**SUPPLEMENTAL MATERIAL**

**Table S1: Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION** | **ITEM** | **PRISMA-ScR CHEKCLIST ITEM** | **REPORTED ON PAGE #** |
| **TITLE** | | | |
| Title | 1 | Identify the report as a scoping review. | 1 |
| **ABSTRACT** | | | |
| Structured summary | 2 | Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives. | 3 |
| **INTRODUCTION** | | | |
| Rationale | 3 | Describe the rationale for the review in the context of  what is already known. Explain why the review  questions/objectives lend themselves to a scoping  review approach. | 5 |
| Objectives | 4 | Provide an explicit statement of the questions and  objectives being addressed with reference to their key  elements (e.g., population or participants, concepts, and  context) or other relevant key elements used to  conceptualize the review questions and/or objectives. | 5-6 |
| **METHODS** | | | |
| Protocol and registration | 5 | Indicate whether a review protocol exists; state if and  where it can be accessed (e.g., a Web address); and if  available, provide registration information, including the  registration number. | 6 |
| Eligibility criteria | 6 | Specify characteristics of the sources of evidence used  as eligibility criteria (e.g., years considered, language,  and publication status), and provide a rationale. | 6 |
| Information sources\* | 7 | Describe all information sources in the search (e.g.,  databases with dates of coverage and contact with  authors to identify additional sources), as well as the  date the most recent search was executed. | 6 |
| Search | 8 | Present the full electronic search strategy for at least 1  database, including any limits used, such that it could be  repeated. | 6, Tables S1-S3 |
| Selection of sources of evidence† | 9 | State the process for selecting sources of evidence (i.e.,  screening and eligibility) included in the scoping review. | 6 |
| Data charting process‡ | 10 | Describe the methods of charting data from the included  sources of evidence (e.g., calibrated forms or forms that  have been tested by the team before their use, and  whether data charting was done independently or in  duplicate) and any processes for obtaining and  confirming data from investigators. | 6 |
| Data items | 11 | List and define all variables for which data were sought  and any assumptions and simplifications made. | 6-7 |
| Critical appraisal of individual sources of evidence§ | 12 | If done, provide a rationale for conducting a critical  appraisal of included sources of evidence; describe the  methods used and how this information was used in any  data synthesis (if appropriate). | N/A |
| Synthesis of results | 13 | Describe the methods of handling and summarizing the  data that were charted. | 7 |
| **RESULTS** | | | |
| Selection of sources of evidence | 14 | Give numbers of sources of evidence screened,  assessed for eligibility, and included in the review, with  reasons for exclusions at each stage, ideally using a flow  diagram. | 6, 8, Fig. 1 |
| Characteristics of sources of evidence | 15 | For each source of evidence, present characteristics for  which data were charted and provide the citations. | 8 |
| Critical appraisal within sources of evidence | 16 | If done, present data on critical appraisal of included  sources of evidence (see item 12). | N/A |
| Results of individual sources of evidence | 17 | For each included source of evidence, present the  relevant data that were charted that relate to the review  questions and objectives. | 8-10, Fig. 2 |
| Synthesis of results | 18 | Summarize and/or present the charting results as they  relate to the review questions and objectives. | 8-10, Fig. 2 |
| **DISCUSSION** | | | |
| Summary of evidence | 19 | Summarize the main results (including an overview of  concepts, themes, and types of evidence available), link  to the review questions and objectives, and consider the  relevance to key groups. | 13-14 |
| Limitations | 20 | Discuss the limitations of the scoping review process. | 14 |
| Conclusions | 21 | Provide a general interpretation of the results with  respect to the review questions and objectives, as well  as potential implications and/or next steps. | 14 |
| **FUNDING** | | | |
| Funding | 22 | Describe sources of funding for the included sources of  evidence, as well as sources of funding for the scoping  review. Describe the role of the funders of the scoping  review. | 1 |

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses

extension for Scoping Reviews.

\* Where sources of evidence (see second footnote) are compiled from, such as bibliographic databases, social media

platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g.,

quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping

review as opposed to only studies. This is not to be confused with information sources (see first footnote).

‡ The frameworks by Arksey and O’Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the

process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before

using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable

to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used

in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews

(PRISMAScR): Checklist and Explanation. Ann Intern Med. 2018;169:467–473. doi: 10.7326/M18-0850.

