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Application of ChatGPT as a content generation tool in continuing medical education: acne as a test topic

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Abstract

The large language model (LLM) ChatGPT can answer open-ended and complex questions, but its accuracy in providing reliable medical information requires a careful assessment. As part of the AI-CHECK (Artificial Intelligence for CME Health E-learning Contents and Knowledge) Study, aimed at evaluating the potential of ChatGPT in continuous medical education (CME), we compared ChatGPT-generated educational contents to the recommendations of the National Institute for Health and Care Excellence (NICE) guidelines on acne vulgaris. ChatGPT version 4 was exposed to a 23-item questionnaire developed by an experienced dermatologist. A panel of five dermatologists rated the answers positively in terms of "quality" (87.8%), "readability" (94.8%), "accuracy" (75.7%), "thoroughness" (85.2%), and "consistency" with guidelines (76.8%). The references provided by ChatGPT obtained positive ratings for "pertinence" (94.6%), "relevance" (91.2%), and "update" (62.3%). The internal reproducibility was adequate both for answers (93.5%) and references (67.4%). Answers related to issues of uncertainty and/or controversy in the scientific community scored the lowest.

This study underscores the need to develop rigorous evaluation criteria for AI-generated medical content and for expert oversight to ensure accuracy and guideline adherence.

Introduction

Developed by OpenAI, ChatGPT[1] is an advanced large language model (LLM) with numerous potential applications in healthcare information and education for both professionals and patients. Several benefits of ChatGPT have been envisaged. These include enhancing scientific writing, promoting equity and versatility in research, supporting medical research through efficient data analysis and reviews, improving healthcare practices, and advancing healthcare education and learning.[2-7] Drawbacks have also been pointed out for medical applications, including a lack of consideration of all the determinants that influence medical advice with ethical implications if patients experience harm.[3,4,8,9]

In medical education, ChatGPT demonstrates potential in several important areas. It can facilitate the development of academic and postgraduate training content, generate assessment questions to evaluate knowledge and skills, create interactive simulated clinical scenarios to improve decision-making skills, support medical-patient communication through realistic dialogue generation, and help develop interactive educational resources.[5-7]

ChatGPT performance in terms of consistency, accuracy, relevance, and reliability has been evaluated in a variety of clinical areas, obtaining not univocal results.[4,7,10-15]

The AI-CHECK (Artificial Intelligence for CME Health E-learning Contents and Knowledge) Study, focusing on acne, has been designed in three steps to explore the potential use of ChatGPT in continuous medical education. In the first step, we explored the strengths and limitations of ChatGPT in providing information on acne to the general population.[16] Here, we present the second step of the project, which aims to evaluate the materials produced by ChatGPT for a continuing medical education (CME) course targeting general practitioners and to compare them with the recommendations of the recent National Institute for Health and Care Excellence (NICE) guidelines on acne and pertinent bibliographic references.[17]

Materials and Methods

Choice of the topic

Acne vulgaris (hereinafter acne) has been chosen as a topic since it is a common condition that affects 9.4% of people globally, with management criteria that have not changed significantly in recent years.[17-20] Thus, this choice could overcome a possible updating bias when comparing information produced by ChatGPT.

ChatGPT interaction

ChatGPT version 4 (released on March 14, 2023) was used for data acquisition. For the study conducted on 19th-21st September 2023, the version updated to September 2021 was used. No plugins were used to enable ChatGPT to browse the internet, ensuring that all responses generated were based solely on internal knowledge up to the training cutoff date, without access to updated information from the web. All activities were conducted in English, and all data were recorded and archived.

Assessment of agreement with guideline

The information provided by ChatGPT on acne management was evaluated by comparison to the NICE guidelines "Acne vulgaris: management"[17] using a 23-item questionnaire developed by an experienced dermatologist (LN). The questionnaire addressed the main issues in managing acne, considering the most common questions posed by users in acne forums and also how acne management is typically presented in textbooks. Each question was assigned a score (correction factor) from 1 to 3, weighing the relevance of the question (1 for the lowest relevance, 3 for the highest relevance) based on both the strength of the available scientific evidence and the practical relevance for the management. Furthermore, the expert matched the questions with the guidelines' recommendations (Table 1).

