

## Supplementary Material

### Detailed questions used in the current survey

#### Baseline characteristics

1. What is your country?
2. Are you a man or a woman?
  - 1) Male
  - 2) Female
3. What is your type of practice?
  - 1) Non-academic 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) do you care for in your practice?
  - 1) Less than 100
  - 2) 100–500
  - 3) More than 500
  - 4) NA
8. How many patients with Crohn's disease (CD) do you care for in your practice?
  - 1) Less than 100
  - 2) 100–500
  - 3) More than 500
  - 4) NA

## Treatment

1. Do you have the following medications for the treatment of IBD in your site? (multiple choices)
  - 1) Topical 5-ASA
  - 2) Oral 5-ASA
  - 3) Topical steroid
  - 4) Oral or IV steroid
  - 5) Thiopurines
  - 6) Cyclosporine
  - 7) Methotrexate
  - 8) Tacrolimus
  - 9) anti-TNF agent
  - 10) Anti-integrin (vedolizumab)
  - 11) Anti-IL-12/23 (ustekinumab)
  - 12) JAK inhibitor (tofacitinib)
  - 13) Leukocytapheresis
  
2. Which of the following genetic study do you perform before starting thiopurines? (multiple choices)
  - 1) TPMT
  - 2) NUDT15
  - 3) none of the above
  
3. Which strategy will be chosen for mild to moderate UC?
  - 1) Step-up
  - 2) Accelerated step-up
  - 3) Top-down
  
4. Which strategy will be chosen for severe UC?
  - 1) Step-up
  - 2) Accelerated step-up
  - 3) Top-down
  
5. Which of the followings would you use to treat mild to moderate ulcerative proctitis? (multiple choices)
  - 1) Topical 5-ASA (suppository or enema)
  - 2) Topical steroids
  - 3) Oral 5-ASA
  - 4) Systemic steroids
  
6. Which of the followings would you use to treat mild to moderate left-sided UC? (multiple choices)
  - 1) Topical 5-ASA (suppository or enema)
  - 2) Topical steroids
  - 3) Oral 5-ASA
  - 4) Systemic steroids

7. Which of the followings would you use to treat mild to moderately extensive UC? (multiple choices)
- 1) Topical 5-ASA (suppository or enema)
  - 2) Topical steroids
  - 3) Oral 5-ASA
  - 4) Systemic steroids
8. How often do you seek consultation with a surgeon at the initiation of treatment for patients with acute severe UC?
- 1) Always (90–100%)
  - 2) Usually (70–90%)
  - 3) Sometimes (30–70%)
  - 4) Rarely (10–30%)
  - 5) Never (0–10%)
9. How long do you wait for the response to intravenous corticosteroids therapy in patients with acute severe UC?
- 1) On 3-5 days
  - 2) On 6-9 days
  - 3) On 10-14 days
  - 4) After 14 days
10. Which of the followings would you consider 2nd-line therapy for acute severe UC patients who fail to improve on intravenous corticosteroids?
- 1) Repeated steroid regimens
  - 2) Thiopurines (azathioprine or 6-mercaptopurine)
  - 3) Cyclosporine
  - 4) Anti-TNF agent (infliximab or adalimumab)
  - 5) Anti-integrin (vedolizumab)
  - 6) JAK inhibitor (tofacitinib)
  - 7) Anti-IL-12/23 (ustekinumab)
  - 8) Tacrolimus
  - 9) Leukocytapheresis
  - 10) Colectomy
  - 11) Others (please specify, \_\_\_\_\_ )
11. Which of the followings would be your first choice for steroid-dependent UC? (multiple choices)
- 1) Repeated steroid regimens
  - 2) Thiopurines (azathioprine or 6-mercaptopurine)
  - 3) Cyclosporine
  - 4) Anti-TNF agent (infliximab or adalimumab)
  - 5) Anti-integrin (vedolizumab)
  - 6) JAK inhibitor (tofacitinib)
  - 7) Anti-IL-12/23 (ustekinumab)
  - 8) Tacrolimus
  - 9) Leukocytapheresis
  - 10) Colectomy
  - 11) Others (please specify, \_\_\_\_\_ )

12. Which of the followings would be your first choice for steroid-refractory UC? (multiple choices)

- 1) Repeated steroid regimens
- 2) Thiopurines (azathioprine or 6-mercaptopurine)
- 3) Cyclosporine
- 4) Anti-TNF agent (infliximab or adalimumab)
- 5) Anti-integrin (vedolizumab)
- 6) JAK inhibitor (tofacitinib)
- 7) Anti-IL-12/23 (ustekinumab)
- 8) Tacrolimus
- 9) Leukocytapheresis
- 10) Colectomy
- 11) Others (please specify, \_\_\_\_\_ )

13. Which strategy will be chosen for CD?

- 1) Step-up
- 2) Accelerated step-up
- 3) Top-down

14. Which of the followings would you use for the first induction therapy in mild to moderate inflammatory small bowel CD (with or without colonic involvement)? (If you use combination therapy, please choose all of the followings that you use)

- 1) 5-ASA
- 2) Budesonide
- 3) Antibiotics
- 4) Prednisolone
- 5) Thiopurines (azathioprine or 6-mercaptopurine)
- 6) Methotrexate
- 7) Anti-TNF agent
- 8) Anti-integrin (vedolizumab)
- 9) Anti-IL-12/23 (ustekinumab)
- 10) Nutritional therapy
- 11) Others (please specify, \_\_\_\_\_ )

15. Which of the followings would you use for the first induction therapy in mild to moderate inflammatory colonic CD (without small bowel involvement)? (If you use combination therapy, please choose all of the followings that you use)