**Table S2:** Embase search strategy(6466 results)

|  |  |
| --- | --- |
| # | searches |
| 1 | atopic dermatitis/ |
| 2 | atopic dermatitis.mp. |
| 3 | eczema/ |
| 4 | eczema\*.mp. |
| 5 | 1 or 2 or 3 or 4 |
| 6 | systemic therapy/ |
| 7 | prednisone/ |
| 8 | prednisone.mp. |
| 9 | prednisolone/ |
| 10 | prednisolone.mp. |
| 11 | steroid/ |
| 12 | corticosteroid/ |
| 13 | steroid\*.mp. |
| 14 | glucocorticoid\*.mp. |
| 15 | immunosuppress\*.mp. |
| 16 | immunomodulat\*.mp. |
| 17 | immunosuppressive treatment/ |
| 18 | methotrexate/ |
| 19 | methotrexate.mp. |
| 20 | amethopterin,mp. |
| 21 | cyclosporine/ |
| 22 | cyclosporin\*.mp. |
| 23 | ciclosporin\*.mp. |
| 24 | dupilumab/ |
| 25 | dupilumab.mp. |
| 26 | dupixent.mp. |
| 27 | mycophenolic acid/ |
| 28 | mycophenol\*.mp. |
| 29 | monoclonal antibody/ |
| 30 | biological product/ |
| 31 | azathioprine/ |
| 32 | azathioprine.mp. |
| 33 | imuran.mp. |
| 34 | OR {6-33} |
| 35 | observational study/ |
| 36 | observation\*.mp. |
| 37 | population\*.mp. |
| 38 | nation\*.mp. |
| 39 | case control study/ |
| 40 | cohort analysis/ |
| 41 | case control.mp. |
| 42 | case-control.mp. |
| 43 | cohort\*.mp. |
| 44 | cross-sectional study/ |
| 45 | cross-sectional\*.mp. |
| 46 | case report/ |
| 47 | case study/ |
| 48 | case report.mp. |
| 49 | case series.mp. |
| 50 | single-case study/ |
| 51 | OR {35-50} |
| 52 | 5 and 34 and 51 |
| 53 | Limit 52 to human |

**Table S3:** MEDLINE search strategy(1511 results)

|  |  |
| --- | --- |
| # | searches |
| 1 | Dermatitis, Atopic/ |
| 2 | atopic dermatitis.mp. |
| 3 | Eczema/ |
| 4 | eczema\*.mp. |
| 5 | 1 or 2 or 3 or 4 |
| 6 | Prednisone/ |
| 7 | prednisone.mp. |
| 8 | Prednisolone/ |
| 9 | prednisolone.mp. |
| 10 | Steroids/ |
| 11 | corticosteroid.mp. |
| 12 | glucocorticoid\*.mp. |
| 13 | steroid\*.mp. |
| 14 | immunosuppress\*.mp. |
| 15 | immunomodulat\*.mp. |
| 16 | Immunosuppressive Agents/ |
| 17 | Methotrexate/ |
| 18 | methotrexate.mp. |
| 19 | amethopterin,mp. |
| 20 | Cyclosporine/ |
| 21 | cyclosporin\*.mp. |
| 22 | ciclosporin\*.mp. |
| 23 | Antibodies, Monoclonal/ |
| 24 | dupilumab.mp. |
| 25 | dupixent.mp. |
| 26 | Mycophenolic Acid/ |
| 27 | mycophenol\*.mp. |
| 28 | Biological Products/ |
| 29 | Azathioprine/ |
| 30 | azathioprine.mp. |
| 31 | imuran.mp. |
| 32 | OR {6-31} |
| 33 | Observational Study/ |
| 34 | observation\*.mp. |
| 35 | population\*.mp. |
| 36 | nation\*.mp. |
| 37 | Case-Control Studies/ |
| 38 | Cohort Studies/ |
| 39 | case-control.mp. |
| 40 | case control.mp. |
| 41 | cohort\*.mp. |
| 42 | observational study.pt. |
| 43 | Cross-Sectional Studies/ |
| 44 | cross-sectional\*.mp. |
| 45 | Case Reports/ |
| 46 | case series.mp. |
| 47 | case report\*.mp. |
| 48 | case study.mp. |
| 49 | OR {33-48} |
| 50 | 5 and 32 and 49 |
| 51 | Limit 50 to humans |

