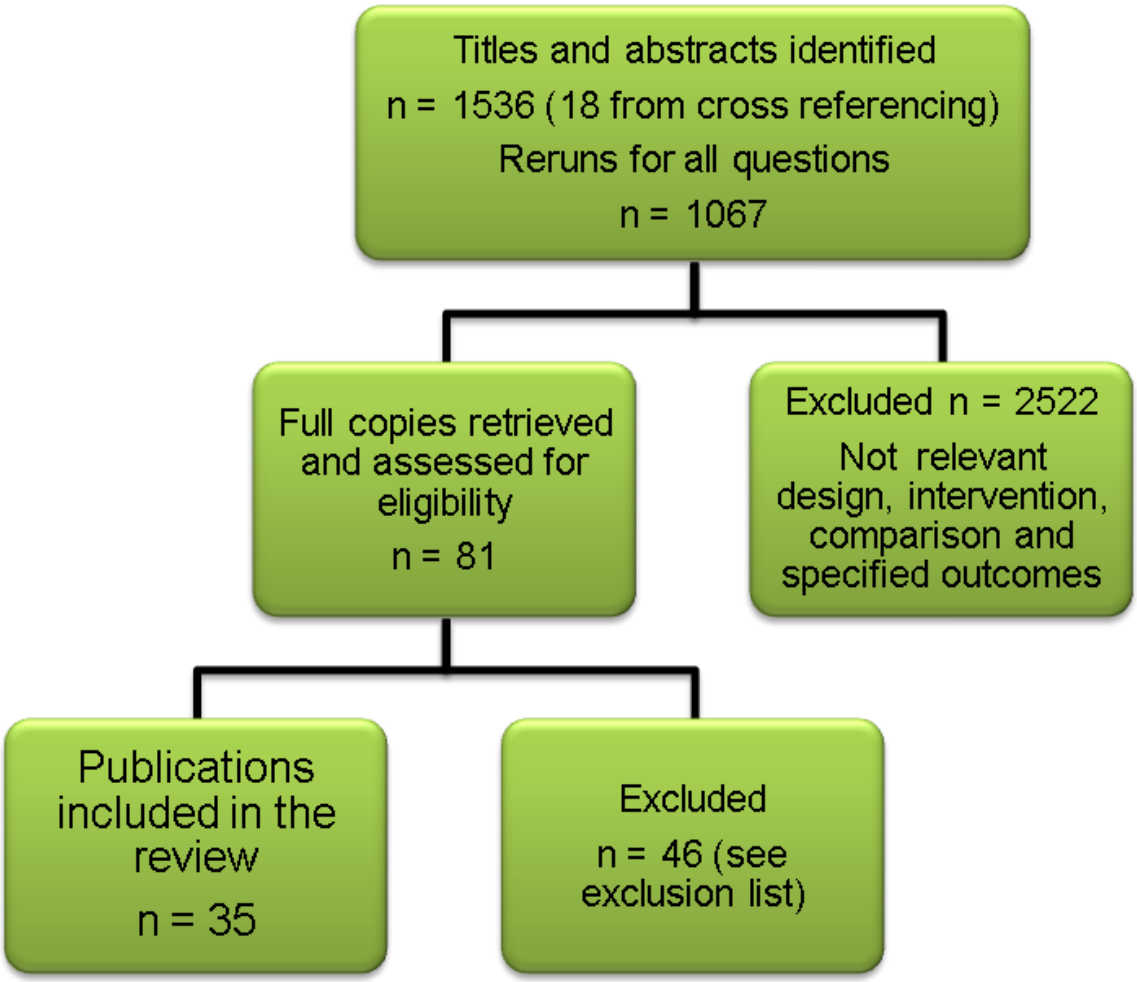
Appendix E: Clinical evidence – study selection flowcharts studies

E.1 Chapter 6: Assessment

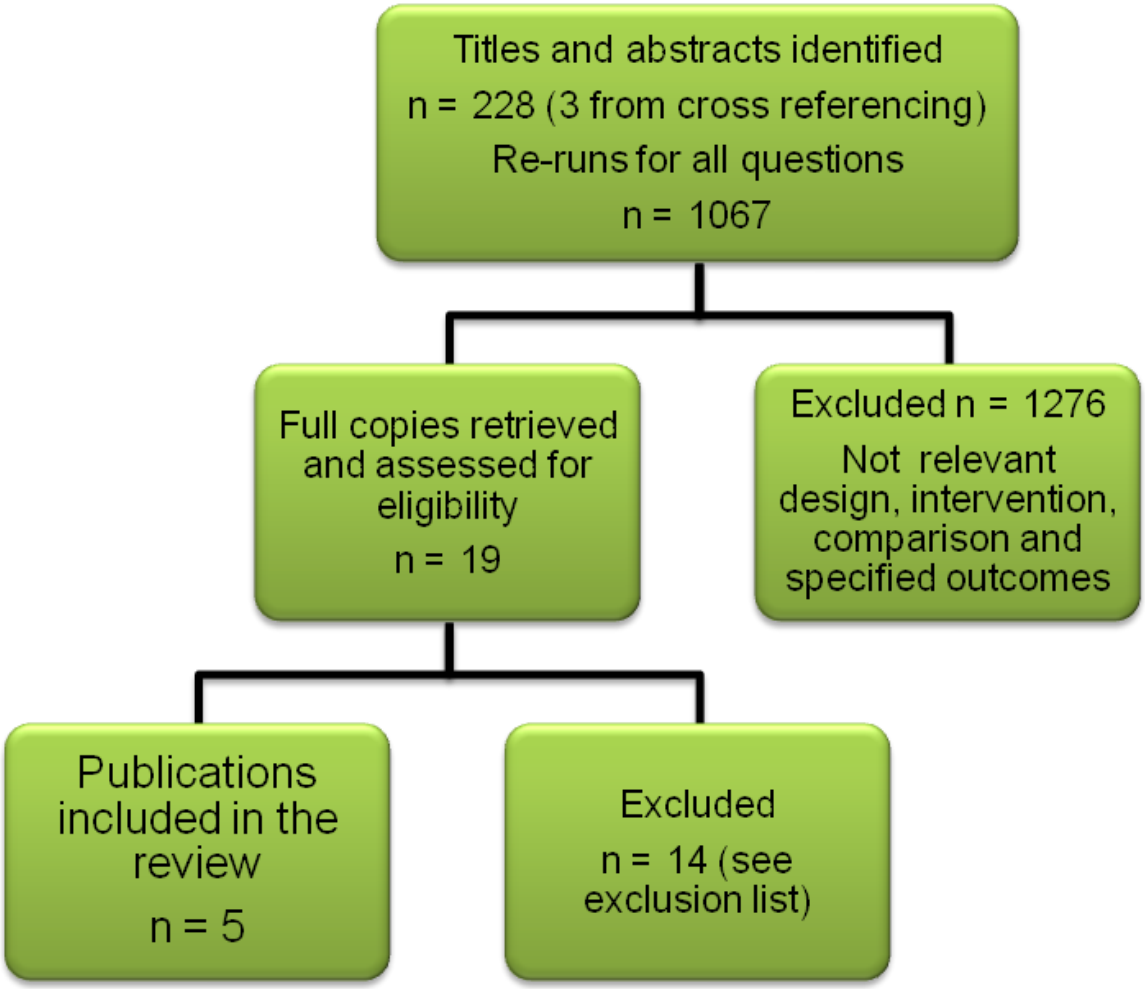
E.1.1 Tools for assessing disease severity and impact

Review question: In people with psoriasis (all types), which are the most effective tools to assess the (a) severity and (b) impact of disease across all levels of healthcare provision and at any stage of the disease journey?