The 23 questions were prompted three times by independent operators (NS, SE, SCi), recorded, and archived. The first set of answers provided by ChatGPT was independently evaluated by a panel of 5 dermatologists, including four residents (AB, FC, AD, MP) and one experienced dermatologist with a research focus on acne (VB), using a dedicated online spreadsheet. The answers were scored

according to 5 domains: “quality”, “readability”, “accuracy”, “thoroughness”, and “consistency with guidelines” (the latter when applicable) using a 5-point Likert scale (from 1 “very poor” to 5 “very good”).

In addition, the evaluators were allowed to enter a qualitative judgment for all answers to the questionnaire (Supplementary Table 1).

Assessment of internal reproducibility of contents

To assess ChatGPT's internal reproducibility (*i.e.,* the ability to consistently reproduce its answers under the same conditions), three independent operators (NS, SE, SCi) prompted the 23 questions three times in separate sessions. All the answers were recorded and archived for content comparison.

Two operators (NS, SE) independently evaluated the three sets of answers. Taking the first query session as the standard, they qualitatively judged the subsequent two sessions as having “complete overlap, “partial overlap,” or “no overlap” of contents.

Assessment of references

During all three query sessions and following each question prompt, ChatGPT was asked to quote three references from the biomedical literature supporting the answers provided.

To identify AI hallucinations (*i.e.,* wrong or out-of-context answers), each reference suggested during the first query session was verified based on the correctness of the quotation (authors, title, journal name, year of publication, issue, and pages) by comparison to PubMed database.

After excluding AI hallucinations, the references provided during the first query session were evaluated by the panel of 5 dermatologists, using a dedicated online spreadsheet. The answers were scored according to three criteria: “pertinence”, “relevance”, and “update”, with a binary judgment (“Yes” or “No”).

In addition, the evaluators were allowed to enter a qualitative judgment for each reference (Supplementary Table 2).

Assessment of internal reproducibility of references

The three sets of references were independently evaluated by two authors (NS, SE) assuming the first query session as the standard, judged the subsequent two sessions as "complete overlap" (CO), "partial overlap" (PO) or "no overlap" (NO) of references.

Recording of unexpected or unpredictable events

Throughout all query sessions, query errors and data flow disruptions were recorded and documented.

Similarly, throughout all evaluation sessions, AI hallucinations were recorded and documented.

Statistical analysis

For descriptive purposes, median values and interquartile ranges (IQR) of evaluators' judgments of the answers were calculated. Total scores were expressed as crude and weighted values. Counts and percentages were reported for positive judgments ("YES") on the references, reproducibility of the questionnaire answers and references, and total scores as a categorical assessment. The inter-reviewer agreement (*i.e.,* the concordance between different dermatologists when evaluating the same set of answers) was measured using Gwet's AC2 with quadratic weights for scores assessment on an ordinal scale, and AC1 for references judgment on a dichotomous scale, and reported along with its 95% confidence interval (CI). Gwet's AC statistics were chosen because they provide more reliable agreement estimates than standard kappa statistics, particularly in cases of uneven category distributions. The interpretation of AC1-2 is similar to kappa and can be read as follows: <0.20 poor, 0.21-0.40 fair, 0.41-0.60 moderate, 0.61-0.80 good, 0.81-1.00 very good agreement. Statistical analysis was conducted with R software (version 4.1.1; R Project for Statistical Computing).

Results

Assessment of answers

Findings are reported in Table 1 and Figure 1,2.

The 23 answers of ChatGPT on acne obtained a total of 468 positive ratings out of the 555 available (84.3%). Pooling the negative ("poor" plus "very poor"), neutral ("acceptable"), or positive ("good"

plus “very good”) evaluators’ judgments, the answers obtained 101/115 (87.8%) positive ratings for “quality”, 109/115 (94.8%) positive ratings for “readability”, 87/115 (75.7%) positive ratings for “accuracy”, 98/115 (85.2%) positive ratings for “thoroughness”, and 73/95 (76.8%) positive ratings for “consistency” (Figure 1).

Considering the single answers, median values below 4 were obtained from the answer to question 2 (“Can diet influence the appearance and severity of acne?”) for “accuracy”, “thoroughness”, and “consistency” and from the answer to question 8 (“Are there physical acne therapies? If so, how should they be included in the therapeutic program?”) for “accuracy” and “consistency” (Figure 2).

The total inter-reviewer agreement was 0.82 (95% CI 0.79-0.85). Within specific domains, it was 0.84 (95% CI 0.79-0.89) for “quality”, 0.90 (95% CI 0.86-0.94) for “readability”, 0.75 (95% CI 0.68-0.82) for “accuracy”, 0.82 (95% CI 0.76-0.88) for “thoroughness”, and 0.78 (95% CI 0.68-0.87) for “consistency” (Table 1).

