

Supplementary materials

Table S1. Characteristics of the 25 metabolomics studies conducted in children.

| Authors Year Country | Atopic focus Age Group Males, Total (%) | Biospecimen Method Metabolomic Profiling | Study Design Population Ethnicity | No. of Cases | No. of Controls | Diagnostic criteria | Atopy | Use of Medication | Metabolomic Aim |
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| Tao et al.[15] 2019 China | Asthma 6–11 years old 75 (69) | Urine GC-MS Untargeted | Case-control China NR | 37 with uncontrolled asthma 43 with controlled asthma | 29 sex-matched healthy controls | PD, GINA guidelines | Allergy: Mite allergy was reported in 21 with uncontrolled asthma and 26 with controlled asthma. 8 cases were not tested. No mite allergy in controls. AD: NR | 31 cases with uncontrolled asthma and 37 cases with controlled asthma used inhaled corticosteroid (ICS) in the previous 3 days. | Metabolomic profile of asthma vs. healthy, and of different asthma endotypes |
| Park et al.[20] 2017 Korea and the USA | Asthma 6–17 years old 21(70) | Urine LC-MS Untargeted | Case-only USA (Atlanta) White/non-white: 6/24 | 30 with severe asthma: 15 corticosteroid (CS)- respondent 15 CS-nonrespondent | 0 | PD | Allergy and AD: NR | Children were treated with a high-dose inhaled corticosteroid and a second controller medication | Metabolomic profile of CS-respondent vs. CS-non-respondent asthma |
| Assfalg et al.[36] 2012 Italy | Atopic dermatitis 6–10 months old 17(53) | Urine NMR Untargeted | Case-control Italy NR | 20 with AD | 12 age-matched healthy controls | PD according to the United Kingdom working party's criteria | Allergic sensitization: 10 cases (50 %) with positive SPT to cow milk and/or egg allergy. Controls: NR | NR | Metabolomic profile of AD vs. healthy |
| Chiu et al.[18] 2018 Taiwan | Asthma, allergy 1–4 years old 22 (37) | Urine NMR Untargeted | Nested case-control Taiwan NR | 30 diagnosed with asthma at age 4 years. | 30 healthy children without asthma or other atopic conditions | PD Allergen-specific IgE: sensitization was defined as values ≥0.35 kU/L | Children with rhinitis or eczema were excluded. Mite, food, and IgE sensitization and total IgE levels are reported at age 3 years old. AD: NR | NR | Identification of metabolic mechanisms underlying asthma development |
| Mattarucchi et al.[21] 2012 Italy | Asthma 7–17 years old 33 (62) | Urine LC-MS Untargeted | Case-control Italy All Caucasian | 41 atopic asthmatics: 14 with well-controlled symptoms without daily controller drugs and 16 under daily controller | 12 age-matched healthy controls with no history of atopy or respiratory diseases. | PD, GINA guidelines | Allergy and AD: NR | Well-controlled symptoms with use of β -2-agonist as needed (n=14) or use of at least one daily controller drug (n=16). | Metabolomic profile of asthma vs. healthy, and of different asthma endotypes |