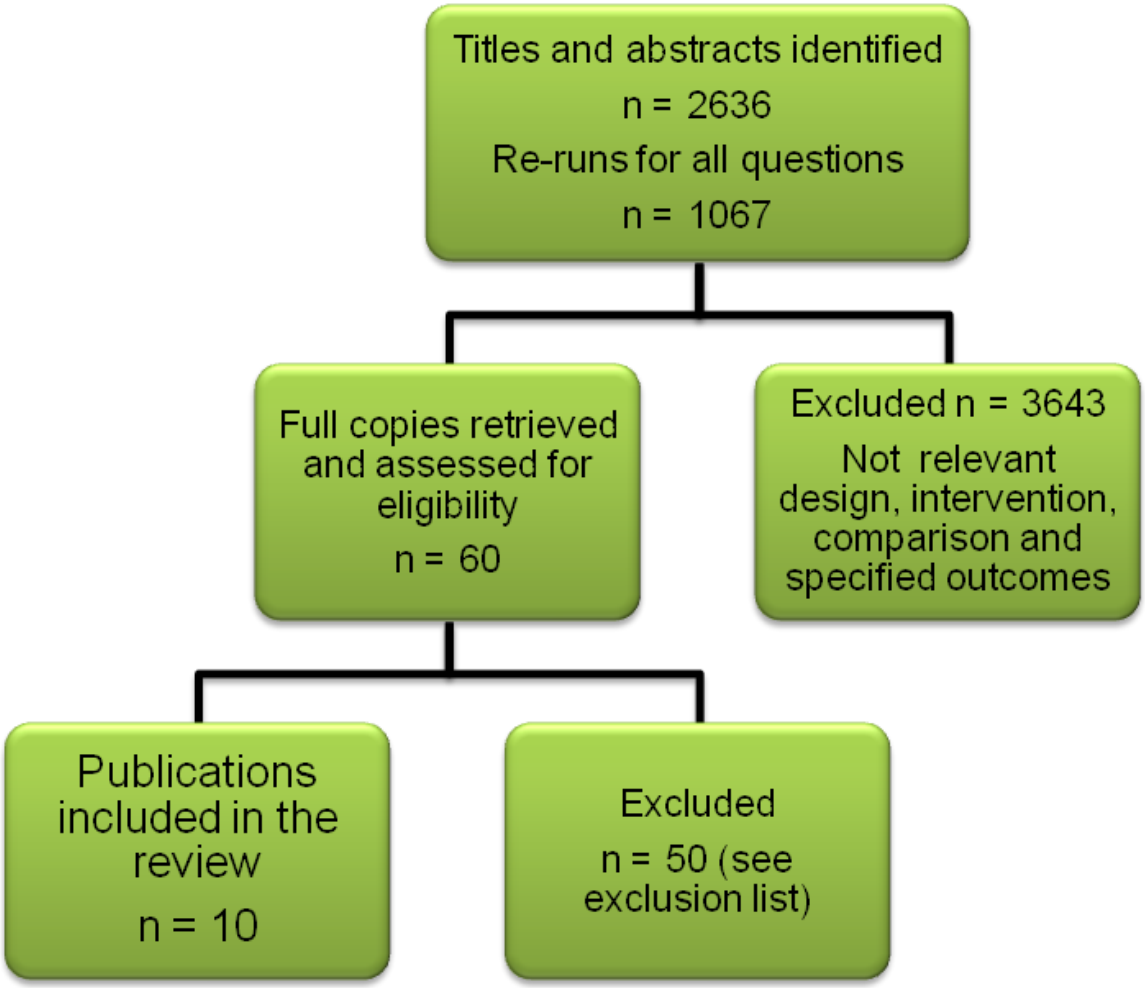
E.1.2 Diagnostic tools for Psoriatic Arthritis

In people with psoriasis (all types), which is the most accurate diagnostic tool compared with clinical diagnosis by a rheumatologist to help a non-specialist identify psoriatic arthritis?



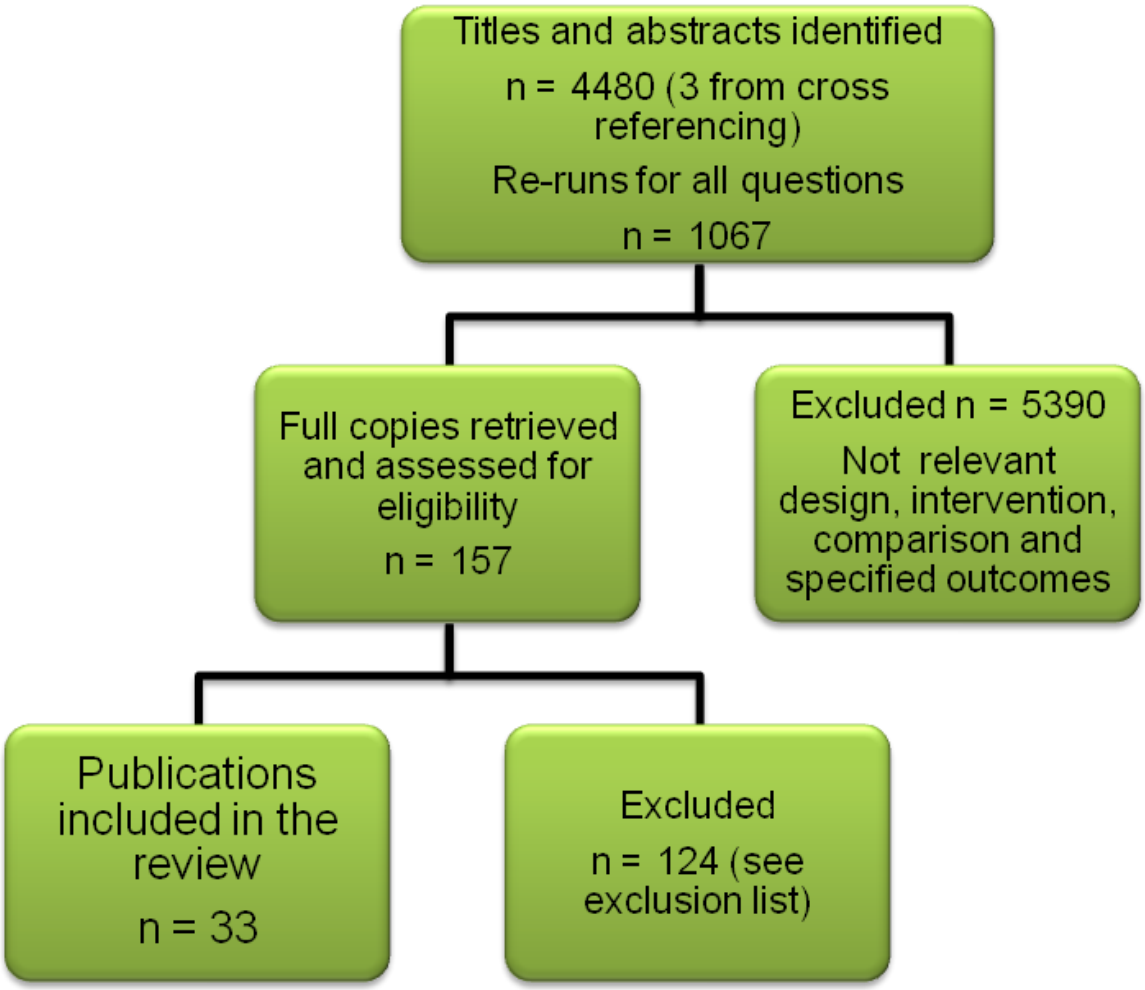
E.1.3 Specialist referral for Psoriatic Arthritis

In people with psoriasis (all types) and suspected psoriatic arthritis, how quickly should referral to a specialist be made in order to minimise the impact of disease on symptoms, joint damage and quality of life?