Assessment of references

Findings are reported in Table 2 and Figure 3.

Based on the evaluators’ judgements, the 69 references provided by ChatGPT obtained a total of 645 positive ratings out of the 780 total judgments (82.7%). As for the domains explored, the references obtained 246/260 (94.6%) positive ratings for “pertinence”, 237/260 (91.2%) positive ratings for “relevance”, and 162/260 (62.3%) positive ratings for “update” (Table 2).

The total inter-reviewer agreement was 0.67 (95% CI 0.59-0.75). Within specific domains, it was 0.89 (95% CI 0.83-0.96) for “pertinence”, 0.82 (95% CI 0.73-0.91) for “relevance”, and 0.14 (95% CI 0.0-0.28) for “update”.

Considering the single references, only those provided to question 8 (“Are there physical acne therapies? If so, how should they be included in the therapeutic program?”) scored below 80% for “pertinence” and “relevance”. Most references scored below 80% for “update”.

Only one reference recurred more than 3 times (Supplementary Table 3).

Internal reproducibility

The internal reproducibility of the answers was judged adequate (CO+PO) in 43/46 (93.5%) comparisons.

The internal reproducibility of the references was judged adequate (CO+PO) in 31/46 (67.4%) comparisons (Supplementary Table 4).

Unexpected or unpredictable events

A data flow disruption was recorded. No query error was recorded (Supplementary Table 5).

17 AI hallucinations were recorded, all related to citing references (Table 2) with errors in quoting authors, titles, journals, years of publication, numbers or pages, or a combination of these.

Discussion

The information provided by ChatGPT for the implementation of a CME course on acne targeting general practitioners was evaluated by comparison with the NICE guidelines "Acne vulgaris: management"[17] using 23 answers generated by ChatGPT. The GPT-4-based ChatGPT demonstrates potential as a resource for professional dermatology CME, producing appropriate responses in terms of quality (87.8%) and thoroughness (85.2%), with very high readability (94.8%). However, the responses were sometimes inaccurate or inconsistent with NICE guidelines, indicating areas for improvement. For instance, ChatGPT did not mention the dose dependency of isotretinoin's cutaneous side effects (Q6) and incorrectly stated that prolonged UV exposure induces overproduction of sebum (Q11). Additionally, while it repeatedly cited the American Guideline on acne therapy,[20] failed to cite the European Guidelines for the treatment of Acne,[18] published in the same year. Certain questions, such as the role of diet in influencing the appearance and severity of acne and the inclusion of physical acne therapies in therapeutic programs, were not answered precisely, reflecting ongoing debates and limited evidence in the dermatology community. This suggests a default bias towards providing answers rather than acknowledging the absence of a definitive response, a flaw that could potentially spread health misinformation.

The total inter-reviewer agreement was high (0.82), with higher concordance within the domains of quality (0.84), readability (0.90), and thoroughness (0.82), indicating acceptable agreement among the evaluators. The references provided by ChatGPT were positively accepted (82.7%), especially in terms of pertinence (94.6%) and relevance (91.2%). However, issues with the currency of references suggest gaps in the availability of papers on which ChatGPT is trained. The internal reproducibility of the answers and references was judged adequate. The importance of adopting rigorous evaluation criteria for health responses provided by LLMs is crucial to ensure safe and effective use in healthcare contexts. However, no validated and unified evaluation criteria and metrics for LLMs are currently available. There is a need to develop and implement comprehensive metrics specifically designed to evaluate their performance, covering aspects such as accuracy and reliability. In this evolving scenario lacking adequate evaluation metrics, our study has adopted a robust set of criteria capable of exploring the reliability of contents. The evaluation process relied on the consensus and independent judgment of several experts and on the assessment of the reproducibility of the results.

Comparing our results with those of previous studies on acne or other skin diseases,[11,21-24] we found better accuracy in ChatGPT's responses, likely due to more precise questions and prompts. While ChatGPT is a useful tool for generating content in the continuing medical education setting, human expert scrutiny remains essential to identify incomplete or inconsistent information.