**Table S4:** Web of Science search strategy(1711 results)

|  |  |
| --- | --- |
| 1711 results | (TS=(atopic dermatitis) OR TS=("atopic dermatitis") OR TS=(eczema) OR TS=("eczema")) AND (TS=(systemic treatment) OR TS=(systemic therapy) OR TS=(prednisone) OR TS=("prednisone") OR TS=(prednisolone) OR TS=("prednisolone") OR TS=(steroids) OR TS=(corticosteroids) OR TS=("steroid\*") OR TS=(mycophenolic acid) OR TS=("mycophenol\*") OR TS=(methotrexate) OR TS=("methotrexate") OR TS=(azathioprine) OR TS=("azathioprine") OR TS=(cyclosporine) OR TS=("cyclosporin\*") OR TS=(dupilumab) OR TS=("dupilumab") OR TS=(monoclonal antibodies) OR TS=("immunosuppress\*") OR TS=("immunomodulat\*")) AND (TS=(observational study) OR TS=(“observational”) OR TS=(“population”) OR TS=(“nation\*”) OR TS=(cohort) OR TS=(“cohort”) OR TS=(case-control) OR TS=(“case-control”) OR TS=(“case control”) OR TS=(cross-sectional study) OR TS=(“cross-sectional”) OR TS=(case report) OR TS=(case series) OR TS=(“case report”) OR TS=(case study) OR TS=(“case study”) OR TS=(“case series”)) |

**Table S5**: Full electronic questionnaire sent to international Eczema Council (IEC) members on September 1, 2020

|  |  |  |
| --- | --- | --- |
| **#** | **Questions** | **Systemic agents** |
| 1A. | Which of the following systemic agents would you consider prescribing for healthy, 30-year old patients (male or female) with AD for whom childbearing is not an important consideration and who are candidates for systemic therapy? | Azathioprine  Corticosteroids  Cyclosporine  Dupilumab  Methotrexate  Mycophenolate acid  None of these |
| 1B. | For healthy, 30-year old patients (male or female) with AD for whom childbearing is not an important consideration and who are candidates for systemic therapy, rank the following in terms of your preferred first line, second line, and third line systemic treatments: |
| 2A. | Which of the following systemic agents would you consider prescribing for older patients (e.g., age ≥65 years) with AD and who are candidates for systemic therapy? |
| 2B. | For older patients (e.g., age ≥65 years) with AD who are candidates for systemic therapy, please rank the following in terms of your preferred first line, second line, and third line systemic treatments? |
| 3A. | Which of the following systemic agents would you consider prescribing for AD patients with significant liver disease (excluding viral hepatitis B and C) and who are candidates for systemic therapy? |
| 3B. | For AD patients with significant liver disease (excluding viral hepatitis B and C) who are candidates for systemic therapy, please rank the following in terms of your preferred first line, second line, and third line systemic treatments? |
| 4A. | Which of the following systemic agents would you consider prescribing for AD patients with significant kidney impairment and who are candidates for systemic therapy? |
| 4B. | For AD patients with significant kidney impairment and who are candidates for systemic therapy, please rank the following in terms of your preferred first line, second line, and third line systemic treatments? |
| 5A. | Which of the following systemic agents would you consider prescribing for AD patients with a history of malignancy (other than keratinocyte carcinoma/non-melanoma skin cancer) presumed cured for less than 5 years and who are candidates for systemic therapy? |
| 5B. | For AD patients with a history of malignancy (other than keratinocyte carcinoma/non-melanoma skin cancer) presumed cured for less than 5 years and who are candidates for systemic therapy, please rank the following in terms of your preferred first line, second line, and third line systemic treatments? |
| 6A. | Which of the following systemic agents would you consider prescribing for AD patients with a history of malignancy (other than keratinocyte carcinoma/non-melanoma skin cancer) presumed cured for 5 years or more and who are candidates for systemic therapy? |
| 6B. | For AD patients with a history of malignancy (other than keratinocyte carcinoma/non-melanoma skin cancer) presumed cured for 5 years or more and who are candidates for systemic therapy, please rank the following in terms of your preferred first line, second line, and third line systemic treatments? |
| 7A. | Which of the following systemic agents would you consider prescribing for AD patients with HIV infection and who are candidates for systemic therapy? |
| 7B. | For AD patients with HIV infection and who are candidates for systemic therapy, please rank the following in terms of your preferred first line, second line, and third line systemic treatments? |
| 8A. | Which of the following systemic agents would you consider prescribing for AD patients with chronic hepatitis B & C viral infection and who are candidates for systemic therapy? |
| 8B. | For AD patients with chronic hepatitis B & C viral infection and who are candidates for systemic therapy, please rank the following in terms of your preferred first line, second line, and third line systemic treatments? |
| 9A. | During the Covid-19 pandemic, which systemic agents would you consider prescribing for patients with AD who are candidates for systemic therapy? |
| 9B. | During the Covid-19 pandemic, please rank the following in terms of your preferred first line, second line, and third line systemic treatments for AD patients who are candidates for systemic therapy: |

