Table E2. Evidence table systematic reviews (SCIT + SLIT)

	Abramson, 2010[16]	**Calamita, 2006[29]**	**Penagos, 2008[32]**
Study design	Cochrane systematic review, consisting of 90 RCT's. 14 RCT's were carried out in children only; 24 were done in children and adults. The total study population (children and adults) consisted of 3.792 patients (of whom 3.459 had asthma)	Systematic review, consisting of 25 RCT's. Only 9 RCT's were carried out in children only. The total study population consisted of 1.706 patients (adults and children, with asthma and/or rhinitis)	Systematic review, consisting of 9 RCT's, all carried out in children. The total study population comprised 441 patients with asthma (seasonal, mild, moderate, and persistent)
Age (mean)	Not specified, variation between included studies	Not specified, there is a limited description of the characteristics of the included studies	Range specified per study, total range: 4-17 years
Setting (in RCT's)	-	-	-
Diagnosis (asthma/rhinitis)	Asthma	Asthma and rhinitis	Asthma
Eligibility criteria	RCT's, patients with asthma, allergen specific subcutaneous immunotherapy (administration of extracts of house dust mites, pollens, animal danders or molds, chemically modified allergoids or antigen-antibody complexes)	RCT's, double blinded, and open studies, patients with asthma and/or rhinitis, sublingual immunotherapy (with or without swallowing, all types of allergen, all doses, all lengths of treatment)	RCT's, double blinded, placebo controlled, patients ≤ 18 years, with a history of allergic asthma, with identified causal allergen, and proven IgE sensitization. Sublingual immunotherapy (with or without swallowing, all types of allergen, all doses, all durations of treatment)
Type of immunotherapy	Subcutaneous immunotherapy (variation of allergen abstracts in different included studies)	Sublingual immunotherapy, mainly pollen and mite	Sublingual immunotherapy, mainly mites
Intervention	Subcutaneous immunotherapy	Sublingual immunotherapy, mainly pollen and mite	Sublingual immunotherapy (mainly mites, further: O europaea, Holcus, P pretense *Dermatophagoides pteronyssinus*, grass mix), great variation in duration, range: 3-32 months
Control	Placebo	Placebo	Placebo
Primary outcomes	Asthmatic symptoms Asthma medication requirements Lung function Nonspecific bronchial hyper-reactivity Allergen specific bronchial hyper-reactivity	Asthmatic symptoms (symptom score) Asthmatic medication requirement Respiratory function tests (PEFR, FEV_1, FEF25-75%) Nonspecific bronchial provocation Adverse effects	Asthma symptoms Medication scores
Secondary outcomes	Local reactions Systemic reactions	-	

Comment	The results have not been presented separately for children in the review. We conducted new suitable meta-analyses.	The authors mentioned they used the Cochrane Collaboration method	-

Abbreviations: FEF25-75: maximum mid expiratory flow; FEV_1: forced expiratory volume in 1 second; PEFR: peak expiratory flow rate; RCT: randomized controlled trial; SCIT: subcutaneous immunotherapy; SLIT: sublingual immunotherapy