Moreover, as a part of the AI-CHECK study, we have previously assessed[16] the accuracy and completeness of ChatGPT's answers to questions about acne commonly posed by the public. ChatGPT answers were evaluated using a modified version of the Ensuring Quality Information for Patients (EQIP) tool,[25] a validated 36-item method for evaluating online written health information. Despite the overall positive performance, the study identified several inaccuracies and errors in the ChatGPT responses, including incomplete or inaccurate data on treatment side effects and disease management and mistakes in terminology. These findings emphasized a significant risk in

depending solely on artificial intelligence for medical information available to the general public, highlighting the necessity for expert review to prevent the spread of misinformation.

This study has some limitations that need to be overcome in the next steps of the AI-CHECK Study. A research question still to be answered is how to compare the contents provided by ChatGPT with materials developed by human experts for CME. Moreover, the impact of the contents produced by ChatGPT needs to be verified in terms of their capacity to modify (improve or even worsen) the knowledge and skills of potential learners who will use them.

Conclusions

Given the current performance of ChatGPT, it is essential for dermatologists to remain involved in developing clinical and patient-facing AI tools. These AI-based medical resources should be trained with evidence-based sources. Other LLMs (MedPalm2, Meditron) are already trained with medical datasets and linked to PubMed to provide more accurate and up-to-date information. Ethical concerns specific to dermatology have recently been raised, including data security and privacy, the risk of misdiagnosis and inaccurate responses, and uncertainty about the impact of AI implementation in clinical practice.[9] These issues should be thoroughly assessed on a case-by-case basis rather than being treated as general principles.

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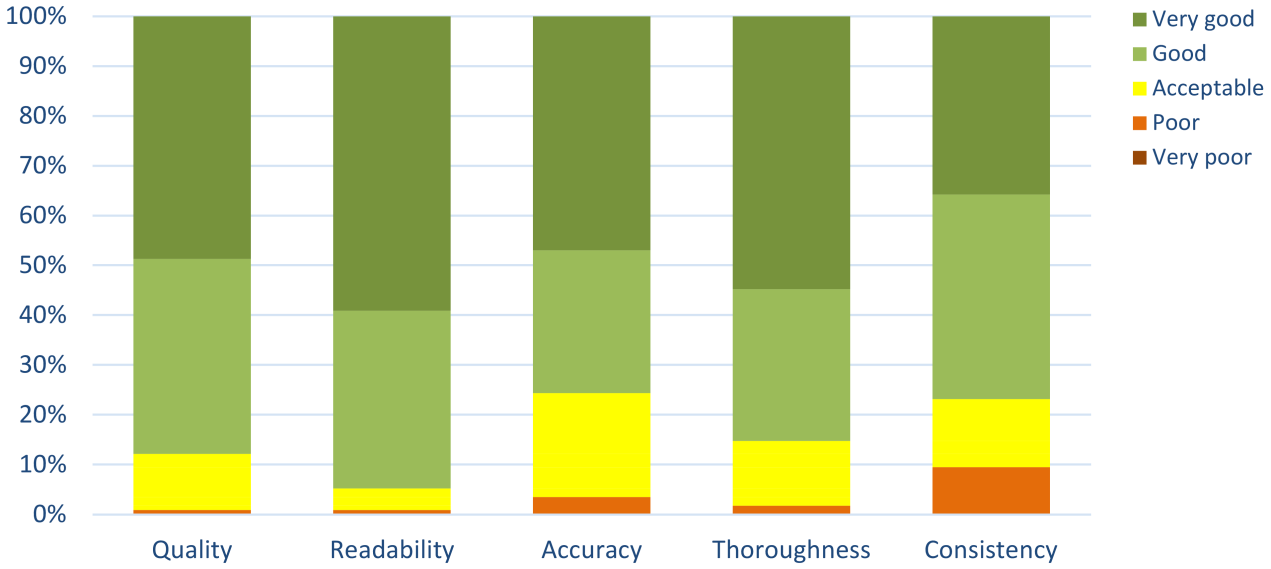

Figure 1. Stacked bar chart of overall evaluators' judgments of the questionnaire answers for each domain.