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| | | | | drugs. 11 with poorly controlled symptoms despite daily controller drugs and with at least two exacerbations requiring oral CS in the last year | | | | Poorly controlled asthma with at least two daily controller drugs: (n=11) AD: NR | |
| Papamichael et al.[22] 2019 Australia | Asthma 5–12 years old NR | Urine GC-MS, Targeted | Case-only Greece NR | 65 with mild asthma | 0 | PD | Allergy and AD: NR | The majority were taking asthma medication during the past month | Investigate possible relationships between urinary organic acids and pulmonary diagnostic tests |
| Saude et al.[24] 2011 Canada | Asthma 4–16 years old 86 (64) | Urine NMR Targeted | Case-control Canada NR | 73 with stable asthma, 20 with unstable asthma in the emergency department | 42 age- and sex-matched healthy controls | PD Cases were considered atopic on the basis of at least 1 positive SPT to a panel of common aeroallergens | Allergic sensitization: 73% of cases (n=68) were atopic: n=55 with stable asthma and n=13 with unstable asthma. NR for controls AD: NR | Use of ICS in n=51 with stable asthma and n=9 with unstable asthma | Metabolomic profile of asthma vs. healthy, and of different asthma endotypes |
| Turi et al.[33] 2019 USA | Wheeze Infants followed up at age 1, 2, and 3 years old 52 (37) | Urine NMR Untargeted | Nested case-control USA White/Black/Hispanic/Other (%): 69/13/11/7 | 80: 70 with respiratory syncytial virus infection (RSV) and 10 with human rhinovirus (HRV) | 60 healthy controls | Recurrent wheeze defined as ≥ 3 wheezing events in the last year, or wheeze with the use of asthma medications in the past year based on parental report | Allergy and AD: NR | NR | Metabolomic profile of RSV vs. HRV infection, and of who do and do not wheeze in early childhood after respiratory infection in infancy |
| Carraro et al.[19] 2018 Italy | Wheeze/asthma 2–5 years old NR | Urine LC-MS Untargeted | Case-control Italy NR | 32 with recurrent wheezing. During the 3 years follow up: 16 were classified with transient wheezing, and 16 were classified with early-onset asthma | 13: with no history of allergic or respiratory diseases. No wheezing symptoms during follow up. | PD, GINA. Early-onset asthma was defined as an experience of recurrent asthma-like symptoms during the past year and use of daily ICS for at least 6 months. SPT | Early-onset asthma group: 11 with allergic sensitization, 3 with FA, and 3 with AR. Transient wheezing group: 4 with allergic sensitization, 1 with FA, and 0 with AR. AD in 4 with early-onset asthma and 2 | Early-onset asthma: 5 used ICS and 3 used Montelukast. Transient wheezing group: 3 used ICS and 2 used Montelukast. | Metabolomic profile of transient wheezing vs.early-onset asthma |

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| | | | | | | | | | with transient wheezing group Allergy and AD in controls: NR |
| Chawes et al.[30] 2019 Denmark/Italy | Asthma 4 weeks–7 years old NR | Urine UPLC-MS Untargeted | Two cohorts (COPSAC) Denmark NR | 20 and 49 in the two cohorts respectively developed wheeze/asthma during the first 6 years of life | 151 and 112 healthy children in the two cohorts, respectively, did not develop wheeze/asthma during the first 6 years of life | PD. Persistent wheeze (0–3 y)/asthma (>3 y) was diagnosed based on a validated quantitative symptom-based algorithm. | Allergy and AD: NR | No use of medication before urinary samples were collected | Development of persistent wheeze/asthma in the first 6 years of life in children born to mothers with asthma |
| Barlotta et al.[32] 2019 Italy | Wheeze <1 year old. Follow up until 2 years after an episode of bronchiolitis 49 (64) | Urine LC-MS Untargeted | Nested case-control Italy NR | Of 52 infants with bronchiolitis, 17 developed recurrent wheezing, 11 experienced 1 or 2 episodes of wheezing, and 24 did experience wheezing episodes during the 2 years of follow up | 24 healthy infants with no history of bronchiolitis < 1 year | PD. Recurrent wheezing was defined as ≥3 episodes of | Allergy: NR AD: in 11 cases (21%): 4 with no wheezing, 6 with recurrent wheezing, 1 with 1 of 2 wheezing episodes. NR for controls | NR | Metabolomic profile of infants with acute bronchiolitis who will subsequently develop recurrent wheezing from those who will not. |
| Arrieta et al.[35] 2015 Canada | Wheeze, allergy, 3–12 months old 21 (60) | Urine UPLC-MS and GC-MS, Untargeted | Nested case-control Canada NR | 19 with wheeze and allergy | 16 healthy controls | Wheeze and AD are either diagnosed by clinicians or non-clinicians by questionnaire during the first year of life. SPT: classified as atopic if the development of a wheal ≥2 mm for any of 10 specific allergens occurred. | Allergic sensitization: All cases were atopic. AD: 3 cases (16%) and 1 control (6%) at age 3 months and 11 cases (58%) and 8 controls (50%) at age 1 year old. | 8 cases (48%) and 1 control (6%) used antibiotics during the first year of life. | Metabolic profile of infants with wheeze and allergy vs. healthy infants |
| Quan-Jun et al.[23] 2017 China | Asthma 1–12 years old 56 (48) | Urine and serum NMR Untargeted | Case-control China NR | 69 inpatient children with asthma during acute exacerbation without the usage of any topical or systemic CS or β-2-agonist treatment in the previous 3 months | 48 age- and sex-matched asthmatic controls with the usage of asthma medication. | PD | Allergy and AD: NR | During the study, a total of 37, 31, and 47 cases used procaterol, montelukast, and antibiotics, respectively. 31 controls were treated with antibiotics. | Metabolomic profile of combined treatment with ICS and β-2-agonist of children with asthma during acute exacerbation |

