

See “Drug therapy and monitoring for inflammatory bowel disease: a multinational questionnaire investigation in Asia” on pages 213-223.

### Supplementary Material. AOCC 2018 Physician Questionnaire

#### Drug Therapy and Monitoring for IBD in Asia: Current Status

To be sent to one participant at each hospital on behalf of the IBD specialists. The survey is multiple choices except where numbers are asked for so hopefully minimizes translation requirements.

**Benefit for AOCC 2018:**

This multiple choice questionnaire will in effect be a mini-audit of the institutions providing IBD Drug Therapy and, will provide prima facie evidence to justify support for ongoing work on therapeutic quality improvement for IBD patients. Some immediate benchmarking would be possible between institutions and a comparison with the topline IBD Audit results in the Asian countries.

**How this helps me/us prepare for the AOCC 2018 annual meeting:**

This will give me a better understanding of the extent to which the people attending are from similar or dissimilar institutions and what stage of development they are at in terms of an IBD drug therapy and monitoring.

**Please fill out the questionnaire after each question and return to our office or at [secretariat@aocc2018.org](mailto:secretariat@aocc2018.org) by April 20, 2018.**

**Name of hospital:**

**City:**                      **Country:**

**Survey completed by:**

**Your name (Given name/Surname)**

---

**Your unit and patients**

1. How many IBD patients do you have?
2. What % has UC, CD and IBDU?
3. How many new IBD patients have been diagnosed in the last 12 months?
4. Do you look after patients who are under 18 years old?
5. Do you have an electronic database for IBD patients?
6. How many consultant gastroenterologists with specialist experience in IBD?
7. How many consultant colorectal surgeons with specialist experience in IBD?
8. How many nurses with specialist experience in IBD?
9. Does your hospital have specific MDT team for IBD?

**Induction of remission/Strategy**

10. Which of the following drugs you can prescribe from your hospital for inducing remission in IBD?

- 5-ASA/SASP    steroids    AZA    6-MP    MTX    CTX    CSA    FK506    mycophenolate mofetil  
 Thalidomide    IFX    ADA    Certolizumab    Vedolizumab    Golimumab    Biosimilar

11. Which is the first line choice you selected for mild to moderate UC?

- 5-ASA/SASP    steroids    AZA    6-MP    MTX    CTX    CSA    FK506    mycophenolate mofetil  
 Thalidomide    IFX    ADA    Certolizumab    Vedolizumab    Golimumab    Biosimilar    Combination  
(Please specify\_\_\_\_\_)

12. Which is the first line choice you selected for severe UC?

- 5-ASA/SASP    steroids    AZA    6-MP    MTX    CTX    CSA    FK506    mycophenolate mofetil  
 Thalidomide    IFX    ADA    Certolizumab    Vedolizumab    Golimumab    Biosimilar    Combination  
(Please specify\_\_\_\_\_)

13. Which is the first line choice you selected for CD?

- 5-ASA/SASP    steroids    AZA    6-MP    MTX    CTX    CSA    FK506    mycophenolate mofetil  
 Thalidomide    IFX    ADA    Certolizumab    Vedolizumab    Golimumab    Biosimilar    Combination  
(Please specify\_\_\_\_\_)

14. Which are the supplementary drugs in your unit?

- probiotics    nutrition    traditional medicine    material supplements

15. Which strategy will be chosen for mild to moderate UC?

- step-up    top-down

16. Which strategy will be chosen for severe UC?

- step-up    top-down

17. Which strategy will be chosen for Crohn's disease?

- step-up    top-down

**Induction of remission/5-ASA/SASP**

18. Do you have the following formulations of 5-ASA in your site?

- PH-dependend    time-released    MMX    SASP    enema    suppository

19. Will you use 5-ASA/SASP for mild to moderate UC when induction o remission?

20. Will you use 5-ASA/SASP for severe UC when induction of remission?

21. Will you use 5-ASA/SASP for Crohn's disease when induction of remission?

22. How long will you use 5-ASA/SASP when induction of remission?

23. Will you combine oral and local preparations for proctitis?

24. Will you combine oral and local preparations for left-side colitis?

25. Will you combine oral and local preparations for pancolitis?

26. Will you combine oral and local preparations for colonic Crohn's disease with left-side colon involved?

27. Which formulation is your first line choice if you have to use 5-ASA/SASP?

**Induction of remission/Steroids**

28. Which corticosteroid will be selected for induction of remission by IV?
29. Which oral formulation of corticosteroid will be selected for induction of remission?
30. How long is the intravenous use of corticosteroids before switching to rescue therapy?
31. How long will oral corticosteroids taper down?