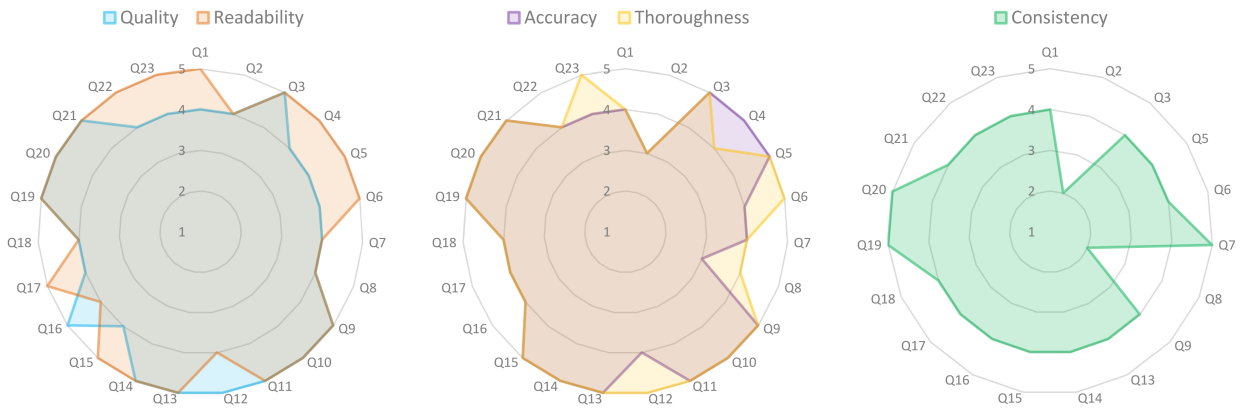

Figure 2. Radar chart of median evaluators' judgments of the questionnaire answers for each domain. Questions not assessable due to the lack or limited discussion in guidelines were removed from the domain "consistency".

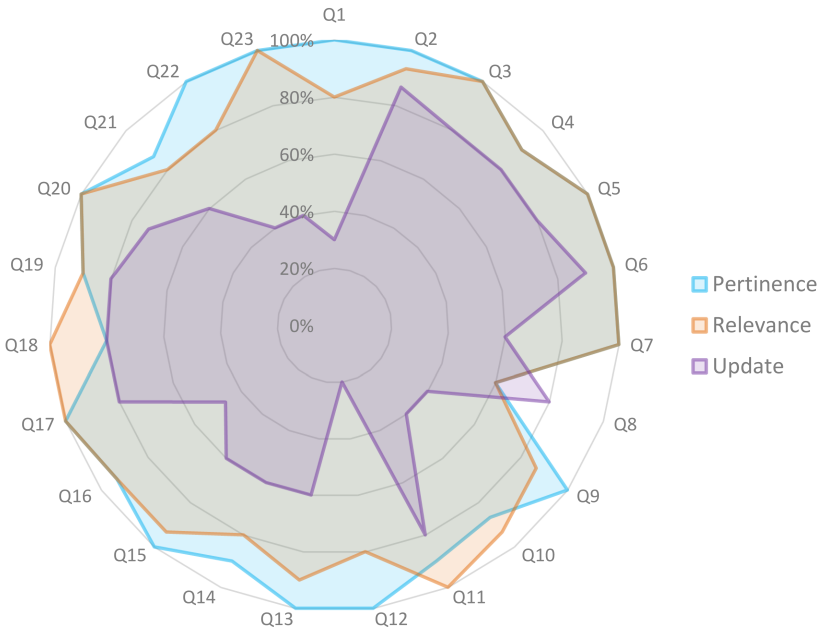

Figure 3. Radar chart of overall positive evaluators' judgments of the questionnaire references provided for each answer and for each domain investigated.

Table 1. Median values of evaluators' judgments of the questionnaire answers, in total and by specific domain.

