

Table SII. Studies on preference elicitation in psoriasis management

Studies	Sample size n (F)	Age, years	Preferences assessment	Preference method	Preferences outcomes	Findings
Schmidt et al., 1984* (34)	39 (18)	22.0 ^a	Treatment with two different ointments: "Ro 12-7024 0.1%" vs. "betamethasone valerate 0.1%"	Binary	Preferences for 2 treatment options	Most patients preferred betamethasone to Ro 12-7024
Schmidt et al., 1987* (35)	39 (18)	29.0 ^a	Treatment with two different ointments: "0.1% domoprednate" vs. "0.1% hydrocortisone butyrate"	Binary	Preferences for 2 treatment options	Most patients preferred domoprednate ointment to hydrocortisone
Larkó, 1989* (43)	29 (21)	35.0 ^a	Phototherapy with "Philips TL12" vs. "Philips TL01"	Binary	Preferences for 2 treatment options	Most patients preferred the TL01 lamp over TL12
Berg, 1994* (36)	60 (32)	54.2 ^b	Treatment with two different emollient creams: "Decubal™ vs. "Essex™"	Binary	Preferences for 2 treatment options	Patient preferred Decubal™ to Essex™
Zug et al., 1995 (48)	87 (40)	49.0 ^a	Assessments of utilities for level of psoriasis severity and adverse effects of methotrexate treatment	TTO, SG, VAS	Preferences for different health state utilities	Patients preferences are measurable and vary for each category health states
van de kerckhof et al., 2000* (37)	122 (46)	44.8 ^b	Treatment with "ointment tacalcitol" vs. "placebo"	Ordinal scale (better-worse)	Preferences for frequency of drug administration	Treatment with tacalcitol was preferred to placebo
Medansky et al., 1997* (38)	40 (-)	-	Treatment with "ointment fluocinonide 0.05%" vs. "mometasone furoate 0.1%" + "salicylic acid 5%"	Binary	Preferences for 2 treatment options	More patients preferred furoate 0.1%-salicylic acid 5% ointment
Dutz & Lui, 1998* (39)	18 (-)	40.0 ^a	Treatment with "calcipotriol/tar/UVB" vs. "anthralin/tar/UVB"	Binary	Preferences for 2 treatment options	Patients preferred calcipotriol ointment to anthralin
Cooper et al., 1999* (44)	34 (12)	44.5 ^b	Treatment with "Bath-PUVA" vs. "oral-PUVA"	Binary	Preferences for 2 treatment options	More patients preferred bath PUVA to oral PUVA
Lundberg et al., 1999 (40)	234 (115)	50.0 ^b	Utilities assessment for different health states and WTP for hypothetical cure	WTP, TTO, SG, Rating WTP	Preference for health states and cure	Higher WTP indicates reduced quality of life
Poyner et al., 2000* (42)	136 (74)	46.8 ^b	Treatment with "calcipotriol ointment" vs. "dithranol cream"	WTP, TTO	Preference for 2 treatment options	Patients were "willing to pay" GBP 12.16 for calcipotriol and GBP 10.66 dithranol
Schiffner et al., 2000 (53)	105 (42)	42.0 ^b	Change in WTP, TTO utilities pre- and post-treatment and preferences for different vehicles	WTP, TTO	Preferences for clinical improvement	WTP pre- and post-treatment correlate with PDI. TTO fairly unchanged
Cameron et al., 2002* (45)	113 (43)	41.0 ^a	Phototherapy with "NB-UVB2/week for 11 weeks" vs. "3/week for 6 weeks"	Binary	Preferences for treatment frequency	Patient preferred three times weekly to two times weekly phototherapy
Housman et al., 2002 (14)	20 (9)	49.0 ^b	Evaluation of vehicles (foam, solution, cream and gels) of different topical preparations and different times of administration	Rating	Preferences for different formulation vehicles and time of administration	Foam and solution were preferred over cream, gel, and ointment. Preferences for day-/night-time insignificant.
Schiffner et al., 2003 (52)	138 (54)	43.9 ^b	Utility change pre- and post-treatment with "Dead Sea water" vs. "phototherapy"	TTO, WTP	Preferences for different quality of life state	WTP, TTO reduced with improvement in their PASI score
Qureshi et al., 2006 (46) 92 (48)	53.9 ^b	53.9 ^b	Evaluation of WTP for "telemedicine" vs. "in-person clinic visits"	WTP	Preferences for access time	Patients preferred telemedicine if access to physician was quicker
Kjaer, et al. 2006 (47)	510 (-)	-	Effect of patient preferences for lubricants and price sensitivity	DCE	Preference for drug formulation and treatment attributes	High price sensitivity when price attribute was placed at the end of the treatment scenarios (ordering effect)
Ashcroft et al., 2006 (7)	227 (118)	44.0 ^b	Examine the effect of treatment attributes (risks and benefits) on dermatologist treatment decision	DCE	Preferences for treatment attributes	Dermatologists trade-off benefit and risk when selecting treatment
Seston et al., 2007 (23)	126 (64)	47.6 ^b	Examine the effect of treatment attributes (risks and benefits) on patients' choice of treatment	DCE	Preferences for treatment attributes	Respondents trade-off treatment attributes for improvements and reduced adverse effects
Opmeer et al., 2007 (41) 29 (10)	-	-	Evaluate preferences for five systemic therapies	Paired comparison	Preferences for 5 treatment options	Patients prefer oral therapies to photo-therapies, patients were willing to trade-off initial preferences for more improvement
Schmitt et al., 2008 (49) 259 (149)	50.0 ^b	50.0 ^b	Utilities for standardized scenarios of control and uncontrolled psoriasis and ectopic eczema/compare WTP for cure/	TTO, WTP, VAS	Preference for health status and outcome	Participants chose approximately 40% shorter life expectancy to avoid uncontrolled psoriasis. Weak correlations observed between TTO, VAS and WTP
Delfino et al., 2008 (50) 40 (19)	-	-	Ranking, WTP for relief of eight health state domains	Ranking, WTP	Preferences for relief and health domains	Physical comfort was ranked the highest and concentration the lowest. WTP was highest for physical discomfort and emotional health (median WTP USD 2,000), lowest for ability to sleep (median WTP USD 625)
Hu et al., 2010 (51)	59 (26)	-	Assessment of relative impact of eight health state domains	WTP, VAS	Preferences for relief and health domains	Physical domain most affected by psoriatic arthritis patients. Intimacy & concentration lowest. WTP was highest in the physical (median WTP USD 10,000), work, sleep and self-care and lowest for social comfort (median WTP USD 2,000)

*Preferences elicited alongside randomized trials; ^amedian age; ^bmean age.

WTP: willingness-to-pay; TTO: time-trade-off; PDI: Psoriasis Disability Index; PASI: Psoriasis Area and Severity Index; QoL: quality of life; SG: standard gamble; VAS: visual analogue scale; DCE: discrete choice experiment; Binary (i.e. preferred A vs. preferred B); PUVA: psoralen and ultraviolet A; F: female.