublingual and Patch Immunotherapy for Food Allergy. <i>Immunology and Allergy Clinics of North America</i> , 2020, 40, 135-148.	1.9	17
23	Induction of sustained unresponsiveness after egg oral immunotherapy compared to baked egg therapy in children with egg allergy. <i>Journal of Allergy and Clinical Immunology</i> , 2020, 146, 851-862.e10.	2.9	53
24	Dosing, safety, and quality of life after peanut immunotherapy trials: A long-term follow-up study. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2020, 8, 2805-2807.	3.8	13
25	Common food allergens and cross-reactivity. <i>Journal of Food Allergy</i> , 2020, 2, 17-21.	0.2	9
26	Evaluation of daily patch application duration for epicutaneous immunotherapy for peanut allergy. <i>Allergy and Asthma Proceedings</i> , 2020, 41, 278-284.	2.2	7
27	Long-Term Safety Behaviors and Receipt of Specialized Allergy Care Following Oral or Sublingual Immunotherapy. <i>Journal of Allergy and Clinical Immunology</i> , 2020, 145, AB84.	2.9	0
28	Long-term, open-label extension study of the efficacy and safety of epicutaneous immunotherapy for peanut allergy in children: PEOPLE 3-year results. <i>Journal of Allergy and Clinical Immunology</i> , 2020, 146, 863-874.	2.9	63
29	Sublingual immunotherapy for food allergy and its future directions. <i>Immunotherapy</i> , 2020, 12, 921-931.	2.0	21
30	Improvements in eliciting dose across baseline sensitivities following 12 months of epicutaneous immunotherapy (EPIT) in peanut-allergic children aged 4 to 11 years. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2020, 8, 3219-3221.	3.8	8
31	Food allergy immunotherapy: Oral immunotherapy and epicutaneous immunotherapy. <i>Allergy: European Journal of Allergy and Clinical Immunology</i> , 2020, 75, 1337-1346.	5.7	57
32	Low-risk infants may still benefit from allergenic food consumption. <i>Journal of Allergy and Clinical Immunology</i> , 2020, 145, 1305.	2.9	5
33	Development and acceptability of a shared decision-making tool for commercial peanut allergy therapies. <i>Annals of Allergy, Asthma and Immunology</i> , 2020, 125, 90-96.	1.0	36
34	Immunotherapy approaches for peanut allergy. <i>Expert Review of Clinical Immunology</i> , 2020, 16, 167-174.	3.0	13
35	High- and low-dose oral immunotherapy similarly suppress pro-allergic cytokines and basophil activation in young children. <i>Clinical and Experimental Allergy</i> , 2019, 49, 180-189.	2.9	45
36	Estimated risk reduction to packaged food reactions by epicutaneous immunotherapy (EPIT) for peanut allergy. <i>Annals of Allergy, Asthma and Immunology</i> , 2019, 123, 488-493.e2.	1.0	25

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37	Long-term sublingual immunotherapy for peanut allergy in children: Clinical and immunologic evidence of desensitization. <i>Journal of Allergy and Clinical Immunology</i> , 2019, 144, 1320-1326.e1.	2.9	90
38	Estimating the Probability of Tolerating Each Challenge Dose of Peanut Protein at Exit Double-Blind, Placebo-Controlled Food Challenge: Results from a Phase 3, Randomized, Double-Blind, Placebo-Controlled Trial (PALISADE) of AR101. <i>Journal of Allergy and Clinical Immunology</i> , 2019, 143, AB262.	2.9	1
39	Epicutaneous Immunotherapy (EPIT) for Peanut Allergy in Young Children. <i>Journal of Allergy and Clinical Immunology</i> , 2019, 143, AB247.	2.9	1
40	Effect of Epicutaneous Immunotherapy vs Placebo on Reaction to Peanut Protein Ingestion Among Children With Peanut Allergy. <i>JAMA - Journal of the American Medical Association</i> , 2019, 321, 946.	7.4	206
41	Back to Life, Back to Reality – What Happens after Peanut Immunotherapy? A Long-Term Follow up Study on Perceptions of Safety and Lifestyle. <i>Journal of Allergy and Clinical Immunology</i> , 2019, 143, AB246.	2.9	0