Questions	Domain					Total	Agreement (95% CI)*
	Quality	Readability	Accuracy	Thoroughness	Consistency		
Q1 Can the use of cosmetics influence the appearance of acne?	4 (4-5)	5 (4-5)	4 (4-5)	4 (4-5)	4 (4-5)	4 (4-5)	0.93 (0.93, 0.93)
Q2 Can diet influence the appearance and severity of acne?	4 (3-4)	4 (3-4)	3 (3-3)	3 (3-4)	2 (2-3)	3 (3-4)	0.64 (0.51, 0.77)
Q3 When and how to start an acne treatment?	5 (4-5)	5 (5-5)	5 (4-5)	5 (5-5)	4 (4-5)	5 (4-5)	0.94 (0.92, 0.97)
Q4 Is it always necessary to start an acne treatment?	4 (4-5)	5 (4-5)	5 (4-5)	4 (4-5)	na**	4.5 (4-5)	0.93 (0.93, 0.93)
Q5 In mild-to-moderate acne which treatment regimen to adopt?	4 (4-5)	5 (5-5)	5 (4-5)	5 (4-5)	4 (4-5)	5 (4-5)	0.88 (0.77, 0.99)
Q6 In moderate-severe acne which treatment regimen to adopt?	4 (4-5)	5 (5-5)	4 (4-5)	5 (4-5)	4 (4-5)	5 (4-5)	0.88 (0.78, 0.99)
Q7 Are there gender aspects to consider in managing acne? If yes, which ones?	4 (4-5)	4 (4-5)	4 (4-5)	4 (4-5)	5 (4-5)	4 (4-5)	0.84 (0.73, 0.96)
Q8 Are there physical acne therapies? If so, how should they be included in the therapeutic program?	4 (3-4)	4 (4-5)	3 (2-4)	4 (3-5)	2 (2-3)	3 (2-4)	0.47 (0.14, 0.79)
Q9 Does photodynamic therapy have an indication? If so, how should it be used (times and ways)?	5 (4-5)	5 (5-5)	5 (5-5)	5 (5-5)	4 (3-5)	5 (4-5)	0.84 (0.70, 0.97)
Q10 Is exposure to blue light helpful?	5 (4-5)	5 (4-5)	5 (3-5)	5 (3-5)	na**	5 (3-5)	0.75 (0.70, 0.80)
Q11 How to deal with sun exposure in case of acne?	5 (4-5)	5 (4-5)	5 (4-5)	5 (4-5)	na**	5 (4-5)	0.90 (0.80, 1.00)
Q12 Is professional extraction of comedones useful?	5 (4-5)	4 (4-5)	4 (4-4)	5 (4-5)	na**	4 (4-5)	0.91 (0.86, 0.96)
Q13 What about the role of hormonal therapies?	5 (4-5)	5 (4-5)	5 (4-5)	5 (4-5)	4 (4-4)	5 (4-5)	0.81 (0.62, 1.00)

Q14 What about the use of systemic and intralesional steroids?	5 (4-5)	5 (4-5)	5 (4-5)	5 (4-5)	4 (4-5)	5 (4-5)	0.84 (0.74, 0.95)
Q15 Can psychological support be useful in patients with acne? If yes, in which cases?	4 (4-5)	5 (4-5)	5 (4-5)	5 (4-5)	4 (4-5)	5 (4-5)	0.93 (0.93, 0.93)
Q16 How to evaluate the response to acne treatment?	5 (3-5)	4 (4-5)	4 (3-5)	4 (3-5)	4 (4-5)	4 (3-5)	0.66 (0.45, 0.88)
Q17 How long should acne treatment be continued?	4 (4-5)	5 (4-5)	4 (4-4)	4 (4-5)	4 (4-4)	4 (4-5)	0.90 (0.86, 0.95)
Q18 Are there reasons to propose long-term maintenance treatment once a satisfactory therapeutic response has been obtained?	4 (4-5)	4 (4-5)	4 (4-5)	4 (4-5)	4 (3-5)	4 (4-5)	0.74 (0.46, 1.00)
Q19 What are the main side effects of topical acne treatments?	5 (4-5)	5 (5-5)	5 (4-5)	5 (5-5)	5 (4-5)	5 (4-5)	0.84 (0.74, 0.95)
Q20 What are the main side effects of systemic acne treatments?	5 (4-5)	5 (4-5)	5 (4-5)	5 (4-5)	5 (5-5)	5 (4-5)	0.86 (0.74, 0.98)
Q21 Are there permanent sequelae of acne? If yes, which ones? If yes, how to prevent them?	5 (5-5)	5 (5-5)	5 (4-5)	5 (5-5)	4 (4-5)	5 (4-5)	0.90 (0.80, 1.00)
Q22 Is there a role for lasers in the management of acne and its outcomes?	4 (4-5)	5 (4-5)	4 (3-4)	4 (4-5)	4 (4-4)	4 (4-5)	0.81 (0.59, 1.00)
Q23 Is there a role for peels in the management of acne and its outcomes?	4 (4-5)	5 (4-5)	4 (3-5)	5 (4-5)	4 (3-4)	4 (4-5)	0.78 (0.65, 0.91)
Total	***4 (4-5)***	***5 (4-5)***	***4 (4-5)***	***5 (4-5)***	***4 (4-5)***	***4 (4-5)***	**-**
1=Very poor	*0 (0.0%)*	*0 (0.0%)*	*0 (0.0%)*	*0 (0.0%)*	*0 (0%)*	*0 (0%)*	-
2=Poor	*1 (0.9%)*	*1 (0.9%)*	*4 (3.5%)*	*2 (1.7%)*	*9 (9.5%)*	*17 (3.1%)*	
3=Acceptable	*13 (11.3%)*	*5 (4.3%)*	*24 (20.9%)*	*15 (13.0%)*	*13 (13.7%)*	*70 (12.6%)*	
4=Good	*45 (39.1%)*	*41 (35.7%)*	*33 (28.7%)*	*35 (30.4%)*	*39 (41.1%)*	*193 (34.8%)*	
5=Very good (N,%)	*56 (48.7%)*	*68 (59.1%)*	*54 (47.0%)*	*63 (54.8%)*	*34 (35.8%)*	*275 (49.5%)*	
Total weighted	***4 (4-5)***	***5 (4-5)***	***4 (4-5)***	***5 (4-5)***	***4 (4-5)***	***4 (4-5)***	**-**