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| Chiu et al.[38] 2020 Taiwan | Asthma, allergy 3–5 years old 35 (65) | Urine and plasma NMR Untargeted | Case-control NR NR | 28 with asthma | 26 healthy children without atopic conditions | PD: based on the guidelines of the Global Initiative for Asthma. Serum total IgE. Allergic sensitization is defined as allergen- specific IgE levels \geq 0.35 kU/L to any of the 4 allergens. | Allergic sensitization: Mite allergy: 19 cases (68%) and 5 controls (19%). Food allergy: 15 cases (54%) and 7 controls (27%) IgE>100 kU/L: 14 cases (50%) and 2 controls (8%) AD: NR | NR | Metabolomic profile of asthma vs. healthy and children with mite, food, and IgE sensitization vs. without sensitization |
| Kelly et al.[25] 2018 USA | Asthma 6 to 14 years 190 (59) | Plasma LC-MS Untargeted | Case-only Costa Rica All Hispanic/Latino | 325 with mild-to- moderate asthma | 0 | PD: \geq 2 episodes of respiratory symptoms or asthma attacks in the prior year. | Allergy and AD: NR | 297 (91,4 %) used controller treatment: either oral or inhaled steroids, prednisone, long-acting inhaled β 2-agonists, or leukotriene inhibitors/modifiers | Identify metabolites associated with asthmatic lung function |
| Kelly et al.[26] 2018 USA | Asthma 6-10 years old 113 (48) | Plasma UPLC-MS and /or GC- MS, Untargeted | Nested case-control USA White/Black/Ot-her (%) 57/24/19 | 46 with current asthma | 191 without asthma | Maternal report of ever diagnosed with asthma by a healthcare professional and either taking asthma medications or experienced wheezing symptoms in the past year. Allergen sensitization was defined as any specific IgE level \geq 0.35 IU/ml to common allergens | Allergen sensitization: 215 of 237 were tested. Sensitization to any common allergen was found in 28 cases (61%) and in 86 controls (45%) AD: NR | The majority (80%) of children with current asthma were taking ICS. | Metabolomic profiles of asthma vs. healthy |
| Kelly et al.[27] 2017 USA | Asthma 6-14 years old 226 (60) | Plasma LC-MS Untargeted | Case-only Costa Rica All Hispanic | 380: The majority of children were defined as mild to moderate asthmatics | 0 | PD: \geq 2 respiratory symptoms or asthma attacks in the prior year. | Allergy and AD: NR | 346 (91%) were on some form (inhaled or oral) of regular controller treatment | Metabolomic profile of asthmatic children by their degree of lung function |
| Fitzpatrick et al.[28] 2014 USA | Asthma 6-17 years old 35 (61) | Plasma LC-MS Untargeted | Case-only USA (Atlanta) Nonwhite: 48 (84%) | 22 with mild to moderate asthma | 0 | PD. Total serum IgE. | AR: 91% of mild-to- moderate asthma (n=20) and 100% of | Severe refractory asthma: use of high-dose ICS and long-acting β -2-agonist. | Metabolomic profile of mild to moderate |