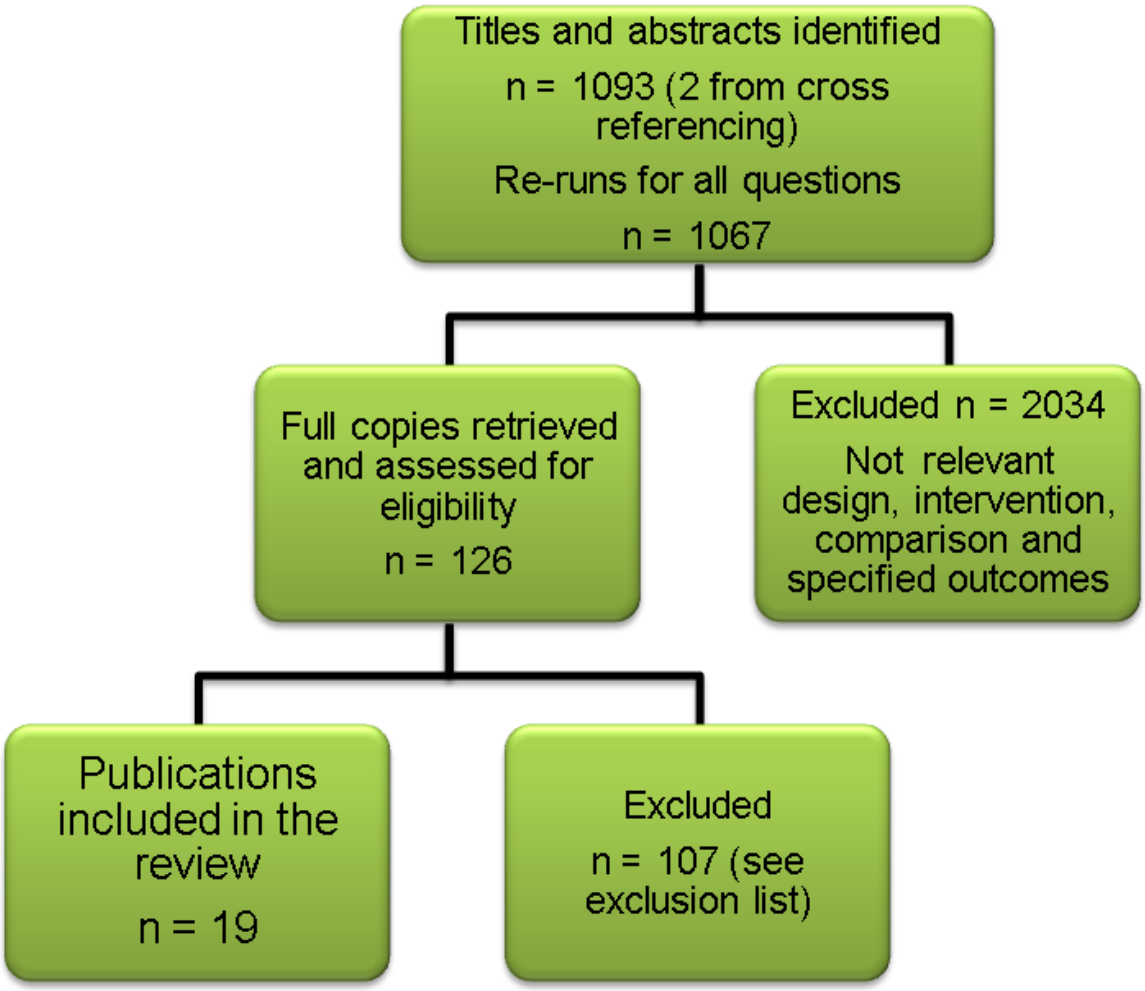
E.1.4 Identification of comorbidities

Are people with psoriasis (all types) at higher risk than people without psoriasis for significant comorbidities and are there subgroups within the psoriasis population at a further increased risk?



E.1.5 Phototherapy, systemic therapy, tar and risk of skin cancer

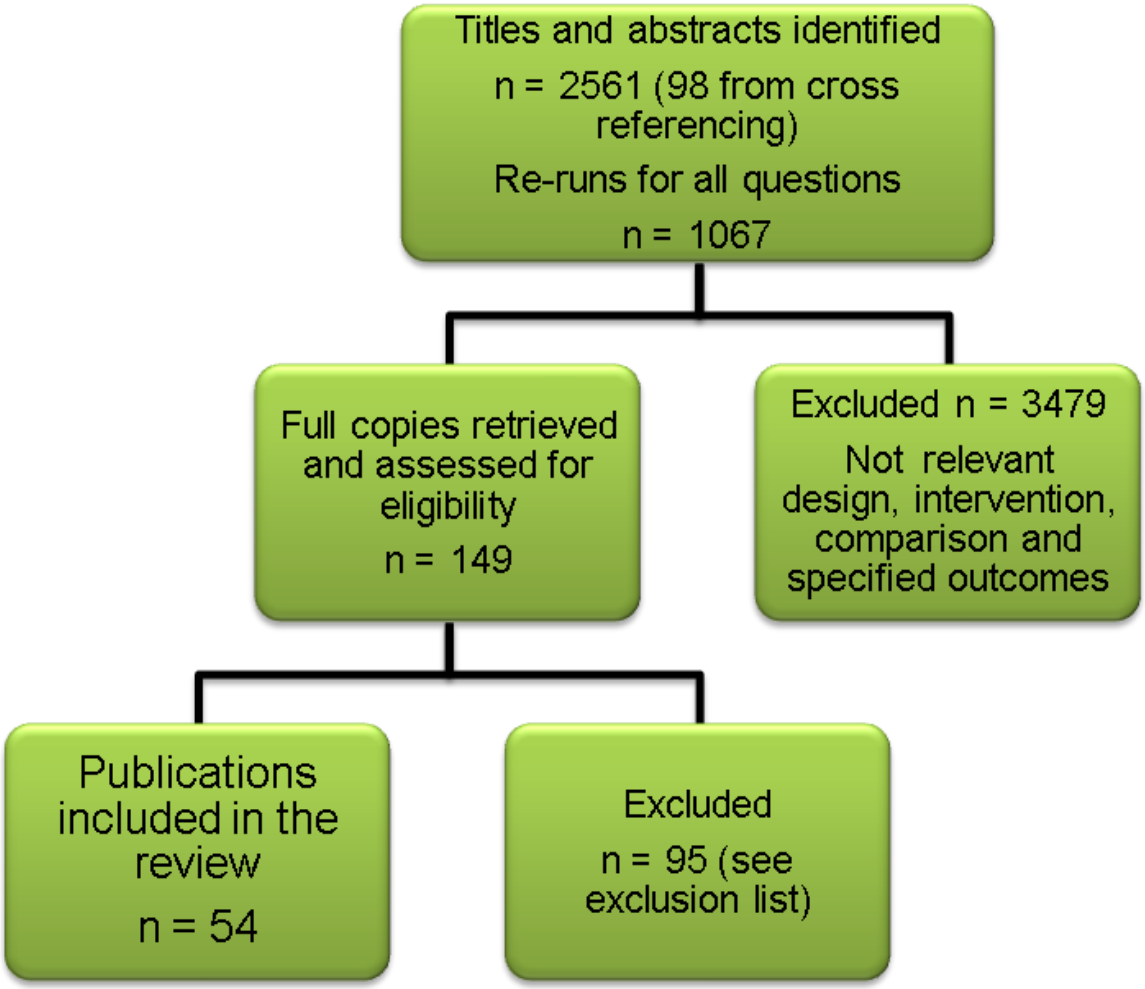
In people with psoriasis (all types) who have been exposed to coal tar, phototherapy (BBUVB, NBUVB and PUVA), systemic therapy or biologic therapy, what is the risk of skin cancer compared with people not exposed to these interventions and which individuals are at particular risk?