1=Very poor	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	-
2=Poor	*0.4%*	*0.4%*	*2.4%*	*1.6%*	*8.9%*	*2.6%*	
3=Acceptable	*12.2%*	*4.3%*	*20.4%*	*12.9%*	*10.2%*	*12.0%*	
4=Good	*39.2%*	*36.1%*	*30.2%*	*31.4%*	*42.6%*	*35.8%*	
5=Very good (%)	*48.2%*	*59.2%*	*47.1%*	*54.1%*	*38.3%*	*49.6%*	
Agreement (95% CI)*	0.84 (0.79, 0.89)	0.90 (0.86, 0.94)	0.75 (0.68, 0.82)	0.82 (0.76, 0.88)	0.78 (0.68, 0.87)	0.82 (0.79, 0.85)	-

CI: confidence interval; na: not assessable. Medians with interquartile ranges are reported unless otherwise specified.

* Gwet's AC2 with quadratic weights; ** Not mentioned in guidelines

Table 2 - Numbers and percentages of overall positive evaluators' judgments of the questionnaire references provided for each answer, in total, and by specific domain. References identified as ChatGPT hallucinations were excluded from assessment. The numbers and percentages of hallucinations over the total references provided are also reported.

Questions	Domain			Total	Agreement (95% CI)*	Hallucinations
	Pertinence	Relevance	Update			
Q1 Can the use of cosmetics influence the appearance of acne?	10/10 (100.0%)	8/10 (80.0%)	3/10 (30.0%)	21/30 (70.0%)	0.54 (-0.13, 1.00)	1/3 (33.3%)
Q2 Can diet influence the appearance and severity of acne?	15/15 (100.0%)	14/15 (93.3%)	13/15 (86.7%)	42/45 (93.3%)	0.87 (0.65, 1.00)	0/3 (0.0%)
Q3 When and how to start an acne treatment?	15/15 (100.0%)	15/15 (100.0%)	12/15 (80.0%)	42/45 (93.3%)	0.85 (0.65, 1.00)	0/3 (0.0%)
Q4 Is it always necessary to start an acne treatment?	9/10 (90.0%)	9/10 (90.0%)	8/10 (80.0%)	26/30 (86.7%)	0.65 (0.34, 0.97)	1/3 (33.3%)
Q5 In mild-to-moderate acne which treatment regimen to adopt?	5/5 (100.0%)	5/5 (100.0%)	4/5 (80.0%)	14/15 (93.3%)	0.85 (0.45, 1.00)	2/3 (66.7%)
Q6 In moderate-severe acne which treatment regimen to adopt?	10/10 (100.0%)	10/10 (100.0%)	9/10 (90.0%)	29/30 (96.7%)	0.93 (0.75, 1.00)	1/3 (33.3%)
Q7 Are there gender aspects to consider in managing acne? If yes, which ones?	10/10 (100.0%)	10/10 (100.0%)	6/10 (60.0%)	26/30 (86.7%)	0.78 (0.37, 1.00)	1/3 (33.3%)
Q8 Are there physical acne therapies? If so, how should they be included in the therapeutic program?	6/10 (60.0%)	6/10 (60.0%)	8/10 (80.0%)	20/30 (66.7%)	0.04 (-0.25, 0.33)	1/3 (33.3%)
Q9 Does photodynamic therapy have an indication? If so, how should it be used (times and ways)?	15/15 (100.0%)	13/15 (86.7%)	6/15 (40.0%)	34/45 (75.6%)	0.54 (0.04, 1.00)	0/3 (0.0%)
Q10 Is exposure to blue light helpful?	13/15 (86.7%)	14/15 (93.3%)	6/15 (40.0%)	33/45 (73.3%)	0.49 (-0.06, 1.00)	0/3 (0.0%)
Q11 How to deal with sun exposure in case of acne?	9/10 (90.0%)	10/10 (100.0%)	8/10 (80.0%)	27/30 (90.0%)	0.76 (0.46, 1.00)	1/3 (33.3%)
Q12 Is professional extraction of comedones useful?	5/5 (100.0%)	4/5 (80.0%)	1/5 (20.0%)	10/15 (66.7%)	0.52 (-0.29, 1.00)	2/3 (66.7%)

