

Table 4. Consensus statements on Janus kinase inhibitors.

No.	Statement	Voting results (% of panellists)
32	JAKi (baricitinib, abrocitinib, upadacitinib) can be considered for first-line systemic treatment in certain adults with moderate-to-severe AD.	58% Strongly agree 34% Agree 8% Disagree
33	JAKi treatments can be considered when fast-acting treatments are required.	58% Strongly agree 42% Agree
34	JAKi treatment could be used as an option in moderate-to-severe AD patients with a history of severe ocular surface disease.	42% Strongly agree 58% Agree
35	JAKi (abrocitinib and upadacitinib) may be considered for adolescents with moderate-to-severe AD (12–18 years old).	58% Strongly agree 25% Agree 17% Neutral
36	In moderate-to-severe AD patients with latent tuberculosis, JAKi treatments should only be used after the latent tuberculosis has been adequately treated or in consultation with relevant tuberculosis specialists.	50% Strongly agree 50% Agree
37	The use of JAKi in combination with other potent immunosuppressants, such as ciclosporin, is not recommended in AD treatment as it might cause an overly suppressed immune system and increased risk of infection and lymphoma.	34% Strongly agree 50% Agree 8% Neutral 8% Disagree
38	JAKi treatment should not be used during pregnancy, in patients planning for pregnancy or breastfeeding patients.	58% Strongly agree 34% Agree 8% Neutral
39	JAKi treatment should be used with caution in the following patient groups: patients aged ≥65 years, patients at increased risk of major cardiovascular problems (stroke or myocardial infarction), smokers or patients who had smoked for a long time in the past, patients at increased risk of cancer and patients with risk factors for venous thromboembolism.	50% Strongly agree 50% Agree
40	Prior to JAKi treatment initiation, routine screening for hepatitis B, hepatitis C and tuberculosis should be conducted. Screening for HIV should be conducted in at-risk individuals.	50% Strongly agree 50% Agree
41	In addition to routine infective screening, pre-treatment laboratory screening of baseline full blood count (including a differential white cell count), liver enzymes (especially transaminases), renal function and lipid levels is recommended before JAKi treatment initiation.	25% Strongly agree 75% Agree
42	Live attenuated vaccines should be avoided while on JAKi treatment. However, inactivated herpes zoster vaccination could be considered for all patients.	33% Strongly agree 59% Agree 8% Disagree
43	After JAKi treatment initiation, regular laboratory screening should be carried out as part of routine patient management.	25% Strongly agree 75% Agree

AD: atopic dermatitis; HIV: human immunodeficiency virus; JAKi: Janus kinase inhibitors