Bridging the Gap in Chronic Prurigo Care: Evidence-Based Diagnostic and Therapeutic Recommendations from a Delphi Consensus Panel

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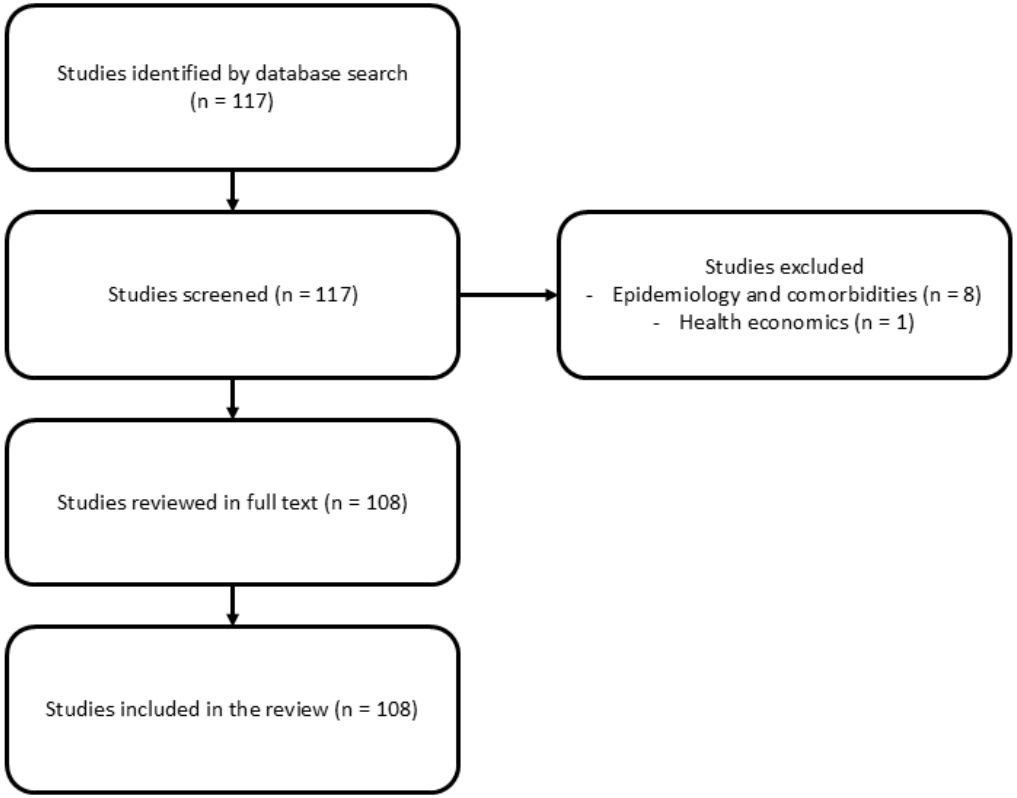
Supplementary Material

Supplementary Figure S1



Supplementary Figure S1: Flow diagram illustrating steps of literature review.

Supplementary Table S1: Responses to Delphi questionnaire, total cohort (N=24 [first round] and N=23 [second round]).

Statement	Strongly disagree (%)	Disagree (%)	Neither agree nor disagree (%)	Agree (%)	Strongly agree (%)
Diagnosis: Clinical History and Physical Exam					
1. For the diagnosis of chronic prurigo, the concomitant presence of chronic pruritus (≥6 weeks), history and/or signs of repeated excoriation, localized or generalized presence of multiple pruritic lesions, namely nodules, and/or papules, and/or umbilicated lesions, and/or linear lesions.	0	0	0	**4 (17)**	**20 (83)**
2. During the patient's anamnesis, it is important to characterize the pruritus, namely its duration, location, intensity, episodic or continuous nature, aggravating and relieving factors, and checking systemic symptoms such as night sweats, fever, weight loss, and fatigue.	0	0	0	**3 (13)**	**21 (88)**
3. In addition to the clinical examination, it is recommended to check for concomitant pathologies, namely dermatological, systemic/metabolic, and neuropsychiatric.	0	0	0	**1 (4)**	**23 (96)**
Diagnosis: Complementary Exams					
4. The following exams should be performed on all patients:					
4.1. Complete blood count, blood glucose, creatinine, lactate dehydrogenase (LDH), transaminases, gamma GT (GGT), alkaline phosphatase, bilirubin, C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), electrophoretic proteinogram, thyroid-stimulating hormone (TSH), and urinalysis.	2 (9)	3 (13)	0	**5 (22)**	**13 (57)**
4.2. Total serum IgE.	1 (4)	6 (26)	3 (13)	9 (39)	4 (17)
4.3. Viral serologies: Human Immunodeficiency Virus (HIV-1/2), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV).	0	3 (13)	2 (8)	**12 (50)**	**7 (29)**
4.4. Chest X-ray.	3 (13)	10 (43)	4 (17)	5 (22)	1 (4)
4.5. Abdominal ultrasound.	**4 (17)**	**15 (63)**	1 (4)	4 (17)	0
4.6. Skin biopsy.	4 (17)	11 (48)	3 (13)	3 (13)	2 (9)