E.2 Chapter 7: Topical therapies for chronic plaque psoriasis

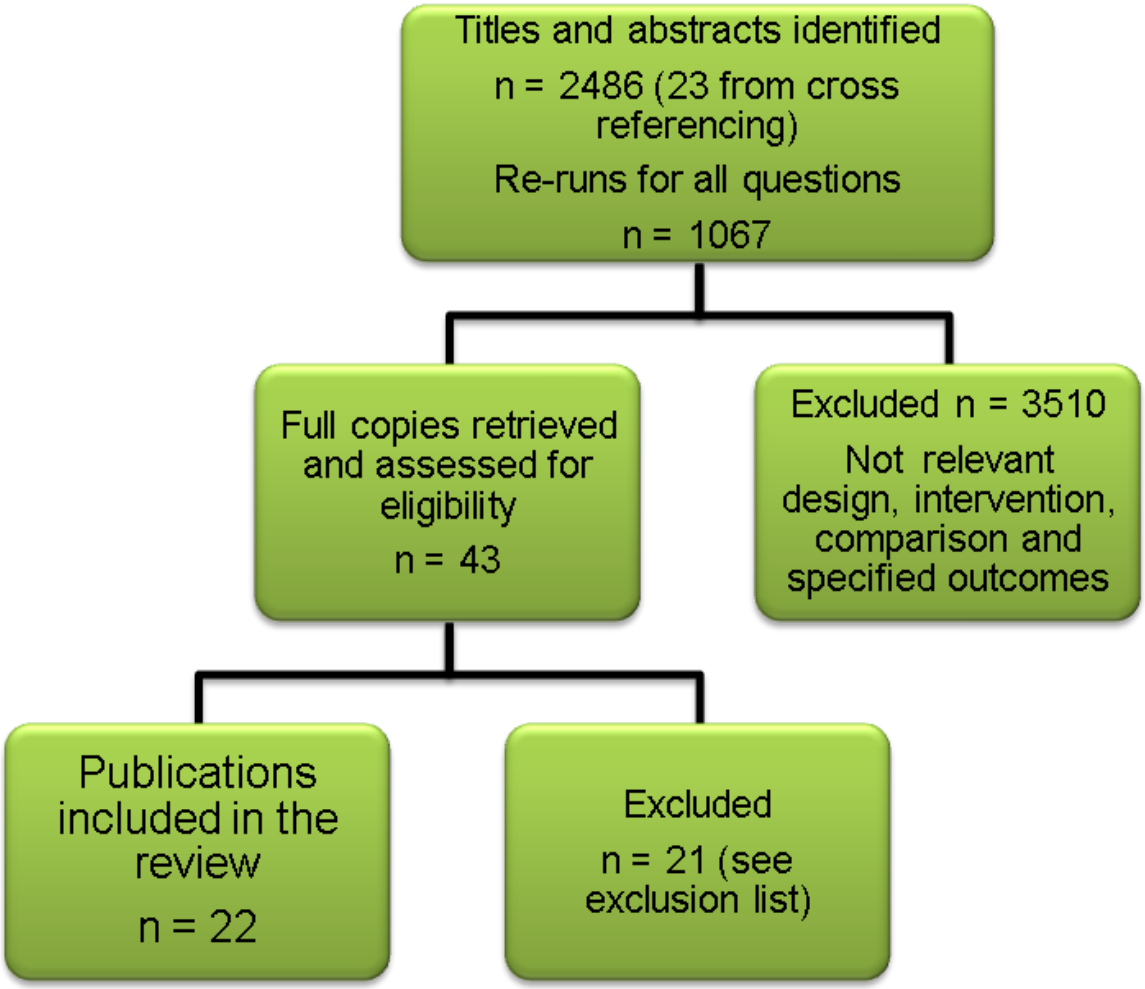
E.2.1 Topical therapies for trunk and limb chronic plaque psoriasis

In people with chronic plaque psoriasis of the trunk and/or limbs, what are the clinical effectiveness, safety, tolerability, and cost effectiveness of topical vitamin D or vitamin D analogues, potent or very potent corticosteroids, tar, dithranol and retinoids compared with placebo or vitamin D or vitamin D analogues, and of combined or concurrent vitamin D or vitamin D analogues and potent corticosteroids compared with potent corticosteroid or vitamin D or vitamin D alone?



E.2.2 Topical therapies for high impact or difficult to treat sites

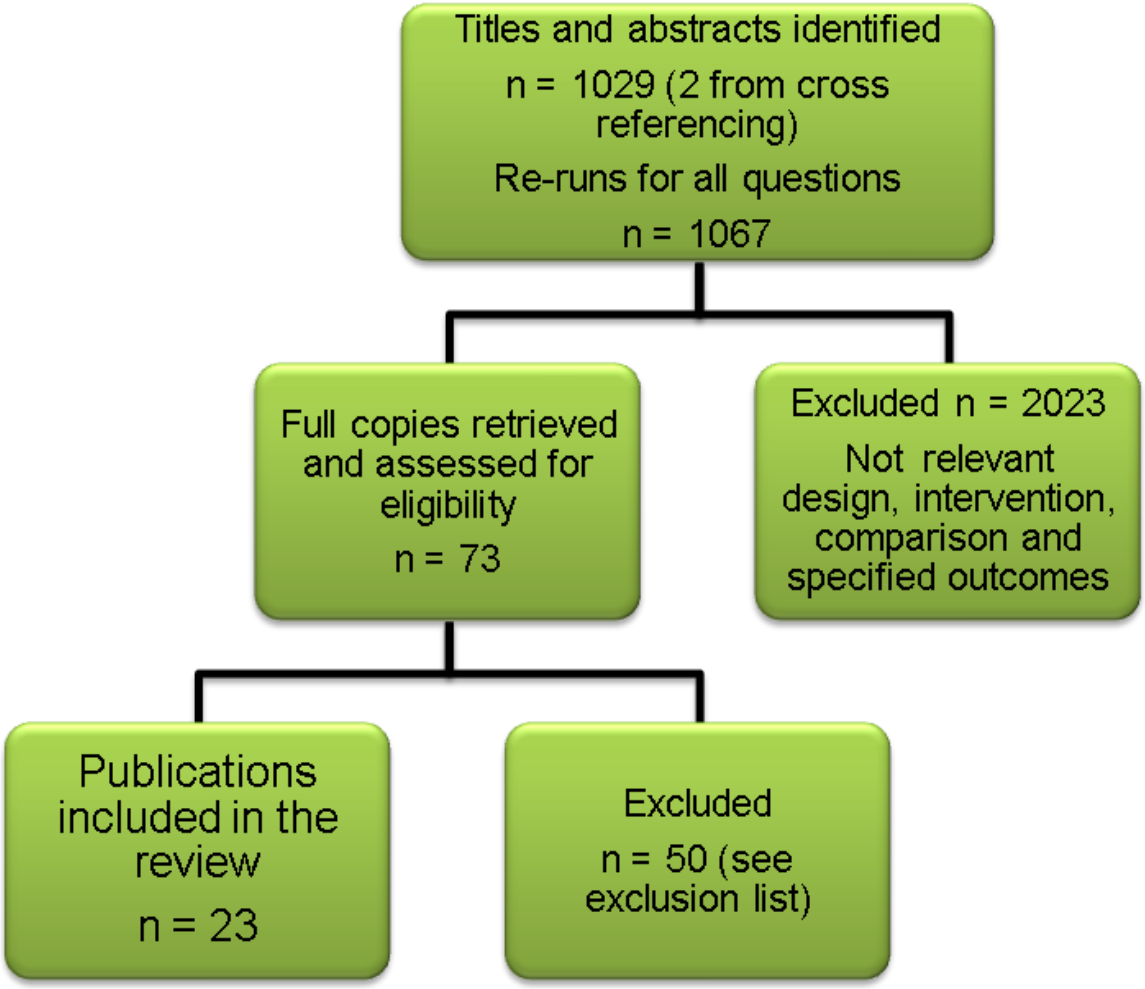
In people with chronic plaque psoriasis at high impact or difficult-to-treat sites (scalp, flexures, face), what are the clinical effectiveness, safety, tolerability and cost effectiveness of vitamin D or vitamin D analogues, mild to very potent corticosteroids, combined or concurrent vitamin D or vitamin D analogue and potent corticosteroid, pimecrolimus, tacrolimus, tar, dithranol and retinoids compared with placebo, corticosteroids or vitamin D or vitamin D analogues?