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| | | | | 35 with severe refractory asthma | | | | severe refractory asthma (n=35). AD: 50% of mild-to-moderate asthma (n=11) and 60% of severe refractory asthma (n=21) | Mild-to-moderate asthma: use of ICS or ICS/long-acting β -2-agonist combination therapy. | asthma vs. severe refractory asthma |
| McGeachie et al.[14] 2015 USA | Wheeze, asthma 1-18 years old 13 (65) | Plasma LC-MS Targeted | Case-only USA 100 % self-reported European ancestry | 8 with use of β -2-agonist and 12 with no use of β -2-agonist in the week preceding blood is drawn | 0 | | PD. Self-reported use of β -2-agonist inhalers in the week preceding blood drawn. | AR: 7 with use of β -2-agonist (88%) and 6 without (50%) FA: 2 with use of β -2-agonist (25%) and 4 without (33%). Eczema: 5 with use of β -2-agonist (63%) and 5 without (42%) | Use of ICS in the past week: 50% in the children who used β -2-agonist (n=4) and 42 % in the group who did not (n=5) | Metabolic profile of asthmatics with use of β -2-agonist vs. without |
| Checkley et al.[29] 2016 USA | Asthma 9-19 years old 57 (57) | Serum LC-MS Targeted | Nested case-control Peru NR | 50 with current asthma | 49 with no prior history of asthma and with normal lung function. | | PD or self- or parental-report of wheezing or use of asthma medications in the past year. Atopy: the presence of IgE antibodies to any of three allergen panels. | Allergic sensitization: 42 cases and 27 controls AD: NR | 4 out of 48 used ICS, and 12 out of 48 used β -2-agonist in the prior year. Data is missing in 2 cases. | Metabolic profile of asthma vs. healthy. |
| Huang et al.[37] 2014 China | Atopic dermatitis 3 months-3 years old 40 (62) | Serum LC-MS, Untargeted and targeted | Case-control China NR | 19 AD patients with high IgE levels 23 AD patients with normal IgE levels | 23 | | AD was diagnosed according to Hanifin and Rajka diagnostic criteria. | Controls: all with normal IgE levels | NR | Metabolic profile of AD vs. healthy and of children with AD high vs. normal IgE levels |
| Crestani et al.[16] 2019 USA | Asthma, allergy 1-12 years old (cases). Controls up to 18 years old 70 (56) | Serum UPLC-MS Untargeted | Case-control USA White/Hispanic/ African American/Asian/Other or not available: 51/33/27/5/9 | 35 with asthma: intermittent, mild persistent or moderate persistent 35 with FA 35 with both asthma and FA | 20 controls without AD or FA | | Asthma diagnosis was based on a validated questionnaire and American Thoracic Society criteria. The diagnosis of FA was made by the | AR: in 27 with asthma (77%), in 23 with FA (67%), and in 30 with both asthma and FA (86%). AD: in 8 with asthma (23%), in 21 with FA (60%), and in 20 with | NR. However, exclusion criteria were use of steroids, immunosuppressive medications, and use of antibiotics within the previous 6 weeks | Metabolomic profile of asthma vs. healthy and of FA with/without asthma vs. healthy. |