5. The following exams should only be considered according to the clinical history and physical examination:					
5.1. Total serum IgE.	0	2 (8)	2 (8)	**13 (54)**	**7 (29)**
5.2. Viral serologies: Human Immunodeficiency Virus (HIV-1/2), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV).	0	7 (30)	2 (9)	10 (43)	4 (17)
5.3. Chest X-ray.	0	3 (13)	3 (13)	**10 (42)**	**8 (33)**
5.4. Abdominal ultrasound.	0	0	2 (8)	**11 (46)**	**11 (46)**
5.5. Skin biopsy.	0	3 (13)	3 (13)	7 (30)	10 (43)
5.6. Hypersensitivity skin tests.	0	0	1 (4)	**13 (54)**	**10 (42)**
Diagnosis: Severity and impact					
6. Standardized scales and questionnaires should be used to assess the severity of prurigo, namely: Investigator Global Assessment Scale (IGA-PN/A; IGA-PN/S), and/or Worst Itch Numerical Rating Scale (WI NRS), and/or Sleep Disturbance Numeric Rating Scale (SD-NRS), and/or Prurigo Activity Score (PAS).	0	1 (4)	1 (4)	**10 (42)**	**12 (50)**
7. The impact of chronic prurigo on quality of life and mental health should be assessed using standardized scales, namely: Dermatology Life Quality Index (DLQI), and the Hospital Anxiety and Depression Scale (HADS).	0	1 (4)	2 (8)	**9 (38)**	**12 (50)**
Topical therapy, antihistamines, and systemic corticosteroids					
8. An individualized therapeutic approach should be taken according to the disease severity and its impact on quality of life, considering the patient's psychological profile and comorbidities/concomitant therapies.	0	0	0	**5 (21)**	**19 (79)**
9. Emollients should be considered in all patients and at all treatment stages.	1 (4)	0	1 (4)	**5 (21)**	**17 (71)**
10. Topical corticosteroids and topical calcineurin inhibitors should be considered in all patients.	0	1 (4)	1 (4)	**10 (42)**	**12 (50)**
11. Intralesional corticosteroid therapy may be used in localized or refractory lesions.	0	0	3 (13)	**8 (33)**	**13 (54)**
12. Phototherapy may be considered in the treatment of chronic prurigo.	0	0	1 (4)	**11 (46)**	**12 (50)**

13. Non-sedating anti-H1 antihistamines may be considered as an add-on therapy.	0	2 (8)	3 (13)	**9 (38)**	**10 (42)**
14. Short courses of systemic corticosteroids may only be considered in exceptional cases and situations.	0	1 (4)	1 (4)	**10 (42)**	**12 (50)**
Systemic therapies: Eligibility criteria					
15. Systemic therapy should be considered in patients with chronic prurigo who meet at least one of the following criteria: • Investigator Global Assessment (IGA-PN/A; IGA-PN/S) ≥ 3. • Worst Itch Numerical Rating Scale (WI-NRS) ≥ 7. • DLQI ≥ 10.	0	0	0	**7 (29)**	**17 (71)**
Systemic therapies: Therapeutic options					
16. Dupilumab (anti-IL-4Rα) should be considered in the treatment of chronic prurigo.	0	0	0	**4 (17)**	**20 (83)**
17. Nemolizumab (anti-IL-31R) should be considered in the treatment of chronic prurigo, as soon as it becomes available.	0	0	1 (4)	**7 (29)**	**16 (67)**
18. Tralokinumab and/or lebrikizumab (anti-IL-13) may be considered in the treatment of chronic prurigo.	0	1 (4)	0	**20 (83)**	**3 (13)**
19. Methotrexate may be considered in the treatment of chronic prurigo.	0	3 (13)	3 (13)	**10 (42)**	**8 (33)**
20. Cyclosporine may be considered in the treatment of chronic prurigo.	0	3 (13)	5 (22)	13 (57)	2 (9)
21. Janus Kinase (JAK) inhibitors, namely povorcitinib and abrocitinib, may be considered in the treatment of chronic prurigo.	0	0	2 (8)	**15 (63)**	**7 (29)**
22. Gabapentinoids (gabapentin and pregabalin) should be considered in the treatment of chronic prurigo.	0	0	1 (4)	**16 (67)**	**7 (29)**
23. Antidepressants (such as paroxetine, mirtazapine, and doxepin) should be considered in the treatment of chronic prurigo.	0	0	3 (13)	**14 (58)**	**7 (29)**
24. Opioid receptor modulators (such as naltrexone and naloxone) may be considered in the treatment of chronic prurigo.	0	0	6 (25)	**16 (75)**	**0**
25. Based on the current evidence, NK1R antagonists (aprepitant and serlopitant) should not be considered in the treatment of chronic prurigo	0	0	7 (3025)	10 (43)	6 (26)
26. Based on current evidence, thalidomide and lenalidomide should not be considered in the treatment of chronic prurigo.	1 (4)	3 (13)	3 (13)	11 (48)	5 (22)
27. Combined therapies should be considered in selected cases.	0	0	0	**4 (17)**	**20 (83)**

Systemic therapies: Therapeutic objectives					
28. The assessment of treatment response should be performed in a multifactorial manner and include the use of standardized scales, namely clinician reported outcomes (e.g., Investigator Global Assessment [IGA-PN/A, IGA-PN/S]), and subjective scales, namely patient reported outcomes (e.g., Prurigo Control Test [PCT], Worst Itch Numerical Rating Scale [WI-NRS]).	0	0	1 (4)	**10 (42)**	**13 (54)**