

**Atopic Dermatitis Guidelines: A 2023 Practice Parameters GRADE – and**

**Institute of Medicine-based recommendations**

Developed by the Joint Task Force on Practice Parameters (AAAAI/ACAAI)

**Reviewer’s Comment form**

We appreciate your willingness to provide feedback on this guideline. All of your comments will be reviewed and revisions will be made at the discretion of JTFPP and the workgroup. Please complete sections 1-3 and use the tables in section 2 and 3 to reference line numbers when providing specific comments. Add additional rows to the tables as needed. You may also provide general comments on the last row of the review tables.

Comments can be considered if you have provided the required demographic information and relevant disclosures that may be a potential conflict to the guideline topic. A conflict of interest does not preclude your review of the documents or of the workgroup’s review of your comments. Rather, this disclosure is requested in order to maintain a transparent process.

**All the info below is required before your comments can be considered:**

**Reviewer’s Name:**

**Company/Institution:**

**State:**

**Country:**

**Email:**

* I am an AAAAI appointed reviewer
* I am an ACAAI appointed reviewer
* I am a general reviewer (allergist or public representative)

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* I have no real or potential conflict of interest with respect to this guideline topic
* I have a potential conflict of interest as described below.

**Please describe the potential conflict of interest (COI):**

COI:

Note: The JTFPP reserves the option of requesting that the reviewer complete a more formal Conflict of Interest form if they feel that this is needed.

**Section 1 General comments on key issues, conclusions, and recommendations**

**We are particularly interested in comments on these specific areas:**

1) Are you aware of any research evidence that should be included in the guideline
but is missing?

Comments:

2) Are the Recommendations consistent with the research evidence? Please indicate by number those with which you disagree and indicate why.

Comments:

3) Do you agree with the certainty of evidence and the strength of the recommendation for the Recommendations? Please indicate by number those with which you disagree and indicate why.

Comments:

4) Can the Recommendations be applied in clinical practice?

Comments:

**Other general comments not referring to a specific line number**:

**SECTION 2:** **Comments on key issues, conclusions, and recommendations in specific numbered lines or section.**

Note: Add more rows as needed

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**SECTION 3: Suggested changes in spelling, grammar, punctuation, rewording, etc.**

Note: Add more rows as needed

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