Table 1. Consensus statements on general principles of moderate-to-severe atopic dermatitis treatment.

No.	Statement	Voting results (% of panellists)
1	An assessment of AD disease severity should be performed. This assessment should encompass objective clinical signs, as well as the severity of symptoms and the impact of AD on the patient's quality of life.	83% Strongly agree 17% Agree
2	In addition to a dermatological examination, outcome measures such as SCORAD, EASI, DLQI, NRS and POEM complement the assessment, and are useful for monitoring disease activity and impact, as well as to guide overall therapy.	42% Strongly agree 58% Agree
3	The goal of AD treatment is to establish disease control, minimise symptoms and reduce impact on patients' quality of life.	92% Strongly agree 8% Disagree
4	Useful initial targets to measure treatment response among moderate-to-severe AD patients include achieving a 50% reduction of SCORAD points (SCORAD-50), achieving a 50% reduction of EASI points (EASI-50), a reduction of DLQI by at least 4 points, a reduction of NRS by at least 3 points or a reduction of POEM by at least 4 points within 3 months of treatment initiation.	83% Agree 17% Neutral
5	A collaborative approach involving shared decision-making among patients, caregivers and healthcare providers is essential. Discussions should involve treatment goals, expectations, treatment plans, treatment options, potential adverse effects, and the preferences of the patients and caregivers.	92% Strongly agree 8% Agree
6	The decision to initiate systemic therapies (conventional and novel [including biologics and small molecules]) for moderate-to-severe AD should be made by dermatologists, due to the potential for misdiagnoses (e.g. cutaneous T-cell lymphoma) and adverse reactions.	75% Strongly agree 17% Agree 8% Neutral

AD: atopic dermatitis; DLQI: Dermatology Life Quality Index; EASI: Eczema Area and Severity Index; NRS: Itch Numeric Rating Scale; POEM: Patient Oriented Eczema Measure; SCORAD: SCORing Atopic Dermatitis