

## Foreword



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*Consulting Editor*

Anaphylaxis is one of the most dramatic acute medical conditions that the medical professional deals with. Its treatment, especially its prevention, remains an important challenge. No other medical specialty deals with anaphylaxis as much as the allergy and immunology subspecialty. Immunotherapy, one of the most important therapeutic interventions of our subspecialty, is inherently linked to the risk of anaphylaxis. Preventive measures work well when the trigger is known, as in the case of immunotherapy. When the trigger is unknown, as in idiopathic anaphylaxis, the preventive intervention becomes seriously limited. Thus, the identification of etiologic factors for anaphylaxis remains a major challenge.

We have a new trend in drug development in the pharmaceutical industry. Instead of the archetypal small molecule–based drug discovery approach, the companies are increasingly focusing on development of antibody-based biologics. The introduction of biologics, especially, the antibody-based therapies, has increased the risk of iatrogenic anaphylaxis in the patient population. This biologics-based treatment calls for an added anaphylaxis surveillance. Some of these biologics have been reported to induce a delayed anaphylaxis outside the typical time frame of an immediate hypersensitivity reaction. The mechanism is unclear and needs further investigations. Because of the increasing prevalence, anaphylaxis is a timely topic and deserves a dedicated issue of this journal. We have invited recognized experts in the field, led by Dr. Phil Lieberman, who has dedicated his entire professional life to expanding our knowledge on anaphylaxis. The updated information on epidemiology, etiologic factors, pathophysiology, and the management of anaphylaxis should benefit

not only allergy and immunology specialists but all clinicians and health care providers.

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