## Supplementary Table 1. Multinational Survey of the 4th AOCC Meeting in Seoul

### <Basic characteristics of respondents>

1. **Sex**
   1) Male
   2) Female

2. **What is your country?**
   1) Korea
   2) Japan
   3) China
   4) Other (please specify, )

3. **What is your type of practice?**
   1) Private clinic
   2) Academic teaching hospital
   3) Other (please specify, )

4. **What is your specialty?**
   1) Gastroenterologist specializing in inflammatory bowel disease (IBD)
   2) General gastroenterologist
   3) Surgeon
   4) Pediatrician
   5) Other (please specify, )

5. **How long have you been caring for patients with IBD?**
   1) Less than 5 years
   2) More than 5 years; less than 10 years
   3) More than 10 years

6. **How many patients with IBD are registered in your unit?**
   1) Less than 100
   2) 100-500
   3) More than 500
   4) NA

7. **How many patients with ulcerative colitis (UC) per week do you care for in your practice?**
   1) Less than 10
   2) 10-30
   3) More than 30
   4) NA

8. **How many patients with Crohn’s disease (CD) do you care for in your practice?**
   1) Less than 10
   2) 10-30
   3) More than 30
   4) NA

9. **What is your e-mail address?**

### <Knowledge of biosimilars in IBD>

1. **Do you have access to biosimilars in your country?**
   1) No
   2) Yes, but I have not prescribed them yet
   3) Yes, and I have prescribed them already (less than 2 years)
   4) Yes, and I have prescribed them already (more than 2 years)
2. How would you best define a monoclonal antibodies (mAb) biosimilar?
1) A biosimilar is similar, but not equal to the originator
2) A biosimilar is a copy of a biological agent, identical to the originator (like a generic)
3) A biosimilar is a different anti-TNF agent, like adalimumab and infliximab

3. What could be issues or advantages of a mAb biosimilar? (more than one answer possible)
1) They can work differently from the originator
2) They can have a different immunogenicity pattern than the originator
3) Switching from originator to one or more of its biosimilars may boost immunogenicity
4) The patients' rights to know which drug is given to them may be challenged
5) They will be less expensive than the originator
6) There will be more extensive indications than for the originator
7) The effectiveness of biosimilars in all indications may not have been derived from clinical trials
8) There is no additional issue

4. Regarding the impact of biosimilars on healthcare costs
1) Biosimilars can significantly reduce healthcare costs
2) Biosimilars can have only a marginal impact on healthcare costs
3) Additional costs of introduction, regulation and pharmacovigilance can develop to offset any potential savings
4) I don't know

5. Do you think mAb biosimilars have different feature(s) compared to the other available biosimilars (erythropoietin, growth factors, etc.)? (more than one answer possible)
1) Monoclonal antibodies are more complex than other biosimilars, thus there are higher risks of being not similar enough
2) They require more accurate postmarketing pharmacovigilance
3) They require well-designed clinical trials in each indication for which the originator is approved
4) There are no differences with other biosimilars

6. Do you think that a biosimilar mAb should have a different International Nonproprietary Names (INN) than its originator?
1) Yes
2) No
3) I do not know

7. Pharmacists can autonomously replace original medications with generics. Do you think that the same should apply for biosimilars?
1) Yes
2) No
3) I do not know

8. If the substitution is no longer in the hands of the physicians for biosimilars, do you think that it should be automatic?
1) Yes, in all cases
2) Yes, but only for new prescriptions
3) Yes, but only in patients responding well to the originator
4) No
5) I do not know

9. Which of the following actions do you think medical societies should undertake about biosimilars? (more than one answer possible)
1) Promote information and culture on biosimilars mAb
2) Collaborate with health institutions and regulators to develop rules in this sector
3) Endorse the extrapolation of indications for a biosimilar not tested in the specialty
4) Develop multispecialty practice guidelines
5) Create multispecialty international registries to monitor switching practices, effectiveness, safety, and immunogenicity of biosimilars

10. Which of the following actions do you think patient organizations should undertake regarding biosimilars?
1) Patient organizations should be involved in these processes (see answers in question 8)
2) There should be joint position statements by physicians and patients' associations to regulators
3) This is a matter for expert physicians and regulatory agencies only
Supplementary Table 1. Continued

11. Are you aware of any action or education initiated by a patient organization in your country about biosimilars?
   1) Yes, activities have started in IBD
   2) Yes, activities have started in another specialty
   3) Not aware of any action or education by a patient organization

12. A randomized clinical trial on rheumatoid arthritis showed no differences in efficacy and safety between the originator and a biosimilar mAb. You conclude:
   1) The tested biosimilar mAb can be approved for all rheumatologic indications
   2) All biosimilar mAb of the same originator can be approved for rheumatoid arthritis
   3) The tested biosimilar mAb can be approved for all indications for which the originator is approved
   4) All biosimilars of the same originator can be approved for all indications of the originator
   5) None of the above

13. One randomized clinical trial on rheumatoid arthritis and one on ankylosing spondylitis showed no differences in efficacy and safety between the originator and a biosimilar mAb, with a 30% saving in costs. You conclude:
   1) The tested biosimilar mAb should be the first choice for rheumatoid arthritis and ankylosing spondylitis
   2) The tested biosimilar mAb should be the first choice for all indications as the originator
   3) The originator and the tested biosimilar mAb should be first choices for the two indications
   4) The originator and the tested biosimilar mAb should be first choices for all indications of the originator
   5) None of the above

14. Assume that there is a randomized clinical trial showing similarity between a biosimilar and the originator mAb in CD for the induction and maintenance of remission. Would you:
   1) Use it only in CD
   2) Use it also in ulcerative colitis for the induction and maintenance
   3) Use it in ulcerative colitis also, but just for induction
   4) I would wait for more evidence of biosimilarity for both diseases
   5) None of the above

15. An IBD patient of yours is in prolonged remission under an original mAb. You are asked to continue the scheduled therapy with a biosimilar mAb. Do you agree? (more than one answer possible)
   1) Yes, the two molecules are interchangeable
   2) No, because the SWITCH study between infliximab and adalimumab gave poor results
   3) No, because there are limited data about the impact of switching on immunogenicity (against either originator or biosimilar)
   4) Yes, but I would inform my patient in detail, because of the limited data on the safety of biosimilars
   5) No, there is no disease specific evidence about their interchangeability

16. How would you qualify the education on biosimilars that you followed during the last 18 months?
   1) Fair, balanced, and very useful as the issue is of importance to my practice
   2) Too optimistic on biosimilars safety and efficacy
   3) Confusing and leading to more uncertainty in your mind
   4) Unneeded as biosimilars will be introduced into the system by regulators and payors anyway
   5) Unneeded because biosimilars are at least as similar to their originator than separate batches of the originator have been during the last decade

17. Do you (or would you) feel confident in using biosimilars in your everyday clinical practice today?
   1) Totally confident
   2) Very confident
   3) Sufficiently confident
   4) A little confident
   5) Not confident at all

AOCC, Asian Organization of Crohn’s and Colitis; NA, not available; TNF, tumor necrosis factor.