E.3 Chapter 8: Phototherapy

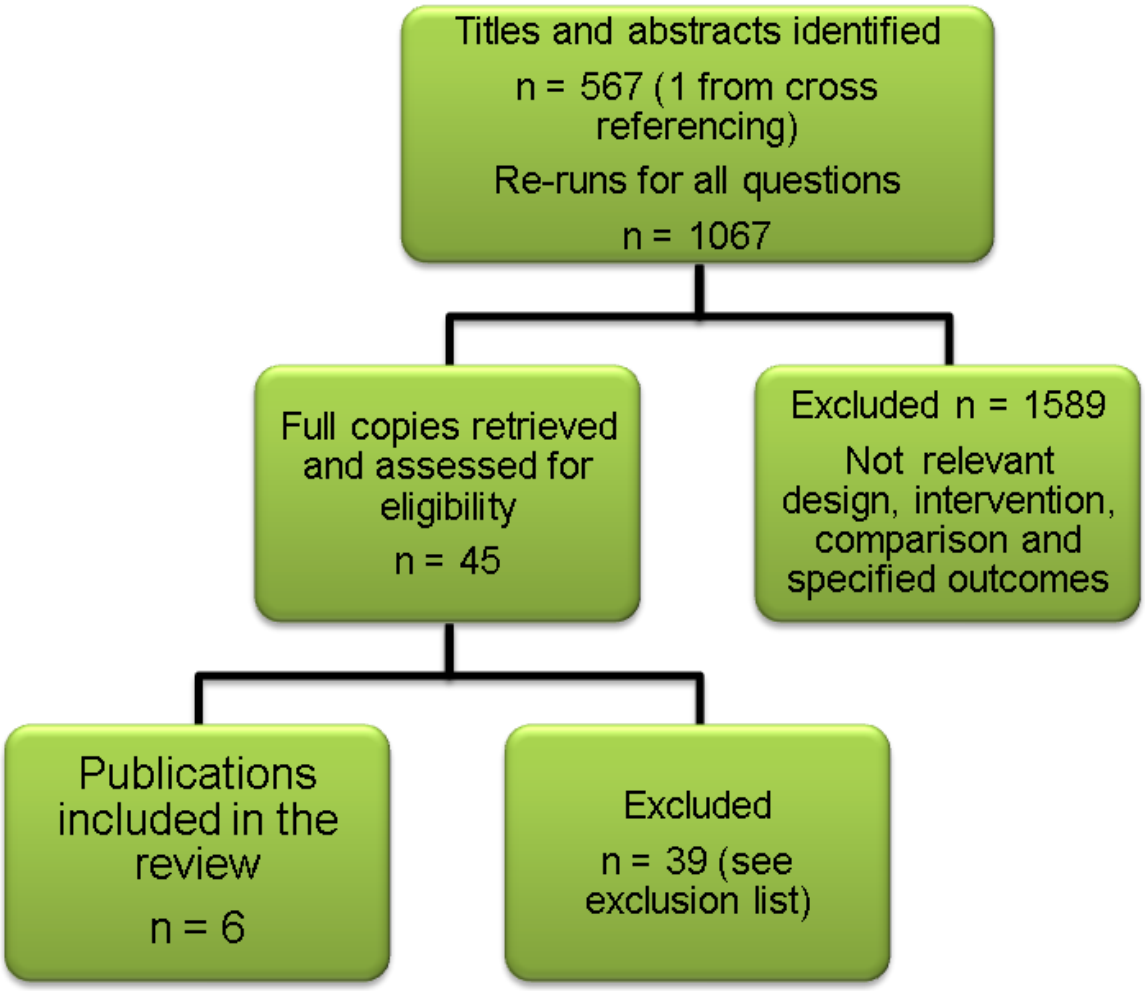
E.3.1 Phototherapy

In people with psoriasis (all types), what are the clinical effectiveness, safety, tolerability and cost effectiveness of BBUVB, NBUVB and PUVA compared with each other or placebo/no treatment?



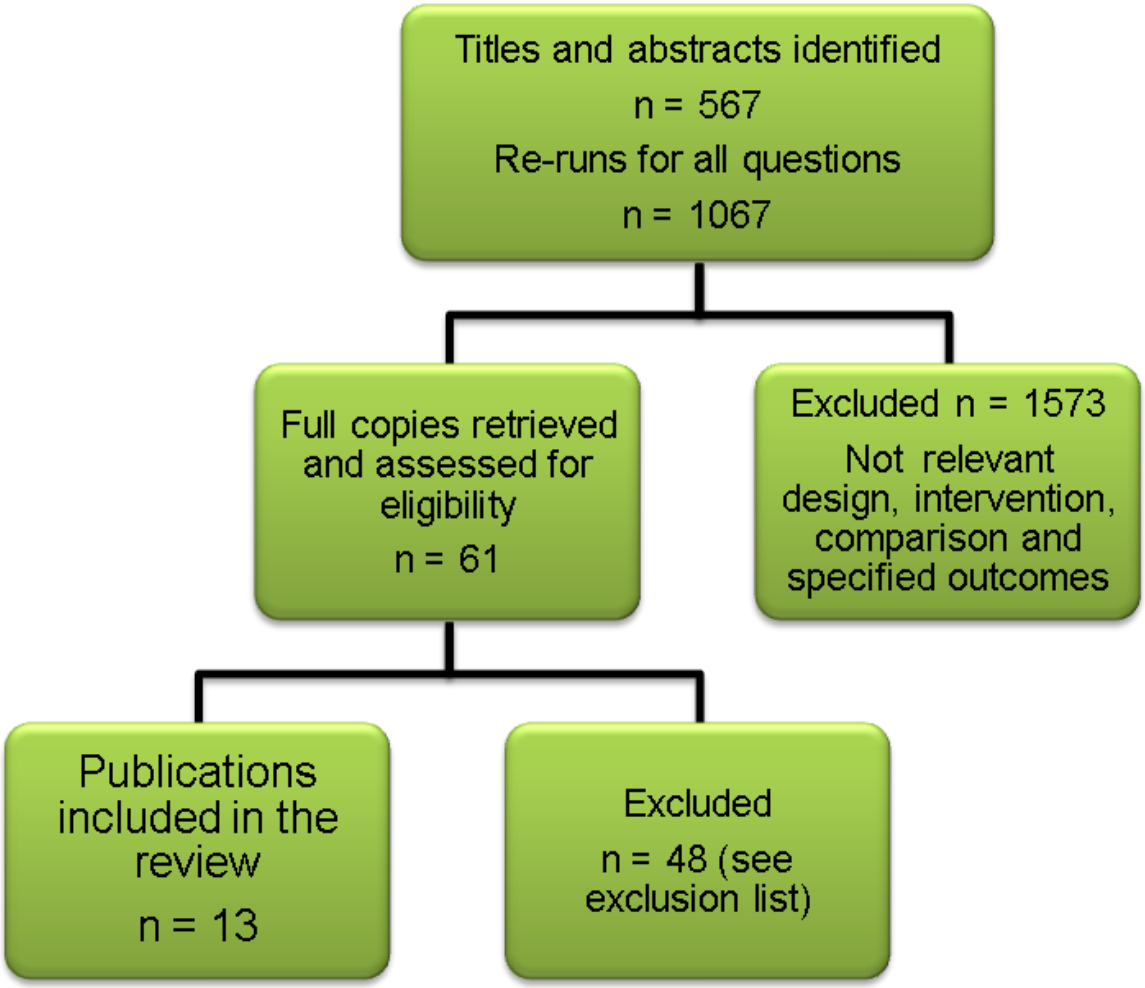
E.3.2 Phototherapy combined with acitretin

In people with psoriasis (all types), what are the clinical effectiveness, safety, tolerability and cost effectiveness of acitretin plus UVB (NBUVB and BBUVB) and acitretin plus PUVA compared with their monotherapies and compared with each other?