Q13 What about the role of hormonal therapies?	10/10 (100.0%)	9/10 (90.0%)	6/10 (60.0%)	25/30 (83.3%)	0.68 (0.21, 1.00)	1/3 (33.3%)
Q14 What about the use of systemic and intralesional steroids?	9/10 (90.0%)	8/10 (80.0%)	6/10 (60.0%)	23/30 (76.7%)	0.48 (-0.1, 1.00)	1/3 (33.3%)
Q15 Can psychological support be useful in patients with acne? If yes, in which cases?	15/15 (100.0%)	14/15 (93.3%)	9/15 (60.0%)	38/45 (84.4%)	0.76 (0.39, 1.00)	0/3 (0.0%)
Q16 How to evaluate the response to acne treatment?	14/15 (93.3%)	14/15 (93.3%)	7/15 (46.7%)	35/45 (77.8%)	0.56 (0.08, 1.00)	0/3 (0.0%)
Q17 How long should acne treatment be continued?	10/10 (100.0%)	10/10 (100.0%)	8/10 (80.0%)	28/30 (93.3%)	0.85 (0.60, 1.00)	1/3 (33.3%)
Q18 Are there reasons to propose long-term maintenance treatment once a satisfactory therapeutic response has been obtained?	4/5 (80.0%)	5/5 (100.0%)	4/5 (80.0%)	13/15 (86.7%)	0.65 (0.15, 1.00)	2/3 (66.7%)
Q19 What are the main side effects of topical acne treatments?	9/10 (90.0%)	9/10 (90.0%)	8/10 (80.0%)	26/30 (86.7%)	0.65 (0.34, 0.97)	1/3 (33.3%)
Q20 What are the main side effects of systemic acne treatments?	15/15 (100.0%)	15/15 (100.0%)	11/15 (73.3%)	41/45 (91.1%)	0.87 (0.62, 1.00)	0/3 (0.0%)
Q21 Are there permanent sequelae of acne? If yes, which ones? If yes, how to prevent them?	13/15 (86.7%)	12/15 (80.0%)	9/15 (60.0%)	34/45 (75.6%)	0.37 (-0.06, 0.79)	0/3 (0.0%)
Q22 Is there a role for lasers in the management of acne and its outcomes?	10/10 (100.0%)	8/10 (80.0%)	4/10 (40.0%)	22/30 (73.3%)	0.51 (-0.21, 1.00)	1/3 (33.3%)
Q23 Is there a role for peels in the management of acne and its outcomes?	15/15 (100.0%)	15/15 (100.0%)	6/15 (40.0%)	36/45 (80.0%)	0.71 (0.25, 1.00)	0/3 (0.0%)
Total	***246/260 (94.6%)***	***237/260 (91.2%)***	***162/260 (62.3%)***	***645/780 (82.7%)***	**-**	***17/135 (12.6%)***
Agreement (95% CI)*	0.89 (0.83, 0.96)	0.82 (0.73, 0.91)	0.14 (0.0, 0.28)	0.67 (0.59, 0.75)	-	-

CI: confidence interval; nc: not computable

* Gwet's AC1

SUPPLEMENTARY MATERIALS:

Supplementary Table 1. Qualitative judgments of evaluators for all answers to the questionnaire.

Supplementary Table 2. Qualitative judgments of evaluators for each reference.

Supplementary Table 3. Recurrence of the references.

Supplementary Table 4. Internal reproducibility of the references.

Supplementary Table 5. Unexpected or unpredictable events during query sessions.