**Figure S1**: Systemic treatment options that IEC members would consider using for each special population of atopic dermatitis patients who are candidates for systemic therapy. A: are 30 years old for whom childbearing is not an important consideration; B: are older (≥ 65 years); C: have significant liver disease (excluding viral hepatitis B and C); D: have significant kidney impairment, E: have a history of malignancy (other than KC/NMSC) presumed cured for <5 years; F: have a history of malignancy (other than KC/NMSC) presumed cured for ≥5 years; G: have an HIV infection; H: have chronic hepatitis B and/or C viral infection.

**Table S6**: Overview of systemic treatment options considered for special patient populations by IEC members

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Which of the following systemic agents would you consider prescribing for AD patients who are candidates for systemic therapy and who: | Azathioprine | Corticosteroids | Cyclosporine | Dupilumab | Methotrexate | Mycophenolate | None of these |
| Are 30 years old for whom childbearing is not an important consideration | 29 (43.9) | 19 (28.8) | 55 (83.3) | 61 (92.4) | 49 (74.2) | 29 (43.9) | 0 (0.0) |
| Are older (≥ 65 years) | 18 (27.3) | 16 (24.2) | 25 (37.9) | 57 (86.3) | 43 (65.2) | 28 (42.4) | 1 (1.5) |
| Have significant liver disease (excluding viral hepatitis B and C) | 5 (7.6) | 12 (18.2) | 25 (37.9) | 56 (84.8) | 1 (1.5) | 14 (21.2) | 2 (3.0) |
| Have significant kidney impairment | 12 (18.2) | 17 (25.8) | 1 (1.5) | 58 (87.9) | 23 (34.8) | 21 (31.8) | 1 (1.5) |
| Have a history of malignancy (other than KC/NMSC) presumed cured for <5 years | 3 (4.5) | 17 (25.8) | 4 (6.1) | 56 (85.8) | 27 (40.9) | 8 (12.1) | 2 (3.0) |
| Have a history of malignancy (other than KC/NMSC) presumed cured for ≥5 years | 11 (16.7) | 19 (28.8) | 18 (27.3) | 57 (86.4) | 35 (53.0) | 17 (25.8) | 1 (1.5) |
| Have an HIV infection | 6 (9.1) | 10 (15.2) | 8 (12.1) | 48 (72.7) | 22 (33.3) | 8 (12.1) | 7 (10.6) |
| Have a chronic hepatitis B and/or C viral infection | 5 (7.6) | 11 (16.7) | 11 (16.7) | 48 (72.7) | 4 (6.1) | 7 (10.6) | 10 (15.2) |

No. of votes (% out of 66 respondents)

