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SUPPLEMENTAL TABLE SI

Table SI. Manual versus Elicit extraction of 24 studies from original systematic review (1). Results are in alternate rows. Items highlighted in green show agreement between manual and Elicit extraction, red shows complete disagreement, pink a discrepancy due to interpretation, and yellow data extracted from the wrong part of the publication.

Author, Year	Disease	Country	Participants	Systemic	Topical	Non-pharmacological	Evidence for primary outcome	Random	Blind	Fate	Jadad Score	Study Design/Blinding	
Ali 2017(2)	Any skin disease	United Kingdom	104				Paper based DLQI, iPad tablet DLQI, crossover after 30 mins	DLQI only	2	2	1	5	
Elicit	Psoriasis, skin lesions, eczema	United Kingdom	Total: 104 -Paper first: 57 -iPad first: 47		Says 'Yes' to topical	Participants completed both paper and electronic versions with a 30-minute interval.	- Total DLQI scores (range: 0-30). Time taken to complete the DLQI (seconds). Patient preference for electronic vs. paper version	2	0	0	3	Randomized crossover, single-site study Ensures blinding in terms of sequence of administration – Elicit did not mention method of blinding/fate	
Campana ti 2020(3)	Palmar hyperhidrosis	Greece	70	Botulinum toxin type a (btx-a) +oral oxybutynin chloride for relapse only, oral oxybutynin chloride monotherapy				HDSS and DLQI: Effectiveness was evaluated through the Hyperhidrosis Disease Severity Scale (HDSS), and the DLQI score. Conclusion based on HDSS	1	0	0	1	
Elicit	Primary Palmar Hyperhidrosis (PPH)	Italy Authors location given, not study location	Total: 70 Group 1: 35 - Group 2: 35		Says 'Yes' to topical	- Group 1: BTX-A injections at T0 (2 U per 2.25 cm ² area, total dose 100 to 150 U per hand) followed by oral oxybutynin chloride at relapse (starting dose 5 mg/die, increments of 2.5 mg up to 10 mg/die). - Group 2: Oral oxybutynin chloride alone (starting dose 5 mg/die, increments of 2.5 mg up to 10 mg/die).	Outcome measured: Efficacy measured by Hyperhidrosis Disease Severity Scale (HDSS) and DLQI; Safety measured by adverse events	1	0	0	1	Prospective, randomized, controlled, multi-site study Not mentioned (the paper does not explicitly mention blinding)	
Campos 2019(4)	Rosacea	Spain	Controlled split face				595 nm pulsed dye laser, sequential emission of laser and 1,064nm nd: yag	Objective: Compare treatment efficacy of purpuragenic PDL with laser. Efficacy evaluated by spectrophotometric	2	2	1	5	

			study so only 27 patients. Erroneously reported as 54.			measurement, visual photograph evaluation, DLQI, and a post-treatment questionnaire. DLQI results presented first						
Elicit	Erythematotelangiectatic rosacea	Portugal	Total: 29 Only 27 patients completed study		Says 'Yes' to 'topical'	Purpuragenic PDL and multiplexed PDL/Nd:YAG laser modalities/settings – Does not quantify as above	- Spectrophotometric measurement - Visual photograph evaluation - Dermatology Quality of Life Index (DLQI) questionnaire - Post-treatment questionnaire	2	2	1	5	Prospective, randomized, controlled, double-blind, split-face study with crossover design within the same subject.
Dorgham 2021(5)	Hirsutism	Egypt	150	metformin, combined oral contraceptive (diane-35)		Laser hair removal (lhr), lhr + metformin, lhr+ combined oral contraceptive (Diane-35)	Patients' QoL were assessed using a visual analogue scale (VAS) and DLQI and a customized questionnaire (Hirsutism Life Quality Index; HLQI). All patients showed significant improvement in DLQI and HLQI after treatment	2	0	0	2	
Elicit	Hirsutism in the context of PCOS	Not mentioned Egypt stated as study location in the publication	Total: 150 Group 1: 50 Group 2: 50 Group 3: 50		Says 'Yes' to topical	Three groups: laser hair removal alone, metformin and laser hair removal, and COCs and laser hair removal.	- DLQI - Hirsutism Life Quality Index (HLQI) - Visual Analog Scale (VAS)	2	0	0	2	Single-center, prospective, balanced randomization, controlled. Allocation was blinded to participants and possibly researchers as well.
Escuadro -Chin, 2019(6)	Xerosis	Philippines	148			Mineral oil, virgin coconut oil	Primary outcomes were measured at baseline and 2-weeks post treatment included DLQI	2	2	1	5	
Elicit	Senile xerosis	Phillippines	Total: 148 -VCO: 81 -Mineral Oil: 67			Application of VCO or mineral oil twice daily for 2 weeks	Skin dryness, hydration, lipid content, quality of life (DLQI)	2	0	1	3	Randomized assessor-blinded controlled trial with intention to treat and per protocol analyses
Farahani 2021(7)	Eczema/Hand eczema	Iran	94			Hydrocortisone, sambucus ebulus cream	Primary outcomes were changes in the severity of hand eczema (hand eczema severity index [HECSI]) and life quality [DLQI])	2	2	1	5	
Elicit	Hand eczema	Iran	Total: 94 -S. ebulus:47 - Hydrocortisone: 47			Random assignment to S. ebulus or hydrocortisone	- Severity of hand eczema (HECSI score, range: 0-360) - Life quality (DLQI score, range: 0-30)	2	2	1	5	Randomized, controlled, double-blinded, multi-site clinical trial
Faursho u 2015(8)	Psoriasis	Denmark	16	Placebo, liraglutide			The primary end points were improvement in PASI and DLQI	2	2	1	5	

