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# Definition, aims, and implementation of GA<sup>2</sup>LEN/HAEi Angioedema Centers of Reference and Excellence

To the Editor,

GA<sup>2</sup>LEN, 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 GA<sup>2</sup>LEN'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). GA<sup>2</sup>LEN'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 GA<sup>2</sup>LEN/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.<sup>1</sup>

This document summarizes the aims of GA<sup>2</sup>LEN/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<br>mediator |
|--------------------------------|----------------|---|--|---|--|---------------------|
| C1-INH det                     | ficiency/      | C1-INH normal   |  | IgE mediated  | Non-IgE mediated   |                     |
| Inherited                      | Acquired       | Inherited   | Acquired   |   |  |                     |
| HAE-1<br>HAE-2                 | AAE-C1-<br>INH | HAE nC1-INH (HAE-<br>FXII, HAE-ANGPTI,<br>HAE-PLG, HAE-<br>KNG1, HAE-UNK) | AE due to medication<br>that interferes with<br>BK degradation, eg<br>ACEi | Angioedema with or<br>without wheals in<br>patients with urticaria<br>Anaphylaxis | Angioedema with or<br>without wheals in<br>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<br>GAYLEN/NASI ACARSI and interaction with other<br>ACARSI.   | Letter of intent to serve as a GA*LEN/NAC!<br>ALARS auditor and to contribute to ALARS<br>setwork activities, projects, and meetings                             | 0 0     | A    |
|-----|---|--|--|---------|------|
| 15. | "Never give up" attitude  | Staff needs to exhibit high motivation to help<br>angioedenia patients and show understanding that<br>they may be the lest recent of patients. Staff needs to<br>convey to patients, that they are in good care and that<br>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<br>international guidelines' and<br>consensus documents' for      | All center staff members need to know the current<br>vendors of these international guidelines and their<br>semesponding national guidelines, if available. Center<br>approach to analosolema needs to be based on   | International guidelines and consensus<br>documents for angioedema are present<br>(paper / electronic sersion <sup>1,2</sup> )                                   | 0 0     |      |
|     | angioedema  | approach to angloedema needs to be based on<br>guideline recommendations.  | Center staff can answer questions on<br>guideline recommendations  | 0 0     | A    |
|     |   |  | Center physicians can show, by use of a<br>patient file, that management decision are<br>based on guideline recommendations                                      | 0 0     |      |
| 37. | Knowledge and use of current<br>nomenclature and classification of<br>angioedensa               | Center staff needs to knew and use the current<br>angloedema classification and nomenclature   | Evidence that stelf uses current,<br>angioedema nonnecolature and<br>classification <sup>17</sup> , e.g. by interview and/or<br>patient file review.             | 0 0     | А    |
| 18. | Knowledge and use of guided<br>history taking/becomesis   | Structured history taking by center physicians is<br>eccertial and a shecklist can facilitate this   | Checklist for history taking needs to be<br>present and used as evidenced by<br>interview or ongoodems patient file<br>toview.                                   | 0 0     |      |
| 39. | Knowledge and use of differential<br>chagnostic 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<br>be present and used as endenced by<br>interview or angioedoma partient file<br>traview.                           | 0 0     | A    |
| 30. | Standardood assessments and<br>monitoring of disease activity,<br>impact and central of disease | The use of instruments for assessing disease activity,<br>impact and control allows for standardized<br>measurements and monitoring of patients can help to<br>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<br>80% of recurrent assignment outliness  |         |      |
| 21. | identification of camorbidities and<br>underlying causes  | Center needs to have access to and use measures to<br>identify committed and causes of chronic recurrent<br>angloedems, for example C3 inhibitor testing and<br>genetic testing.   | Evidence that diagnostic measures for<br>angioedenia comorbidities and underlying<br>sauces are used, e.g. C4 and C1 inhibitor<br>tests, genetic testing         | 0 0     | ٨    |
| 22. | Family screening and pedigree charting  | In patients with hereditary angioedema, all finz-<br>degree family members need to be screened and a   | Standardized documentation of family<br>screening and pedigree charting  |         |      |
|     |   | pedigree (a family tree) needs to be prepared. SOPs<br>are needed as is the use of appropriate instruments.<br>for pedigree charting and updating.   | instrument / techniques are assilable and used as evidenced by patient file reviews  | 0 0     | А    |
| 25. | Knowledge and use of therepositic algorithm   | Content physicians need to knew and apply therapeutic guideline algorithms.  | Evidence that stell uses current,<br>therapeutic algorithms for the treatment<br>of pariests with angioediniss, e.g. by<br>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/resource, doly life issues can help to optimize angloodens management.   | Evidence that angioedema gaslents<br>receive courseling, e.g. by interview<br>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<br>on enginedome, especially on pelhogenesis, for<br>example by participation in journal club, attending<br>annual meetings of scientific accieties, membership in<br>scientific acceptance.   | Syldence of knowledge of the current<br>anginedense literature, e.g. by interview.                                      | 0 0     | Α    |
| 35. | Scientific activity                   | Angloedema research activities in basic science,<br>clinical science, translational science, epidemiology,<br>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<br>angiaedensa per year per center physician.  | 0 0     | A    |
| 28. | Clinical trials                       | Conter needs to participation in clinical trials, pharma-<br>and/or investigator-initiated, diagnostic and/or<br>thenipeutic trials on angioedema  | 8.5 trials in angioedema per year por<br>center physician   | 0 0     | A    |
| 29. | Participation in registry             | Registries can help to better understand angioedensa.<br>Center needs to participate in international, national,<br>and/or regional registry activities, e.g., CURE*   | Evidence that center extest data on<br>angrecitime patients in a registry   |         | А    |
|     |                                       |  |   |         |      |
|     |                                       | Education  |   |         |      |
|     | Requirement                           | Education<br>Engineerion   | Deliverable(s)  | Yes /No | Curt |
| 93. | Requirement<br>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 of the process of th | Evidence of 1 educational activity on<br>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 and physicians who are patients as the angiocolorus, e.g. energy in partitioners and family physicians, and of weekled students, readers, selferts, and the general public.   | Evidence of 1 educational activity on<br>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<br>anglocoloma per year for physicians and I<br>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 GA<sup>2</sup>LEN 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 GA<sup>2</sup>LEN 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 GA<sup>2</sup>LEN UCARE network and (b) input from angioedema patients, general practitioners, and angioedema specialists.

