

## SUPPLEMENTARY MATERIAL

### Supplementary I:

**Methods:** Diagnosis of cypress allergy was based on the presence of common respiratory symptoms (rhinitis or asthma) during the *Cupressaceae* tree pollination period and positive skin prick-test and/or specific IgE to *Cupressus spp* and/or to Cup a 1. Diagnosis of peach allergy was based on the presence of allergy symptoms after peach ingestion together with positive skin prick-to-prick and/or specific IgE to peach. Other data recorded for all patients included: demographic characteristics, presence of previous atopy based on positive skin tests to common aeroallergens, symptoms of food and/or cupressus allergy (rhinitis and/or asthma).. Specific immunoglobulin E (sIgE) to *C. arizonica* and Cup a 1 as well as to other pollen (*Phleum pratense*, *Olea europaea*, *Platanus acerifolia*) and common inhalants (cat and dog dander, dust mites, fungus) was determined by ImmunoCAP (ThermoFisher Scientific, Upsala, Sweden). Following the manufacturer's instructions as IgE value greater of 0.35 kUA/L was considered a positive result. Oral informed consent was obtained from all patients. The Fundación Jiménez Díaz Ethic Committee approved the study

Qualitative variables were expressed as percentages and confidence intervals were calculated at 95%. For quantitative variables, means and standard deviation (SD) were calculated, and for specific IgE results, medians and 25th (Q1) and 75th (Q3) percentiles were given. Values were considered significant at a *p*-value of less than 0.05. Statistical analysis was carried out using GraphPadInstat6 (GraphPadSoftware Inc, San Diego, CA).

**Supplementary I:**

**Patient Characteristics:** The mean age was 33.6 years (5-87 years) and 81 patients (58.67%) were female. During the *Cupressus*-pollen season, all patients (100%) suffered rhinoconjunctivitis and 42 (27.5%) also developed asthma symptoms.

The median total IgE concentration was 182.5kU/L (Q1-Q3: 101.5-414.8kU/L), and the median specific IgE concentration to *Cupressus arizonica* was 5.8kU/L (Q1-Q3: .8-19.6 kU/L) and to Cup a 1 was 13.1kU/L (Q1-Q3:5.7-34.1 kU/L).

Only 21 patients (13.7) were mono-sensitized to *Cupressus* pollen. The most frequent pollens that caused sensitisation were grasses (67.3%), olive tree (60.8%), and *Platanus acerifolia* (9.8%). Regarding food allergens, 29 patients (18.9%) were sensitized to Pru p 3, 25 (16.3%) to Pru p 4, 12 to Pru p 7 (7.8%) and 9 (5.8%) to PR-10.

**Supplementary II:**

**Study limitations:** Firstly it is just one centre study and it would have been interesting to have the sensitization profile of other Spanish areas. Despite, studied population come from different parts from Spain, the origin has not been compiled in our study so we are not able to ensure representative patients from all areas over Spain. Madrid has shown high exposure to *Cupressus* tree pollen which is progressively increasing during the last years. Hence, if in a high-exposure area, there is no relationship with Pru p 7, it is very unprobably a positive relationship between them in low exposure areas. Secondly, the tests done are in vitro. In some patients sensitized to more than one food allergen, the involvement and clinical implication of each allergen has not been studied.