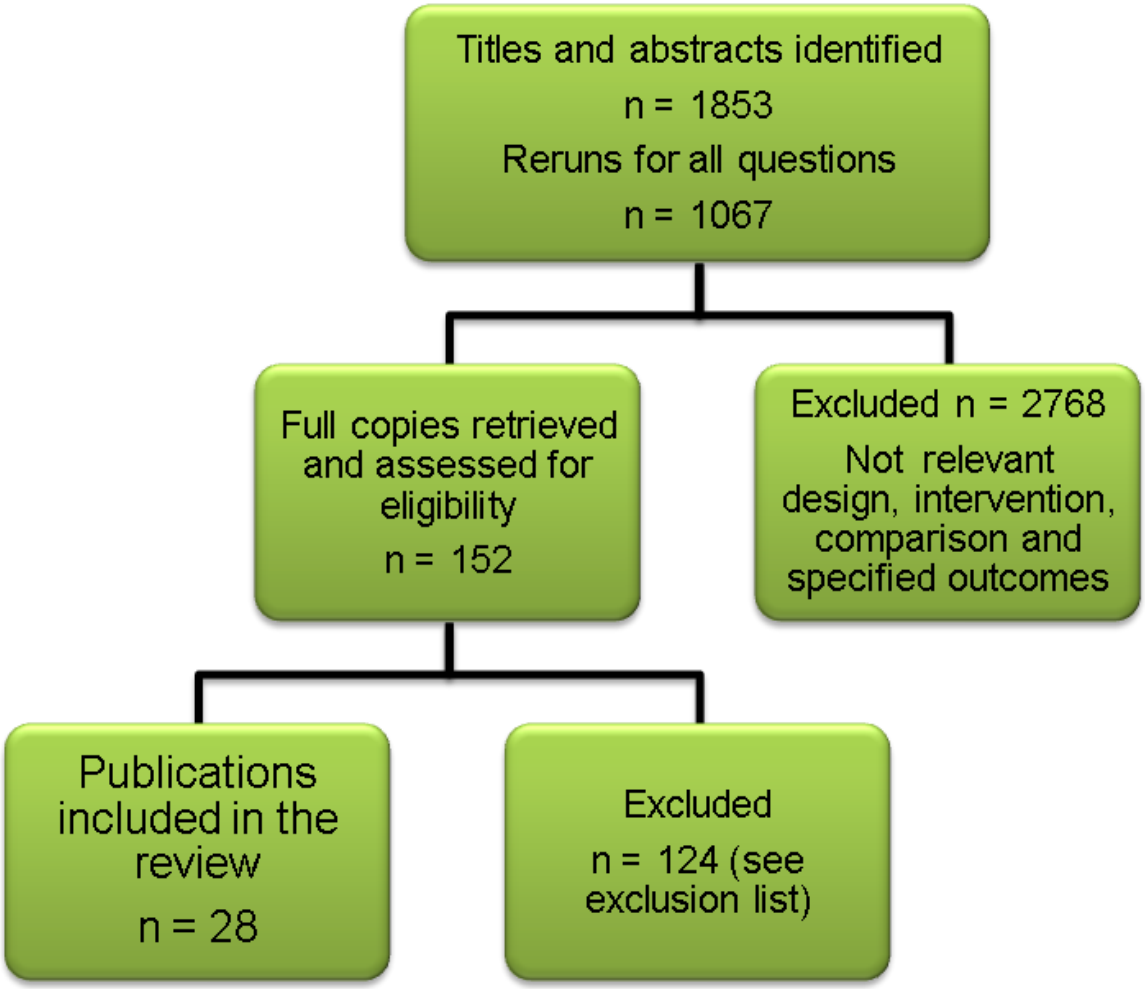
E.3.3 Dithranol, coal tar and vitamin D or vitamin D analogues combined with UVB

In people with psoriasis (all types), what are the clinical effectiveness, safety, tolerability and cost effectiveness of UVB (NBUVB or BBUVB) combined with dithranol, coal tar or vitamin D or vitamin D analogues compared with UVB alone or topical therapy alone?



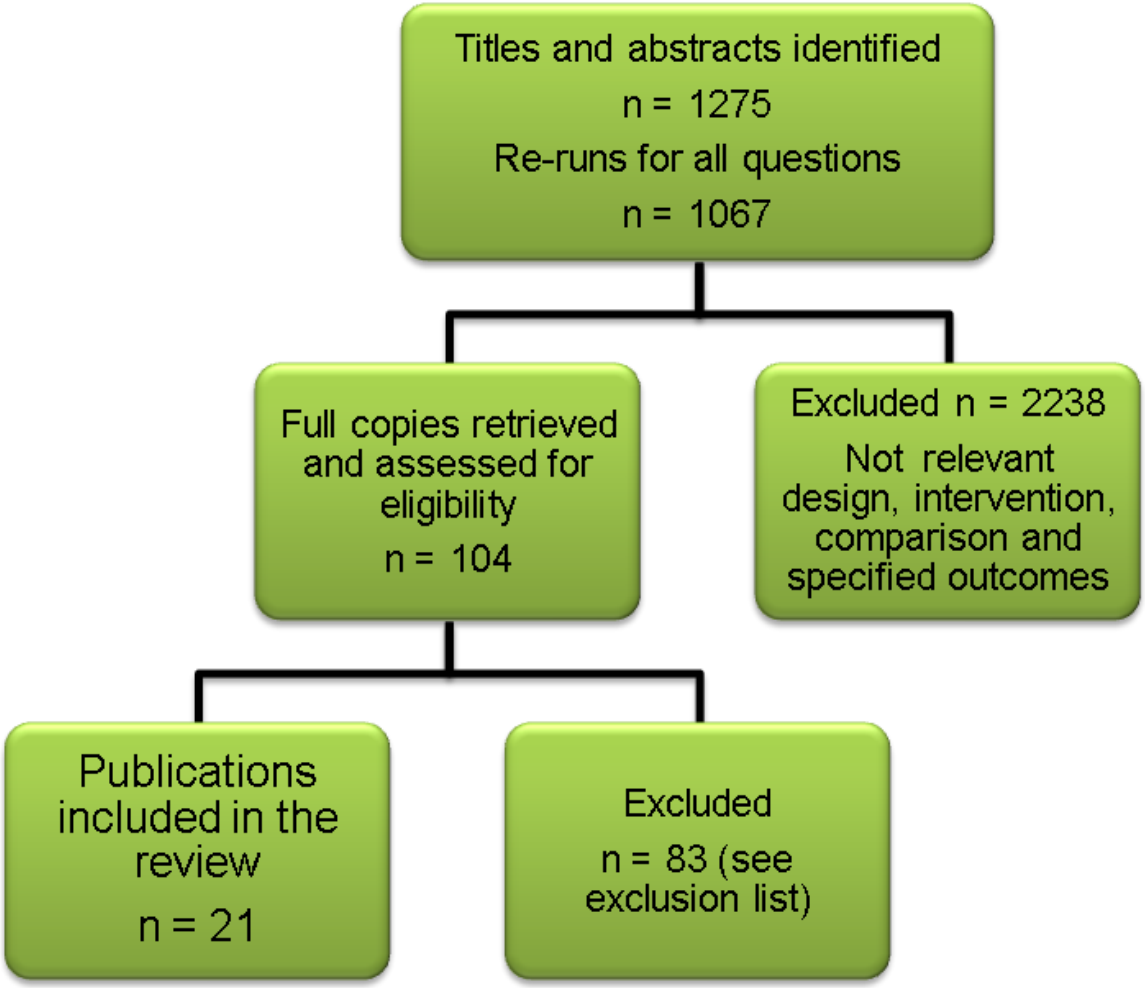
E.4 Chapter 9: Systemic therapy (second-line, non-biologic)

In people with psoriasis (all types), what are the clinical effectiveness, safety, tolerability and cost effectiveness of systemic methotrexate, ciclosporin and acitretin compared with each other or with placebo?