What are the aims of GA<sup>2</sup>LEN/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 GA<sup>2</sup>LEN/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/GA<sup>2</sup>LEN/EDF/WAO guideline for urticaria, the International/Canadian hereditary angioedema guideline, <sup>2-5</sup> 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, <sup>6</sup> and the international consensus and practical guidelines on the gynecologic and obstetric management of female patients with hereditary angioedema caused by C1 inhibitor deficiency. <sup>7</sup> 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 GA<sup>2</sup>LEN/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 GA<sup>2</sup>LEN UCARE centers and many angioedema specialty centers will become ACAREs in the near future. We predict and hope that by 2022, GA<sup>2</sup>LEN/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. GA<sup>2</sup>LEN 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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## REFERENCES

- Perego F, Wu MA, Valerieva A, et al. Current and emerging biologics for the treatment of hereditary angioedema. Expert Opin Biol Ther. 2019;19(6):517-526.
- Betschel S, Badiou J, Binkley K, et al. The International/Canadian hereditary angioedema guideline. Allergy Asthma Clin Immunol. 2019;15:72.
- Farkas H, Martinez-Saguer I, Bork K, et al. International consensus on the diagnosis and management of pediatric patients with hereditary angioedema with C1 inhibitor deficiency. Allergy. 2017;72(2): 300-313.
- Maurer M, Magerl M, Ansotegui I, et al. The international WAO/ EAACI guideline for the management of hereditary angioedema-the 2017 revision and update. World Allergy Organ J. 2018;11(1):5.
- Zuberbier T, Aberer W, Asero R, et al. The EAACI/GA(2)LEN/EDF/WAO guideline for the definition, classification, diagnosis and management of urticaria. *Allergy*. 2018;73(7):1393-1414.
- Germenis AE, Margaglione M, Pesquero JB, et al. International consensus on the use of genetics in the management of hereditary angioedema. J Allergy Clin Immunol Pract. 2020;8:901-911.
- Caballero T, Farkas H, Bouillet L, et al. International consensus and practical guidelines on the gynecologic and obstetric management of female patients with hereditary angioedema caused by C1 inhibitor deficiency. J Allergy Clin Immunol. 2012;129(2):308-320.

## SUPPORTING INFORMATION

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