**Table S7**: Results of ranked preferred systemic treatments for special patient populations by IEC members

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Systemic treatment* | *Are 30 years old for whom childbearing is not an important consideration* | *Are older (≥ 65 years)* | *Have significant liver disease (excluding viral hepatitis B and C)* | *Have significant kidney impairment* | *Have a history of malignancy (other than KC/NMSC) presumed cured for <5 years* | *Have a history of malignancy (other than KC/NMSC) presumed cured for ≥5 years* | *Have an HIV infection* | *Have a chronic hepatitis B and/or C viral infection* | *Are being treated during the Covid-19 pandemic* |
| 1° | azathioprine | 0.0% | 3.2% | 3.3% | 5.1% | 1.8% | 1.7% | 3.6% | 1.9% | 3.4% |
| corticosteroids | 3.1% | 3.2% | 6.7% | 3.4% | 7.0% | 5.0% | 3.6% | 1.9% | 1.7% |
| cyclosporine | 29.2% | 6.5% | 10.0% | 0.0% | 3.5% | 5.0% | 7.3% | 5.6% | 13.6% |
| dupilumab | **46.2%** | **53.2%** | **76.7%** | **76.3%** | **73.7%** | **65.0%** | **67.3%** | **75.9%** | **64.4%** |
| methotrexate | 21.5% | 33.9% | 0.0% | 13.6% | 14.0% | 21.7% | 12.7% | 1.9% | 16.9% |
| mycophenolate | 0.0% | 0.0% | 1.7% | 1.7% | 0.0% | 0.0% | 0.0% | 1.9% | 0.0% |
| None of these | 0.0% | 0.0% | 1.7% | 0.0% | 3.5% | 1.7% | 5.5% | 11.1% | 0.0% |
| 2° | azathioprine | 0.0% | 9.7% | 0.0% | 9.8% | 2.2% | 3.5% | 4.7% | 2.9% | 3.7% |
| corticosteroids | 3.4% | 6.5% | 16.7% | 23.5% | 26.1% | 17.5% | 23.3% | **37.1%** | 11.1% |
| cyclosporine | **32.8%** | 19.4% | **48.1%** | 2.0% | 0.0% | 10.5% | 4.7% | 14.3% | 14.8% |
| dupilumab | **32.8%** | **25.8%** | 13.0% | 17.6% | 21.7% | 26.3% | 18.6% | 14.3% | 25.9% |
| methotrexate | 25.9% | **25.8%** | 1.9% | 21.6% | **39.1%** | **28.1%** | **25.6%** | 11.4% | **33.3%** |
| mycophenolate | 5.2% | 11.3% | 18.5% | **25.5%** | 10.9% | 12.3% | 11.6% | 8.6% | 7.4% |
| None of these | 0.0% | 1.6% | 1.9% | 0.0% | 6.5% | 1.8% | 11.6% | 11.4% | 3.7% |
| 3° | azathioprine | 0.0% | 11.7% | 9.3% | 11.8% | 8.7% | 2.2% | 5.9% | 10.7% | 7.0% |
| corticosteroids | 9.3% | 8.3% | 20.9% | 11.8% | 30.4% | **24.4%** | 17.6% | 7.1% | 9.3% |
| cyclosporine | 24.1% | 10.0% | 14.0% | 5.9% | 13.0% | 13.3% | 14.7% | 10.7% | 20.9% |
| dupilumab | 16.7% | 13.3% | 4.7% | 5.9% | 4.3% | 4.4% | 2.9% | 0.0% | 9.3% |
| methotrexate | **33.3%** | 18.3% | 4.7% | 15.7% | 21.7% | 17.8% | 11.8% | 3.6% | **25.6%** |
| mycophenolate | 7.4% | **23.3%** | 18.6% | 15.7% | 21.7% | 13.3% | 5.9% | 10.7% | 16.3% |
| None of these | 9.3% | 15.0% | **27.9%** | **33.3%** | **65.2%** | **24.4%** | **41.2%** | **57.1%** | 11.6% |

1° - preferred first-line systemic treatment;2° - preferred second-line systemic treatment; 3° - preferred third-line systemic treatment;

**Figure S2:** Systemic treatment options that IEC members practicing in North America would consider using for each special population of atopic dermatitis patients who are candidates for systemic therapy. A: are 30 years old for whom childbearing is not an important consideration; B: are older (≥ 65 years); C: have significant liver disease (excluding viral hepatitis B and C); D: have significant kidney impairment, E: have a history of malignancy (other than KC/NMSC) presumed cured for <5 years; F: have a history of malignancy (other than KC/NMSC) presumed cured for ≥5 years; G: have an HIV infection; H: have chronic hepatitis B and/or C viral infection

**Figure S3:** Systemic treatment options that IEC members practicing in Europe would consider using for each special population of atopic dermatitis patients who are candidates for systemic therapy. A: are 30 years old for whom childbearing is not an important consideration; B: are older (≥ 65 years); C: have significant liver disease (excluding viral hepatitis B and C); D: have significant kidney impairment, E: have a history of malignancy (other than KC/NMSC) presumed cured for <5 years; F: have a history of malignancy (other than KC/NMSC) presumed cured for ≥5 years; G: have an HIV infection; H: have chronic hepatitis B and/or C viral infection

