Table SI: *Expert opinions on preferable treatment for genital plaque psoriasis*

| | | | Corticosteroids | | | | Vitamin D analogues | | | Immuno-modulators | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Source | Site | Age group | Weak | Moderate | Potent | Very potent | Calcipotriol | Calcitriol | (Mild) tar preparation | Tacrolimus (cream) | Pimecrolimus (ointment) | Remarks |
| McKay, 1991 (43) | Vulva | Unspecified | + | + | + | | | | | | | Steroid creams: short term-intermittent (max 2–3 weeks). |
| Pincus, 1992 (23) | Vulva | Unspecified | | | + | | | | | | | Twice a day, intermittent. Decrease frequency when symptoms diminish, use least-potent steroid possible. |
| MacLean et al., 1998 (14) | Vulva | Adults | + | | + | | | | | | | Potent steroid graduating to weak steroid after pruritus is controlled. |
| Quint & Smith, 1999 (66) | Vulva | Adolescents | | | + | | | | | | | Potent steroids 2–3 times daily until lesions disappear. |
| Fischer, 2001 (36) | Vulva | Children | + | + | + | | | | + | | | Moderate to potent steroids to induce response, mild steroid and tar for maintenance. |
| Nunns, 2002 (29) | Vulva | Unspecified | | | + | | | | – | | | Potent steroid creams initially, emollients for maintenance. |
| Salim & Wojnarowska, 2002 (32) | Vulva | Unspecified | + | + | | | | | – | | | |
| Welsh et al., 2003 (45) | Vulva | Unspecified | + | | + | | | | + | | | Weaker potency steroids often insufficient. Stronger steroid, eventually alternating with tar: both twice daily. |
| Welsh et al., 2004 (35) | Vulva | Unspecified | + | + | + | | | | + | | | Moderate-potent steroids once daily 3–4 weeks to induce response; mild steroid and/or tar for maintenance. |
| Trager, 2005 (33) | Vulva | Children | + | + | | | – | | – | + | + | Steroids (twice a day for 1–2 weeks) for exacerbations. |
| Coldiron & Jacobson, 1988 (41) | Penis | Unspecified | + | | | | | | + | | | Addition of mild tar compound if weak steroid ointment is insufficient. |
| Bonnetblanc, 2006 (46) | Glans | Unspecified | | | + | | + | | | | | |
| Mroczkowski, 1990 (22) | Gen | Unspecified | | + | + | | | | – | | | Steroid ointments under occlusion if necessary. |
| Varghese & Kindel, 1992 (34) | Gen | Unspecified | + | + | | | | | | | | Short-term, intermittent. |
| Farber & Nall, 1992 (40) | Gen | Unspecified | | + | | | | | + | | | Moderate potency steroids: short term, intermittent. Tar may be mixed in steroid cream. |
| Goldman, 2000 (26) | Gen | Unspecified | | + | – | – | + | | | | | |
| Paek et al., 2001 (44) | Gen | Children | + | + | + | | | | + | | | If weak steroid ointment is insufficient: Stronger potency steroids (intermittent) or mild tar for less than 2 weeks. |
| Buechner, 2002 (25) | Gen | Unspecified | + | | | | + | | + | | | Mild tar preparation in steroid if weak steroid alone is insufficient. Vit D: monotherapy or combination with steroids. |
| Shenenberger, 2005 (47) | Gen | Unspecified | + | | | | | | | | | |
| van Dijk et al., 2006 (30) | Gen | Unspecified | | + | + | | | + | | | | Interval therapy with steroids (3+/4–). Calcitriol ointment 2 times per day. |
| Siddha & Burden, 2007 (65) | Gen | Children | + | + | + | | | | + | | | Potent steroids are often tapered. |
| Hogan, 1999 (61) | Napkin | Children | + | | | | | | + | | | Mild tar preparation if weak steroid is insufficient. |
| Fond et al., 1999 (59) | Napkin | Children | | | + | | | | | | | Short term use of steroids (maximal 10 days). |
| Camilleri & Calobrisi, 1999 (60) | Napkin | Children | + | + | | | – | | + | | | Tar preparations (e.g. in zinc oxide) may be tried as non-steroidal alternative. |

+: advised; –: dissuaded; Gen: genitalia in general.