

Reply to reviewer 00503779

- The authors are pleased that the manuscript has been appreciated and corrected minor languages mistakes.

Reply to reviewer 00403513

- The authors are pleased that the manuscript has been appreciated and corrected and/or changed the manuscript according to reviewer's comments, as it is explained below.

- 1) The requested specification on SCIT has been introduced in the abstract.
- 2) The requested specification on SCIT has been made in the introduction.
- 3) The issues highlighted by the reviewer have been mentioned in the final part of the section "SLIT for pollen-induced pediatric allergic rhinitis: global clinical evidence".
- 4) The issues highlighted by the reviewer have been mentioned in the final part of the section "SLIT for pollen-induced pediatric allergic rhinitis: global clinical evidence". However, in our opinion, the comparison between the several differences between SCIT and SLIT is beyond the aim of this manuscript.
- 5) There are no studies comparing directly different SLIT drugs and, therefore, it is difficult to answer to this question; however, the main point is highlighting the benefit deriving from the correct allergic assessment/follow-up and from the appropriate scheme of administration, rather than the superiority of a specific formulation or brand.

Reply to reviewer 00070848

- The authors are pleased that the manuscript has been appreciated and corrected and/or changed the manuscript according to reviewer's comments, as it is explained below.
- 1) Although the aspect of the influence of tobacco smoke on allergic rhinitis and its response to therapy, the authors agreed with the reviewer to mention this issue. We cited the most significant study regarding the pediatric age and reported its conclusion in the section "SLIT for house dust-mite pediatric allergic rhinitis: global clinical evidence".
 - 2) The authors think that current evidences are strong enough to support the prescription of grass pollen SLIT, provided an appropriate assessment, administration and clinical follow-up, as we specified at the end of the section "SLIT for pollen-induced pediatric allergic rhinitis: global clinical evidence".

- 3) The study suggested by the reviewer has been introduced at the end of the section “SLIT for house dust-mite pediatric allergic rhinitis: global clinical evidence”, where we highlighted the beneficial effect of SLIT on the susceptibility to viral infection in children affected with allergic rhinitis.