42	Update on peanut allergy: Prevention and immunotherapy. <i>Allergy and Asthma Proceedings</i> , 2019, 40, 14-20.	2.2	14
43	The importance of reducing risk in peanut allergy: Current and future therapies. <i>Annals of Allergy, Asthma and Immunology</i> , 2018, 120, 124-127.	1.0	18
44	Interventional Therapies for the Treatment of Food Allergy. <i>Immunology and Allergy Clinics of North America</i> , 2018, 38, 77-88.	1.9	4
45	Efficacy and Safety of AR101 in Oral Immunotherapy for Peanut Allergy: Results of ARCO01, a Randomized, Double-Blind, Placebo-Controlled Phase 2 Clinical Trial. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2018, 6, 476-485.e3.	3.8	153
46	Assessing the validity of an IRB approved REDCap web based clinical trials recruitment registry. <i>Journal of Allergy and Clinical Immunology</i> , 2018, 141, AB257.	2.9	0
47	Characteristics of Preschool-Aged Children Currently Enrolled in a Phase II Double Blind Placebo Controlled Study of Peanut Sublingual Immunotherapy. <i>Journal of Allergy and Clinical Immunology</i> , 2018, 141, AB263.	2.9	0
48	AR101 Oral Immunotherapy for Peanut Allergy. <i>New England Journal of Medicine</i> , 2018, 379, 1991-2001.	27.0	518
49	Impact of Irradiation on the Protein Content and Microbial Levels of Sesame Seed Flour for use in Oral Immunotherapy. <i>Journal of Allergy and Clinical Immunology</i> , 2018, 141, AB241.	2.9	0
50	Recurrent anaphylaxis during cardiac catheterization due to ethylene oxide. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2018, 6, 2148-2150.	3.8	6
51	Study design with staggered sampling times for evaluating sustained unresponsiveness to peanut sublingual immunotherapy. <i>Statistics in Medicine</i> , 2018, 37, 3944-3958.	1.6	2
52	Early Introduction of Allergenic Foods is Safe and May Be Beneficial. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2017, 5, 531-532.	3.8	0
53	Triggers of oral lichen planus flares and the potential role of trigger avoidance in disease management. <i>Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology</i> , 2017, 124, 248-252.	0.4	15
54	Early oral immunotherapy in peanut-allergic preschool children is safe and highly effective. <i>Journal of Allergy and Clinical Immunology</i> , 2017, 139, 173-181.e8.	2.9	299

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55	Peanut Allergy: New Developments and Clinical Implications. <i>Current Allergy and Asthma Reports</i> , 2016, 16, 35.	5.3	4
56	The Efficacy of AR101, a Peanut-Derived Pharmaceutical for Oral Immunotherapy (OIT), Is Maintained and Tolerability Is Increased with Low-Dose Maintenance Therapy. <i>Journal of Allergy and Clinical Immunology</i> , 2016, 137, AB408.	2.9	5
57	High Rate of Sustained Unresponsiveness with Early-Intervention Peanut Oral Immunotherapy. <i>Journal of Allergy and Clinical Immunology</i> , 2015, 135, AB155.	2.9	2
58	Immunological Basis of Food Allergy (IgE-Mediated, Non-IgE-Mediated, and Tolerance). <i>Chemical Immunology and Allergy</i> , 2015, 101, 8-17.	1.7	8
59	Oral and Sublingual Immunotherapy. <i>Current Treatment Options in Allergy</i> , 2014, 1, 48-57.	2.2	1
60	Managing food allergy in childhood. <i>Current Opinion in Pediatrics</i> , 2012, 24, 615-620.	2.0	13
61	Increased peanut-specific IgA levels in saliva correlate with food challenge outcomes after peanut sublingual immunotherapy. <i>Journal of Allergy and Clinical Immunology</i> , 2012, 129, 1159-1162.	2.9	89
62	Sublingual immunotherapy for peanut allergy: Clinical and immunologic evidence of desensitization. <i>Journal of Allergy and Clinical Immunology</i> , 2011, 127, 640-646.e1.	2.9	324
63	Clinical Characteristics of Peanut-Allergic Children: Recent Changes. <i>Pediatrics</i> , 2007, 120, 1304-1310.	2.1	61
64	Immunoglobulin variable-region diversity in the zebrafish. <i>Immunogenetics</i> , 2000, 52, 81-91.	2.4	51