Elicit	Psoriasis	Denmark	Total 21 Placebo: 9 Liraglutide: 11 Does not match above however study says 20 patients	Liraglutide or placebo		PASI (Psoriasis Area and Severity Index) and DLQI	2	2	1	5	Randomized, placebo-controlled, single-site, parallel design Double-blind
Feldman 2004(9)	Psoriasis	Multiple	549	Placebo/alefacept, alefacept/placebo, alefacept/alefacept		To evaluate the effect of alefacept on quality of life. The DLQI, selected as the primary QoL scale, and the DLQI, DQOLS and SF-36 were administered	2	2	1	5	
Elicit	Chronic Plaque psoriasis	USA, Canada	Total: 553 -Cohort 1 (alefacept/Alefacept): 182 -Cohort 2 (alefacept/Placebo): 183 -Cohort 3 (Placebo/alefacept): 184	Cohort 1 : two courses of alefacept Cohort 2 : alefacept in course 1, placebo in course 2 Cohort 3 : Placebo in course 1, alefacept in course 2		DLQI, DQOLS	2	2	1	5	Multicentre, double-blind, parallel-groups study Re 'blind': the study refers to a double-blind design where both patients and researchers were unaware of who received alefacept and who received a placebo.
Foroutan 2017(10)	Pruritus	Iran	90	Doxepin, pregabalin		Objective: compare antipruritic effects. Severity of pruritus and effect on QoL assessed by VAS, 5-D itch scale and DLQI. Pregabalin significantly reduced mean scores of the 5-D itch scale and the DLQI compared to doxepin. PASI used to calculate sample size	2	1	1	4	
Elicit	Uremic pruritus	Iran	Total: 90 -Pregabalin: Not specified -Doxepin: Not specified	Randomly assigned pregabalin or doxepin	Says maybe to topical	Severity of pruritus and its effect on quality of life, as measured by the Visual Analog Scale (VAS), 5-D itch scale, and DLQI	2	1	1	4	Randomized, single-blind, multi-site, parallel design, non-placebo controlled Single blinded
Franken 2013(11)	Polymorphic Light eruption	Netherlands	29		Home uvb, hospital uvb	Objective: compare effectiveness of the irradiation. Outcome assessment based on DLQI questionnaire.	2	1	1	4	
Elicit	Polymorphic light eruption PLE	Netherlands	Total: 33 -Home UV-device: 16 -Hospital UV-treatment: 13		Hospital-based uvb hardening and home-based UV hardening	Improvement in dermatological quality of life (DLQI) and the reduction in the severity of polymorphic light eruption (PLESI) scores, as well as patients' evaluation of the long-term benefits of their phototherapies.	2	1	1	4	Randomized controlled trial, non-inferiority, blinded assessment of questionnaires, parallel design

Grob 2009(16)	Urticaria	France	60	placebo/ desloratidine, desloratidine/ placebo	Main outcome measure was QoL assessed by the VQ-Dermato and DLQI. The primary efficacy parameters were changes in VQ-Dermato and DLQI scores Visits 2 to 4.	1	2	1	4	
Elicit	Chronic idiopathic urticaria	France	Total: 106 -Continuous treatment: 46 -PRN: 60	Arm 1: Desloratadine (continuous) Arm 2: desloratadine only when urticaria present (PRN)	Quality of life assessed by the VQ-Dermato and the DLQI	2	2	1	5	Randomized, double blind, parallel group, placebo controlled, multi-site Elicit said: Computerised randomisation – computer generated code allocation which corresponds to paper
Haber 2020(17)	Uremic pruritus	Lebanon	16	Doxepine, gabapentin, crossover	DLQI primary outcome measure	1	1	1	3	
Elicit	Uremic pruritus	Not mentioned	Total: 16 -doxepin: 8 gabapentin: 8	Doxepin, gabapentin	Change from baseline in worst-itching VAS at week 4 Change from baseline in 5-Domain Itch Scale at week 4 Change from baseline in DLQI at week 4	1	1	1	3	Randomized, single-blind, crossover design, non-placebo controlled
Huang 2013(18)	Chronic actinic dermatitis and polymorphous light eruption (PLE)	China		Cetirizine dihydrochloride + mometasone furoate cream Standard treatment: cetirizine dihydrochloride+ mometasone furoate cream, standard treatment + education	Objective: effect of formal sun protection education on sun exposure habits and quality of life.	2	0	0	2	
Elicit	Chronic actinic dermatitis and polymorphous light eruption (PLE)	China	Total: 128 -Intervention: Not specified Control: Not specified	Topical corticosteroids (mometasone furoate cream)	Sun exposure habits, quality of life (measured by modified DLQI)	2	0	0	2	Randomized controlled trial design Not mentioned (the paper does not explicitly state whether the study was blinded)
Lambert 2021(19)	Psoriasis	Multiple	928	brodalumab, ustekinumab	Objective: to compare the effects of 52 weeks of treatment with brodalumab or ustekinumab on HRQoL. HRQoL outcomes were measured using the DLQI (only).	2	2	1	5	
Elicit	Psoriasis	Multinational	Total: 929 -Brodalumab: 339	Brodalumab, ustekinumab	Comparison of health-related quality of life (HRQoL) improvements as measured by the DLQI between brodalumab and ustekinumab treatments.	2	2	1	5	Randomized, controlled, double-blind, placebo-controlled, phase 3