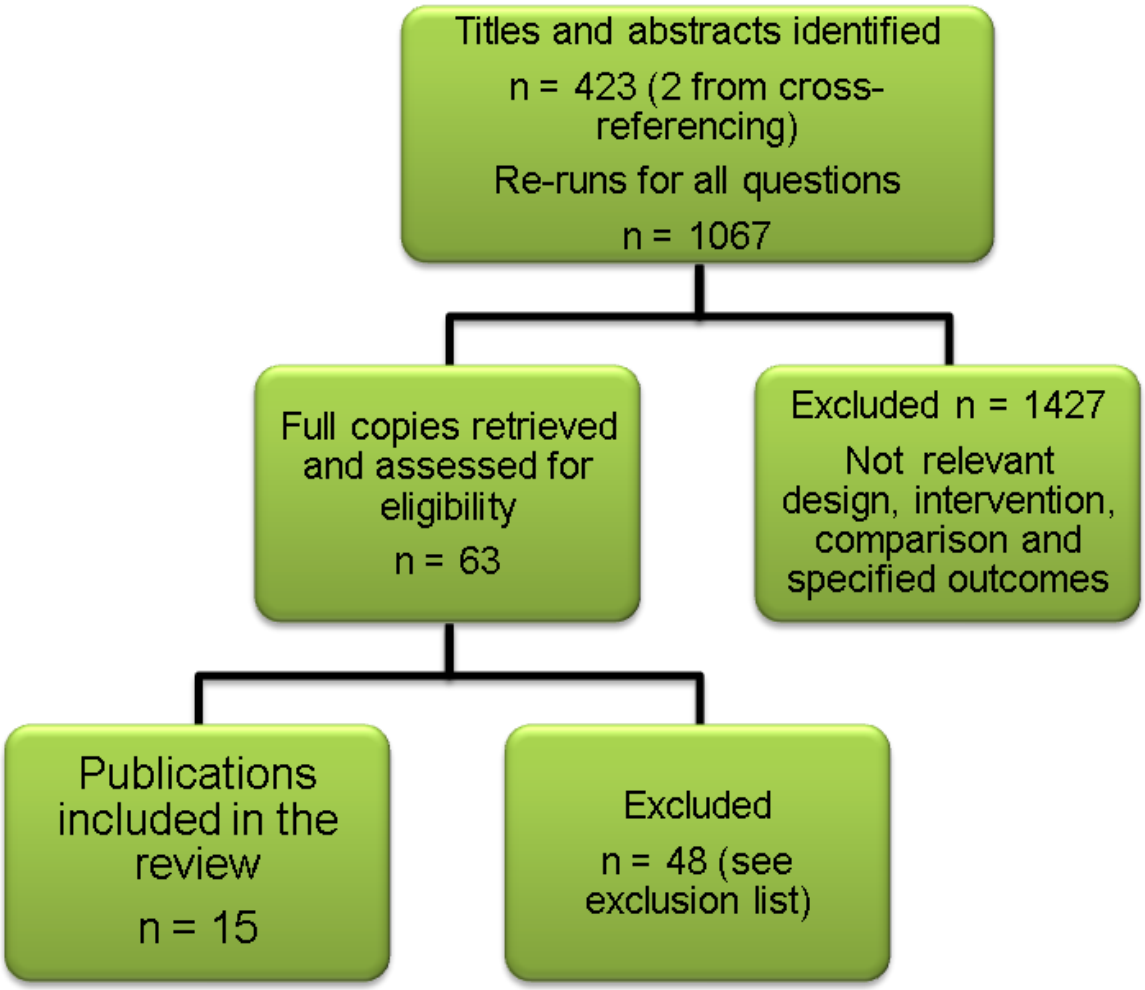
E.5 Chapter 10: Methotrexate and risk of hepatotoxicity

In people with psoriasis (all types) who are being treated with methotrexate, are there specific groups who are at high risk of hepatotoxicity?



E.6 Chapter 11: Methotrexate and monitoring for hepatotoxicity

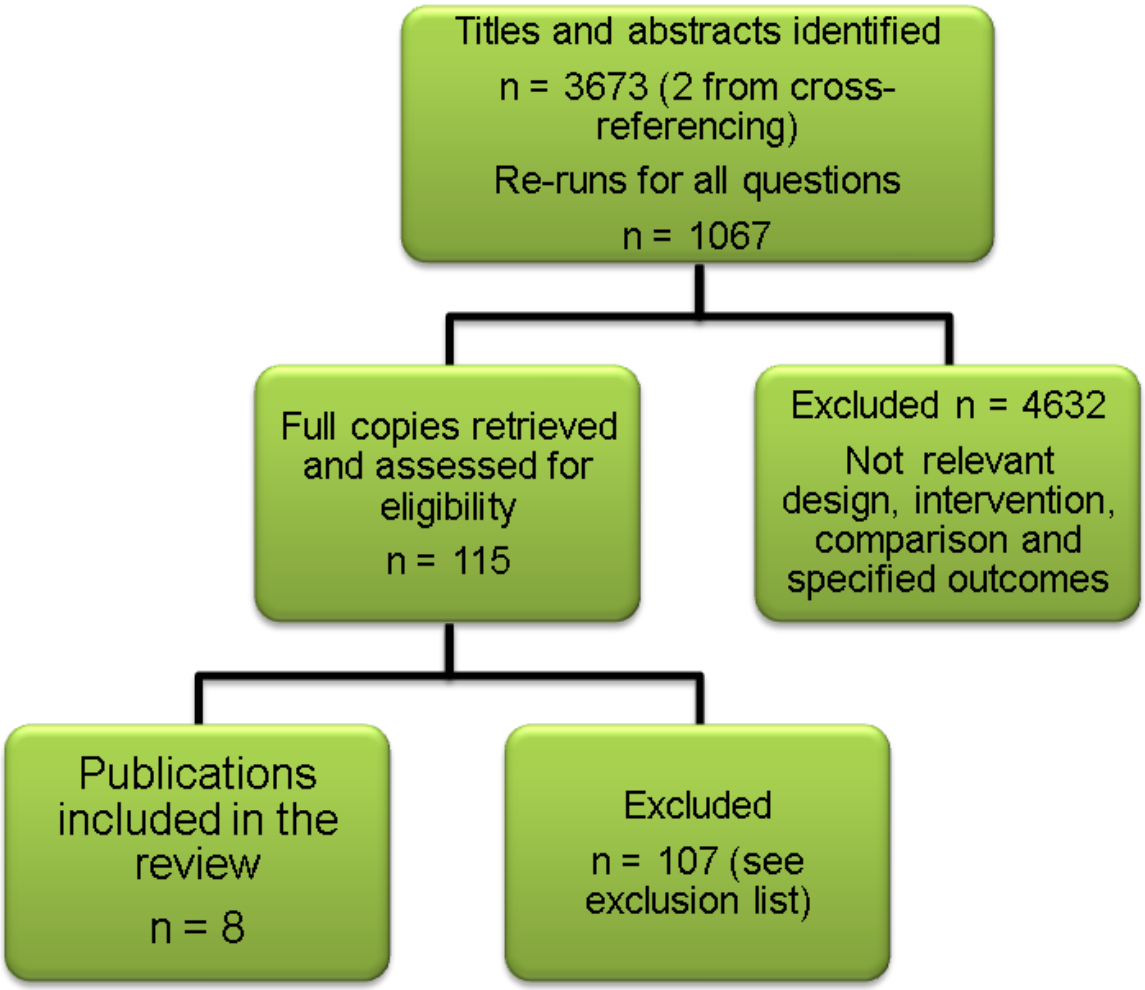
In people with psoriasis (all types) who are being treated with methotrexate or who are about to begin treatment with methotrexate, what is the optimum non-invasive method of monitoring hepatotoxicity (fibrosis or cirrhosis) compared with liver biopsy?