**Induction of remission/Immunomodulators**

32. Which is the first line immunomodulator selected for induction of remission in your hospital and how you use it?
33. Which is the second line immunomodulator selected for induction of remission in your hospital and how you use it?
34. How long will intravenous immunomodulator last before switching to oral formulations?

**Induction of remission/Biologics**

35. Which is the first line biologic selected for induction of remission in your hospital and how you use it?
36. Which is the second line biologic selected for induction of remission in your hospital and how you use it?
37. Does your site have the policy of reimbursement for biologics?
38. Does your site have the charity for biologics?

**Maintenance of remission/5-ASA/SASP**

39. Will you use 5-ASA/SASP for UC when maintenance of remission?
40. Will you use 5-ASA/SASP for CD when maintenance of remission?
41. Will you use 5-ASA/SASP for pouchitis?
42. Will you use 5-ASA/SASP after intestinal resection?  
 UC  CD  No
43. How long will you use 5-ASA/SASP when maintenance of remission?
44. Will you combine oral and local preparations for proctitis?
45. Will you combine oral and local preparations for left-side colitis?
46. Will you combine oral and local preparations for pancolitis?
47. Will you combine oral and local preparations for colonic Crohn's disease with left-side colon involved?
48. Which formulation is your first line choice if you have to use 5-ASA/SASP for maintenance of remission?
49. Will you use 5-ASA/SASP as a long-time chemoprevention against colorectal cancer?

**Maintenance of remission/Steroids**

50. Is any patient in your hospital use corticosteroid as a choice for maintenance? How many?

**Maintenance of remission/Immunomodulators**

51. Which is the first line immunomodulator selected for maintenance of remission in your hospital and how you use it?
52. Which is the second line immunomodulator selected for induction of remission in your hospital and how you use it?
53. What is the average duration do you estimate the immunomodulator last for maintenance of remission?

**Maintenance of remission/Biologics**

54. Which is the first line biologic selected for maintenance of remission in your hospital and how you use it?
55. Which is the second line biologic selected for maintenance of remission in your hospital and how you use it?
56. What is the average duration do you estimate the biologics last for maintenance of remission?

**Drug monitoring**

57. Please specify the most frequent adverse event and its percentage for 5-ASA/SASP in your clinical experience.
58. Please specify the most frequent adverse event and its percentage for corticosteroid in your clinical experience.
59. Please specify the most frequent adverse event and its percentage for immunomodulator in your clinical experience.
60. Please specify the most frequent adverse event and its percentage for biologic agent in your clinical experience.
61. What is the frequency for monitoring 5-ASA/SASP adverse events?
62. What is the frequency for monitoring corticosteroid adverse events?
63. What is the frequency for monitoring immunomodulator adverse events?
64. What is the frequency for monitoring biological agent adverse events?
65. Can your hospital test the following biomarkers?  
 6-MP    FK506    CSA    IFX    ATI    TNF- $\alpha$     calprotectin
66. The concomitant infection rate in your patients with immunomodulatory or/and biologics is around?  
 <1%    <5%    <10%    <20%    >20%
67. The population in your hospital for lymphoma after IBD is around?  
 0    1-5    >5
68. The frequent evaluation for IBD or therapeutic response in your hospital includes?  
 clinical evaluation (as CDAI, etc)    endoscopic    blood test    radiological
69. What is the frequency for one patient underwent comprehensive evaluations which may contain endoscopic, biomarker and radiological evaluation?