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| | | | | | | treating physician and was based on a combination of positive IgE test results (SPT, specific IgE, or both) | both asthma and FA (57%). | | |
| Chiu et al.[17] 2019 Taiwan | Asthma, allergy 4-7 years old 50 (59) | Stool NMR Untargeted | Case-control Taiwan 100 % same ethnic and geographical region | 34 with asthma 27 with rhinitis | 24 healthy controls without a history of asthma or other atopic conditions | PD Allergen-specific IgE, kU/L to mite, egg white, and cow milk. Total fecal and total serum IgE kU/L | Allergic sensitization: Mean values of allergic sensitization to mite, egg white, and cow milk, and total fecal IgE level and total serum IgE level are reported in the original article. AD: NR | NR. But no probiotics or antibiotics therapy for at least 4 weeks before the sampling. | Metabolomic profile of rhinitis vs. asthma and compared to healthy controls. |
| Lee-Sarwar et al.[31] 2019 USA | Asthma 3 years old 203 (56) | Stool MS Untargeted | Nested case-control NR Black/White/Hispanic or other (%): 45/20/36 | 85 with asthma | 276 without asthma | Parental report of a physician's diagnosis of asthma in the child's first 3 years of life | Allergic sensitization: in 49 with asthma (58%) and in 96 controls (35%). Eczema in 38 with asthma (45%) and in 62 controls (22%) | Recent use of ICS and/or systemic CS in the prior 3 months: 25 with asthma (29%) and 6 controls (2%) | Metabolomic profile of asthma vs. healthy |
| Carraro et al.[34] 2018 Italy | Wheeze Unborn, follow up at age 1 year 76 (53) | Amniotic fluid LC-MS and LC-MSE, Untargeted | Nested case-control The Netherlands NR | 86 experienced at least 1 episode of wheezing in their first year | 56 with no history of wheezing in their first year | Parental report at age 1 year: Parents were asked to record their children's respiratory symptoms (including wheezing) in a daily log. | Allergy: NR. But atopic parents: n=46 in the wheezing group and n=35 in the control group AD: NR | NR | Identify metabolites at birth associated with subsequent onset of wheezing during the first year of life. |

Abbreviations: MS: mass spectrometry; LC: liquid chromatography; GC: gas chromatography; NMR: nuclear magnetic resonance; UPLC: Ultra performance liquid chromatography GINA: Global Initiative for Asthma; CS: corticosteroid; ICS: inhaled corticosteroid; NR: not reported; AD: atopic dermatitis; PD: physician-diagnosed; SPT; skin prick test; FA: food allergy; AR: allergic rhinitis; IgE: Immunoglobulin E; RSV: respiratory syncytial virus; HRV: human rhinovirus.

Table S2. PubMed database search.

A systematic search string was conducted by a combination of blocks of identified keywords and MeSH terms related to 'atopy' (asthma, allergy or atopic dermatitis), 'metabolomics' and 'children': *"Asthma" OR "Allergy" OR "Atopic dermatitis" AND "Metabolomics" AND "Children"*.

| | MeSH terms | Keywords in "Title/Abstract" | | |
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| <i>"Asthma"</i> | Asthma Bronchitis Respiratory Sounds/diagnosis | asthma bronchitis wheez* | | |
| <i>"Allergy"</i> | Rhinitis, Allergic Food hypersensitivity | "allergic rhinitis" allergy allergic | atopy "allergic sensitization" "food allergy" | |
| <i>"Atopic dermatitis"</i> | Dermatitis, Atopic | "atopic dermatitis" "atopic eczema" atopy | | |
| <i>"Metabolomics"</i> | Metabolome Metabolomics | metabolome metabolite fingerprint * metabolite phenotyp * metabolite signatur * metabolite profil * metabolomics profil * metabolomic * breathomic * metabonomic * | metabolomic profil * metabolomics signatur * metabolomic signatur * metabolomics phenotyp * metabolomic fingerprint * metabolomic * breathomic * metabonomic * | metabolomic phenotyp * metabolomics fingerprints |
| <i>"Children"</i> | Infant Adolescent Child | youth juvenile newborn young youngster | teen baby babies kid* child | infant adolescent preschool children |