

Table 3. Consensus statements on biologics.

No.	Statement	Voting results (% of panellists)
20	Dupilumab could be considered for first-line systemic treatment in patients with moderate-to-severe AD.	42% Strongly agree 50% Agree 8% Disagree
21	Dupilumab is recommended as the first-line systemic treatment for patients with both moderate-to-severe AD and concomitant type 2 allergic disease.	25% Strongly agree 59% Agree 8% Neutral 8% Disagree
22	Dupilumab may be preferred in moderate-to-severe AD patients with severe comorbidities, such as end-stage organ disease/dysfunction, or cardiovascular and venous thromboembolism risk factors.	42% Strongly agree 41% Agree 17% Neutral
23	Based on the available evidence, dupilumab is considered safe and effective in elderly patients compared with conventional systemic agents.	33% Strongly agree 67% Agree
24	Dupilumab should be used with caution in patients who are pregnant or lactating due to the lack of safety/toxicity data in this subpopulation.	33% Strongly agree 67% Agree
25	Dupilumab-induced conjunctivitis can occur during treatment in AD patients. However, topical treatment with anti-inflammatory eyedrops can be considered for the management of conjunctivitis in selected cases, without the need to discontinue dupilumab treatment.	58% Strongly agree 42% Agree
26	In severe or persistent cases of dupilumab-induced conjunctivitis, referral to an ophthalmologist is recommended.	83% Strongly agree 17% Agree
27	For AD patients with a history of recurrent or moderate-to-severe eye inflammation, or ocular surface disorders such as conjunctivitis or keratitis, consider consulting an ophthalmologist before starting treatment with dupilumab.	50% Strongly agree 42% Agree 8% Neutral
28	There is no routine pre-treatment laboratory screening recommended prior to starting dupilumab.	17% Strongly agree 75% Agree 8% Disagree
29	Live attenuated vaccines should be avoided while on dupilumab treatment. Therefore, screening for age-appropriate vaccinations should be conducted at least 4 weeks prior to starting biologic treatment for AD patients.	25% Strongly agree 67% Agree 8% Neutral
30	There is no requirement for specific laboratory tests to monitor AD patients using dupilumab.	25% Strongly agree 67% Agree 8% Neutral
31	Rituximab, omalizumab and ustekinumab treatment are not recommended for use in AD patients due to lack of evidence for their efficacy.	50% Strongly agree 50% Agree

AD: atopic dermatitis; TOPICOP: topical corticosteroid phobia