**Table S8**: Systemic treatment options considered for special patient populations by IEC members practicing in Europe

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Which of the following systemic agents would you consider prescribing for AD patients who are candidates for systemic therapy and who: | Azathioprine | Corticosteroids | Cyclosporine | Dupilumab | Methotrexate | Mycophenolate | None of these |
| Are 30 years old for whom childbearing is not an important consideration | 12 (18.2%) | 8 (12.1) | 26 (39.4) | 27 (40.9) | 22 (33.3) | 13 (19.7) | 0 (0.0) |
| Are older (≥ 65 years) | 11 (16.7) | 6 (9.1) | 14 (21.2) | 25 (37.9) | 21 (31.8) | 10 (15.2) | 1 (1.5) |
| Have significant liver disease (excluding viral hepatitis B and C) | 2 (3.0) | 6 (9.1) | 11 (16.7) | 25 (37.9) | 1 (1.5) | 4 (6.1) | 2 (3.0) |
| Have significant kidney impairment | 4 (6.1) | 8 (12.1) | 0 (0.0) | 26 (39.4) | 11 (16.7) | 7 (10.6) | 1 (1.5) |
| Have a history of malignancy (other than KC/NMSC) presumed cured for <5 years | 0 (0.0) | 7 (10.6) | 1 (1.5) | 25 (37.9) | 12 (18.2) | 2 (3.0) | 2 (3.0) |
| Have a history of malignancy (other than KC/NMSC) presumed cured for ≥5 years | 4 (6.1) | 6 (9.1) | 7 (10.6) | 26 (39.4) | 16 (24.2) | 5 (7.6) | 1 (1.5) |
| Have an HIV infection | 1 (1.5) | 2 (3.0) | 2 (3.0) | 22 (33.3) | 8 (12.1) | 2 (3.0) | 4 (6.0) |
| Have a chronic hepatitis B and/or C viral infection | 1 (1.5) | 4 (6.0) | 3 (4.5) | 20 (30.3) | 1 (1.5) | 1 (1.5) | 6 (9.1) |
| Are being treated during the Covid-19 pandemic | 9 (13.6) | 6 (9.1) | 14 (21.2) | 27 (41.9) | 17 (25.8) | 9 (13.6) | 0 (0.0) |

No. of votes (% out of 66 respondents)

**Table S9**: Systemic treatment options considered for special patient populations by IEC members practicing in North America

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Which of the following systemic agents would you consider prescribing for AD patients who are candidates for systemic therapy and who: | Azathioprine | Corticosteroids | Cyclosporine | Dupilumab | Methotrexate | Mycophenolate | None of these |
| Are 30 years old for whom childbearing is not an important consideration | 11 (16.7) | 7 (10.6) | 18 (27.3) | 23 (34.8) | 17 (25.8) | 12 (18.2) | 0 (0.0) |
| Are older (≥ 65 years) | 5 (7.6) | 6 (9.1) | 4 (6.1) | 21 (31.8) | 15 (22.7) | 14 (21.2) | 1 (1.5) |
| Have significant liver disease (excluding viral hepatitis B and C) | 1 (1.5) | 5 (7.6) | 9 (13.6) | 21 (31.8) | 0 (0.0) | 9 (13.6) | 2 (3.0) |
| Have significant kidney impairment | 6 (9.1) | 7 (10.6) | 0 (0.0) | 22 (33.3) | 9 (13.6) | 11 (16.7) | 1 (1.5) |
| Have a history of malignancy (other than KC/NMSC) presumed cured for <5 years | 3 (4.5) | 7 (10.6) | 3 (4.5) | 21 (31.8) | 13 (19.7) | 6 (9.1) | 2 (3.0) |
| Have a history of malignancy (other than KC/NMSC) presumed cured for ≥5 years | 5 (7.6) | 8 (12.1) | 7 (10.6) | 21 (31.8) | 15 (22.7) | 10 (15.2) | 1 (1.5) |
| Have an HIV infection | 4 (6.1) | 6 (9.1) | 4 (6.1) | 18 (27.3) | 12 (18.2) | 5 (7.6) | 2 (3.0) |
| Have a chronic hepatitis B and/or C viral infection | 3 (4.5) | 5 (7.6) | 4 (6.1) | 19 (28.8) | 2 (3.0) | 4 (6.1) | 3 (4.5) |
| Are being treated during the Covid-19 pandemic | 6 (9.1) | 7 (10.6) | 13 (19.7) | 22 (33.3) | 17 (25.8) | 9 (13.6) | 0 (0.0) |

No. of votes (% out of 66 respondents)