Introduction

The current understanding of clinical efficacy, safety, mechanisms and indications for the use of sublingual immunotherapy (SLIT) in the treatment of allergies is embodied in the studies, papers and publications referenced in this document. Over 1,000 citations are contained in this bibliography, including hundreds of peer-reviewed studies published since 1995.

Internationally, SLIT is used widely (50% in some European countries), with full regulatory and government backing. U.S. allergy leaders are writing in support of SLIT. (See section 1) The World Health Organization indicated its use in its 1998 position paper. In 2007, for the second time (originally in 2001), an international workgroup, including U.S. allergists, published the ARIA (Allergy Rhinitis and its Impact on Asthma) guidelines indicating SLIT as a viable treatment approach. The ARIA paper indicates that not only is there more modern research on SLIT compared to SCIT, but it is also of higher quality in terms of the WHO guidelines for research studies. A Cochrane Review, the most trusted independent, evidence based, meta-analysis organization in the world, released their analysis in 2003 and determined SLIT both safe and effective (see section 1).

Two additional pivotal studies to note are the “10 year study…” showing the long lasting effect of SLIT (see section 1), and the 2004 head-to-head study of SLIT to injection in a double-blind, double-dummy approach (see section 2). Few studies have shown that SLIT was not effective, and those results are equivocal or dated.

Additional research efforts are underway in the U.S. and internationally; this document is updated periodically to include recent publications. Last updated 4/9/19.

Scientific research and related publications

The following pages are a comprehensive bibliography of studies divided into six categories, with citations presented in chronological order:

1. Recent Major Texts, Guidelines, Reviews, Papers and Editorials; includes more than 300 major position papers
2. Studies/Abstracts; includes over 200 studies
3. Comparison Studies of Sublingual and Subcutaneous Antigen Administration
4. Mechanisms of Sublingual Immunotherapy; current understanding of mucosal immunity
5. Safety, Quality-of-Life and Adherence Related Studies; growing body of evidence
6. Other Indications for Treatment; other sensitizations where SLIT has worked
7. Allergic Trends and Supporting Data

The scrutiny of SLIT has been intense, particularly in the past five to 10 years. The volume of research and its consistency in showing safety and efficacy is evidence of the value of SLIT to patients. We thank you for your interest in this topic and invite you to provide us feedback and let us know if you would like to receive updates of new research and publications as they are added.
1) Recent Major Texts, Guidelines, Reviews, Papers and Editorials


15. Creticos P. Sublingual immunotherapy for allergic rhinoconjunctivitis and asthma. UpToDate. 2017 April 28.


222. Incorvaia C, Mauro M. Do indications to sublingual immunotherapy need to be revised? *Journal of Allergy and Clinical Immunology*. 2010;125:277.


231. Durham S. Sublingual immunotherapy: what have we learnt from the ‘big trials’? *Current Opinion in Allergy and Clinical Immunology*. 2008;8:577-584.


323. Donato RM. Patients with allergic rhinitis from Argentine treated with SLIT (sublingual immunotherapy) a non-injective route. Abstract presented October 2000 IACAI Conference.


2) Studies/Abstracts


SUBLINGUAL IMMUNOTHERAPY RESEARCH


SUBLINGUAL IMMUNOTHERAPY RESEARCH


189. Pajno G, et al. Comparisons between injection and sublingual immunotherapy for rhinitis and asthma in allergic children to house dust mite or parietaria pollen. A case controlled study. *Journal of Allergy and Clinical Immunology*. 2004;113(2): (abs.).


192. Melranci C, Matteoli M. Efficacy of allergoid sublingual immunotherapy in children with asthma and/or allergic rhinoconjunctivitis: Comparison study with drugs. *Journal of Allergy and Clinical Immunology*. 2004;113(2): (abs.).


3) Comparison Studies of Sublingual and Subcutaneous Antigen Administration


68. Frati F, Dell’Albani I, Incorvaia C. Why are direct comparisons of subcutaneous and sublingual immunotherapy so rare? Journal of Allergy and Clinical Immunology. 2014 Mar;133(3):936.


4) **Mechanisms of Sublingual Immunotherapy**


5. Sampath V, Nadeau KC. Newly identified T cell subsets in mechanistic studies of food immunotherapy. The Journal of Clinical Investigation. 2019 April; 129(4). doi: 10.1172/JCI1124605


SUBLINGUAL IMMUNOTHERAPY RESEARCH


5) Safety, Quality-of-Life and Adherence Related Studies


109. Tripodi S, et al. Safety and tolerability of ultra-rush induction, less than one hour, of sublingual immunotherapy in children. *International Archives of Allergy and Immunology*. 2006;139:149-152.


111. Scolozzi R. Tolerability of the allergoid sublingual immunotherapy with a monomeric allergoid in patients with allergic rhinitis and/or asthma. *Journal of Allergy and Clinical Immunology*. 2004;113(2):(abs).

112. Silvestris A. Tolerability of sublingual immunotherapy with monomeric allergoid in allergic sensitizations to house dust mite, Parietaria and grass. *Journal of Allergy and Clinical Immunology*. 2004;114(2):(abs).


6) Other Indications for Treatment (Foods and Chemicals)


3. Maciag MC, Phipatanakul W. Preventing the development of asthma: stopping the allergic march. *Current Opinion in Allergy and Clinical Immunology*. 2019 April; 19(2). doi: 10.1097/ACI.0000000000000501


### 7) Allergic Trends and Supporting Data


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