Conclusion: This survey helps to better understand the current demographic profile of patients living with HAE. However, data interpretation is limited due to uncertainty of necessary sample size required to be representative of the true population. Overall, our results demonstrate that HAE patients can be found across Canada and that the majority of patients in this survey are aware of their diagnosis.

TP0731 | Real world data of Canadian's living with hereditary angioedema: Part 2- attack profile

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Background: Hereditary Angioedema (HAE) is a rare genetic disorder that is characterized by episodes of unpredictable painful swelling in different body parts. To better understand the challenges of Canadians living with HAE our objective was to gather real world data that will provide insight into the attack profiles of a HAE patient.
Method: In 2017-2018, the first National Canadian HAE survey was electronically sent to all HAE Canada members. The following data were based solely on adult participants.
Results: Among 104 participants with HAE they reported a diagnosis of: Type 1 or 2 C1-inhibitor protein deficiency (60%), HAE with normal C1-inhibitor (26%), acquired angioedema (4%), and unsure of diagnosis (10%). In the last year, 78% were symptomatic, 11% were asymptomatic, and 11% were unsure. Regarding the frequency of attacks: 61% had 7 or more attacks, 22% had 1-6 attacks, 6% had no attacks, and 10% were unsure. Identifiable attack triggers vary from stress (87%), typing/writing (78%), trauma (70%), illness (61%), medical procedures (61%), anxiety (55%), and Ace Inhibitors (6%). Other factors that increase HAE symptoms include menopause (9%), estrogen contraceptives (33%), and menstruation (47%). To treat these attacks, 84% use an agent, compared to 16% who do not.
Conclusion: Our findings demonstrate the majority of participants are knowledgeable in identifying their triggers and managing their attacks. Results show improvements are necessary for proper diagnosis and awareness of the disease. Since the number of individuals living with HAE is estimated, our data are limited to the respondents and may not represent the broader Canadian HAE population.

TP0732 | Co-existence of type 3 hereditary angioedema and polycystic ovary syndrome

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Case report: An adolescent patient with the signs of oligomenorrhea with irregular menstruations, obesity, hirsutism and acanthosis nigricans was diagnosed with polycystic ovary syndrome (PCOS) and prescribed ethinyl estradiol & cyproterone acetate containing oral contraceptive (OC). At 16th day of treatment, the patient developed angioedema starting from the left periorbital area spreading to the face, neck and chest and leading to dyspnea. Adrenaline, antihistamine and corticosteroid treatments were ineffective. In the family history, the patient's mother and 2 cousins also had angioedema attacks. C1 esterase inhibitor concentrate was administered with a diagnosis of hereditary angioedema. C4 level, C1 esterase inhibitor level and activity were normal. In genetic analysis, a heterozygote Thr328Lys mutation on Exon 9 was identified and a diagnosis of type 3 HA was considered. Then the patient treated with metformin for obesity and OC with only progesterone for PCOS. She has had no additional angioedema attacks in the follow-up period up till now.
Conclusion: Oral contraceptives with estrogen may induce the life-threatening first attack of HA type 3. Personal or family history of angioedema should be checked before prescribing OCs. HA patients should also be informed about factors triggering angioedema.

TP0733 | Impact of the body mass index in patients with mastocytosis

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Background: The BMI is an attempt to quantify the amount of tissue mass (muscle, fat, and bone) in an individual, and then categorize that