				- Ustekinumab: 590						
Martin 2021(20)	Atopic dermatitis	Brazil	16	Creme without propolis (placebo), creme containing green propolis extract	DLQI used for sample size calculation. Objective: to develop a cold cream formulation based on purified beeswax. SCORAD to measure severity, DLQI for QoL. No obvious primary outcome measure	1	2	1	4	
Elicit	Atopic Dermatitis	Brazil	Total: 16 -Control: 8 -Intervention: 8	Control (cold cream without added propolis), intervention (cold cream loaded with green propolis extract)	Evaluation of the impact of low concentrations of green propolis on AD control specifically focusing on disease severity (SCORAD) and quality of life improvements (DLQI), skin hydration	1	2	1	4	Randomized, triple- blind, controlled, single site, prospective
Salisbury 2005(21)	Any skin disease	United Kingdom	556		General practitioner with special interest group, hospital outpatient group	2	1	1	4	
Elicit	Skin problems (e.g. eczema, psoriasis, urticaria)	Bristol, England	Total: 556 -GP with special interest: 354 -hospital outpatient care: 202	Says Yes to topical	General practitioner with special interest, hospital outpatient care	2	1	1	4	Randomized controlled trial, stratified by practice, 2:1 randomization ratio, not double-blind RE Blinding Elicit says: It was not possible to blind participants or researchers to group allocation
Sarafian 2015(22)	Psoriasis	Iran	80	Placebo, turmeric microemulgel	DLQI and PASI score as well as photos before and after treatment were used to evaluate the outcomes.	2	2	0	4	
Elicit	Plaque psoriasis	India, South East Asia	34	Active treatment group: Tumeric microemulgel, control group: placebo	PASI score (redness, thickness, scaling, area of involvement), DLQI score	1	2	0	3	Randomized, prospective intra- individual, right-left comparative, placebo- controlled, double-blind
Schmitt 2014(23)	Psoriasis	Germany	47		Dermatological care, interdisciplinary care	2	1	1	4	

Elicit	Psoriasis	Germany	Total: 47 Dermatological care: 24 Interdisciplinary care: 23	Says Yes to topical	Dermatological care, interdisciplinary care	Mean change in DLQI at 6 months	2	1	1	4	Randomized, controlled, not double-blind, not placebo-controlled
Yang 2018(24)	Urticaria	Taiwan	74	Placebo + levocetirizine, Chinese herbal medicine xiao-feng-san (xfs) and qing-shang-fang-feng-tang (qsfft)		Objective: To evaluate the effectiveness and safety of the mixture of two CHM formula for urticaria. The symptom severity of urticaria was designed as the primary outcome using UAS7 and DLQI	2	2	1	5	
Elicit	Chronic urticaria	Taiwan	Total: 74 -CHM group: 37 -Control group: 37	CHM group: 2 gm XFS and 2 gm QSFFT four times a day and 5 mg levocetirizine once daily for 28 days followed by 5 mg levocetirizine once daily alone for 28 days - Control group: placebo and 5 mg levocetirizine daily followed by 5 mg levocetirizine once daily for 28 days alone		Symptom improvement (measured by UAS7 and DLQI)	2	2	1	5	Randomized, double-blind, placebo-controlled, single-site
Zouboulis 2018(25)	Hidradenitis suppurativa	Multiple	151	adalimumab		Objectives: To evaluate the role of pruritus in mediating the relationship between improvements in disease severity and HRQOL (PASI and DLQI)	1	1	1	3	
Elicit	Hidradenitis suppurativa/acne inversa (HS)	Not mentioned Public-ation does not specify countries involved in the study	Total: 633 -ADA weekly: 316 -Placebo: 317	Adalimumab and placebo		Hidradenitis suppurativa clinical response (HiSCR), lesion counts, skin pain, DLQI	1	1	1	3	Multicenter, double-blind, placebo-controlled

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