

Eczema–Psoriasis Overlap: An eDelphi Consensus on Clinical Presentation and Therapeutic Management Among Italian Experts

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Supplementary Table S1. Qualitative comments from panellists who disagreed with Statement 2b

Qualitative comments

In a patient with atopic respiratory component, anti-IL17 would not be my first choice

A personal or family history of atopy may lead to a preference for an anti-IL23 or JAK inhibitor rather than an anti-IL-17 drug.

The choice can be influenced by patient's medical history

Is mandatory to investigate family history of atopy before starting therapy with IL-17 inhibitor

1 or more Th2 comorbidities influences my choice

It does matter, as we should avoid the occurrence of drug-induced atopic dermatitis in potentially predisposed individuals.

No, I take this information into account when choosing therapy.

This data must be asked and taken in consideration

It should be considered carefully, since it could anticipate an AD pattern

It does, especially if recent

It is necessary to consider any atopic habitus

The presence of personal history of respiratory atopic comorbidities is an important factor to consider in the choice of biologic treatment for severe psoriasis

I believe that personal history of respiratory atopic comorbidities should instead be taken into account.

It may influence

Personal anamensis always influences therapeutic choices

An history of atopic comorbidities should influence biologic choice: targeting Th17 or TNF could exacerbating Th2 axis and its atopic manifestation

Personal history of respiratory atopic comorbidities could influence the choice of biologic agents (see question and answer 2c)

I would be very cautious with the use of IL17i

The choice is influenced towards drugs that do not stimulate the Th2 pathway

High influence in choice of biological therapy

Should influence the choice

If atopy in his family is relevant we may choose an option despite another

Qualitative comments

It is very important

Better avoid anti-IL17 and anti-TNFa

Choice of anti-IL23 rather than anti-IL17