E.7 Chapter 12: Sequencing of biological therapy

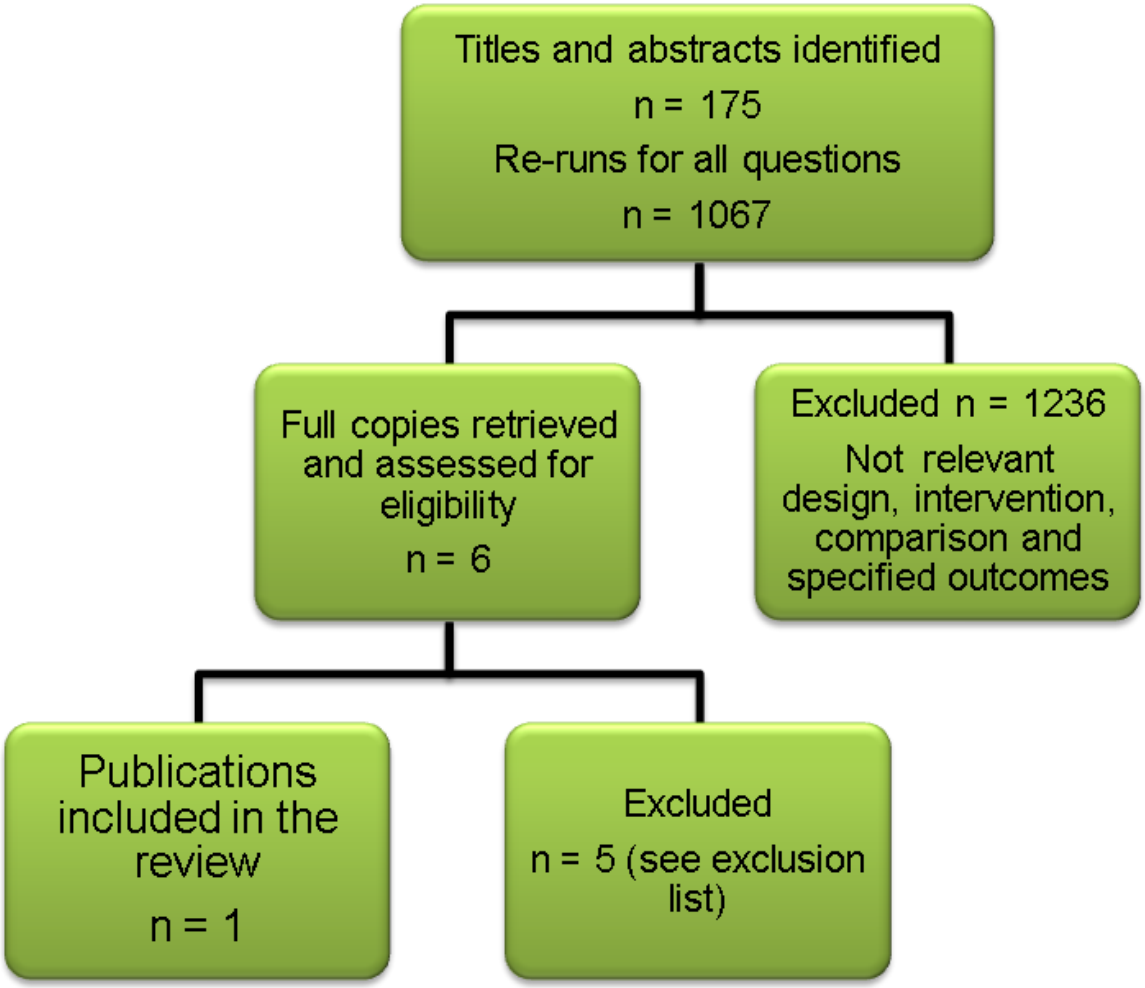
In people with chronic plaque psoriasis eligible to receive biologics, if the first biologic fails, which is the next effective, safe and cost effective strategy?

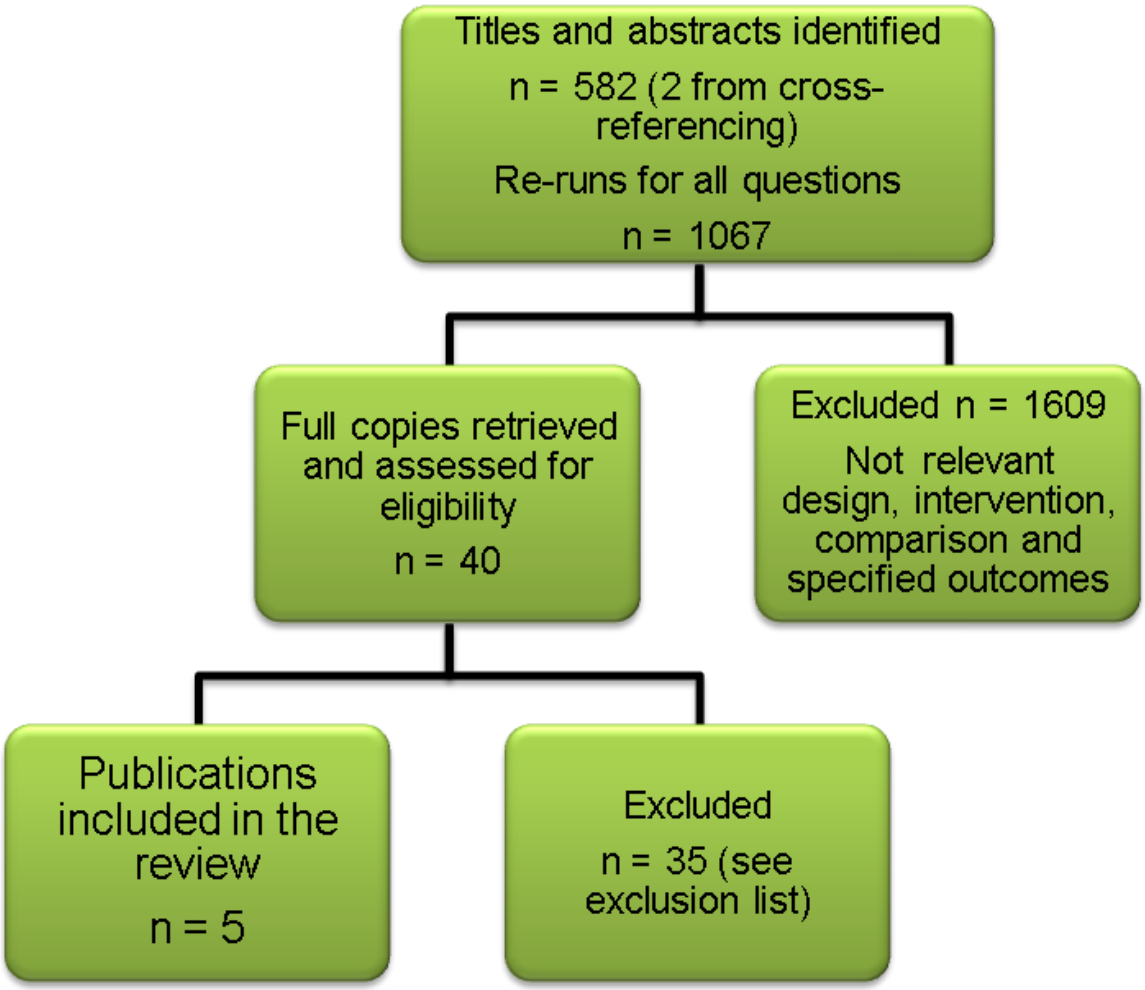
Note that for this question in addition to the published sources in the diagram below, six additional unoublished data sources were retrieved via the call for evidence.



E.8 Chapter 13: Cognitive behavioural therapy

In people with psoriasis (all types), how effective are cognitive behavioural therapy (group and individual) interventions alone or as an adjunct to standard care compared with standard care alone for managing psychological aspects of the disease in reducing distress and improving quality of life?



E.9 Chapter 14: Self-management

What strategies can best support people with psoriasis (all types) to self-manage the condition effectively?