- 1) 5-ASA
- 2) Budesonide
- 3) Antibiotics
- 4) Prednisolone
- 5) Thiopurines (azathioprine or 6-mercaptopurine)
- 6) Methotrexate
- 7) Anti-TNF agent
- 8) Anti-integrin (vedolizumab)
- 9) Anti-IL-12/23 (ustekinumab)
- 10) Nutritional therapy
- 11) Others (please specify, \_\_\_\_\_ )

16. Which of the followings would you use for the first induction therapy in moderate to severe inflammatory small bowel CD (with or without colonic involvement)? (If you use combination therapy, please choose all of the followings that you use)
- 1) 5-ASA
  - 2) Budesonide
  - 3) Antibiotics
  - 4) Prednisolone
  - 5) Thiopurines (azathioprine or 6-mercaptopurine)
  - 6) Methotrexate
  - 7) Anti-TNF agent
  - 8) Anti-integrin (vedolizumab)
  - 9) Anti-IL-12/23 (ustekinumab)
  - 10) Nutritional therapy
  - 11) Others (please specify, \_\_\_\_\_ )
17. Which of the followings would you use for the first induction therapy in moderate to severe inflammatory colonic CD (without small bowel involvement)? (If you use combination therapy, please choose all of the followings that you use)
- 1) 5-ASA
  - 2) Budesonide
  - 3) Antibiotics
  - 4) Prednisolone
  - 5) Thiopurines (azathioprine or 6-mercaptopurine)
  - 6) Methotrexate
  - 7) Anti-TNF agent
  - 8) Anti-integrin (vedolizumab)
  - 9) Anti-IL-12/23 (ustekinumab)
  - 10) Nutritional therapy
  - 11) Others (please specify, \_\_\_\_\_ )
18. Which of the followings would be your first choice for treatment of steroid-dependent CD? (multiple choices)
- 1) Thiopurines (azathioprine or 6-mercaptopurine)
  - 2) Methotrexate
  - 3) Tacrolimus
  - 4) Anti-TNF agent
  - 5) Anti-integrin (vedolizumab)
  - 6) Anti-IL-12/23 (ustekinumab)
  - 7) Others (please specify, \_\_\_\_\_ )
19. Which of the followings would be your first choice for treatment of steroid-refractory CD? (multiple choices)
- 1) Thiopurines (azathioprine or 6-mercaptopurine)
  - 2) Methotrexate
  - 3) Tacrolimus
  - 4) Anti-TNF agent
  - 5) Anti-integrin (vedolizumab)
  - 6) Anti-IL-12/23 (ustekinumab)
  - 7) Others (please specify, \_\_\_\_\_ )

20. How often do you use thiopurine in combination with anti-TNF agents rather than anti-TNF monotherapy for induction of remission in thiopurine-naïve inflammatory CD?

- 1) Always (90–100%)
- 2) Usually (70–90%)
- 3) Sometimes (30–70%)
- 4) Rarely (10–30%)
- 5) Never (0–10%)

21. How long would you use combination therapy with anti-TNF agents and thiopurine for induction of remission?

- 1) 6 months
- 2) 1 year
- 3) 2 years
- 4) More than 2 years
- 5) Others (please specify, \_\_\_\_\_ )

22. How would you treat non-responders to anti-TNF therapy?

- 1) I would make a decision according to the serum levels of anti-TNF agents and antibodies to anti-TNF agents.
- 2) I would use empiric dose escalation (double dosing or shortening of drug interval).
- 3) I would change to another anti-TNF agents.
- 4) I would change to another category of drugs such as vedolizumab or ustekinumab.
- 5) Others (please specify, \_\_\_\_\_ )

23. What would you use for monitoring disease activity during treatment of CD? (multiple choices)

- 1) Clinical activity index
- 2) Colonoscopy
- 3) Video capsule endoscopy
- 4) Wired enteroscopy (balloon-assisted enteroscopy, sonde enteroscopy, or push enteroscopy)
- 5) Blood tests (CRP/ESR)
- 6) Fecal calprotectin
- 7) Magnetic resonance enterography/enteroclysis
- 8) Computed tomographic enterography/enteroclysis
- 9) Bowel ultrasonography
- 10) Others (please specify, \_\_\_\_\_ )

24. Is it available to monitor the level of 6-TGN, 6-MMP in your practice?

- 1) Yes
- 2) No

25. Is it available to monitor the serum level of anti-TNF agents in your practice?

- 1) Yes
- 2) No

26. Is it available to monitor the level of serum antibodies to anti-TNF agents in your practice?

- 1) Yes
- 2) No

27. Which of the followings would you use to treat postoperative CD patients with moderate to severe endoscopic recurrence, who have been treated with the maximal tolerable dose of thiopurine? (If you use combination therapy, please choose all of the followings that you use)
- 1) Thiopurine
  - 2) Metronidazole
  - 3) Anti-TNF agent
  - 4) Anti-integrin (vedolizumab)
  - 5) Anti-IL-12/23 (ustekinumab)
  - 6) Others (please specify, \_\_\_\_\_ )
28. Which of the followings would you use to treat postoperative CD patients with moderate to severe endoscopic recurrence, who have been treated with an anti-TNF agent? (If you use combination therapy, please choose all of the followings that you use)
- 1) Add thiopurine
  - 2) Add metronidazole
  - 3) Maintain anti-TNF agent
  - 4) Dose escalation or reduction of infusion intervals of anti-TNF agents
  - 5) Change to anti-integrin (vedolizumab)
  - 6) Change to anti-IL-12/23 (ustekinumab)
  - 7) Others (please specify, \_\_\_\_\_ )