

**Supplementary Annex 1. Script of the survey.**

Thank you for agreeing to participate to this survey. It will take around 5 minutes of your time.

We are investigating modalities of screening for systemic sclerosis (SSc)-related Interstitial Lung Disease (ILD) and how patients are followed-up after their SSc-ILD diagnosis.

1. On the first consultation with an SSc patient, do you **screen for ILD with chest HRCT at baseline**?
  - a. Yes, always / in >90% of cases (*e.g.*, do only not order new HRCT if a very recent one is available)
  - b. Yes, but according to clinical judgement (*e.g.*, only if patients present with symptoms/signs suspicious for ILD)
  - c. No, I do not screen for SSc-ILD with HRCT.
2. If you selected “Yes, but according to clinical judgement”, which of the following parameter(s) would drive you to **o r d e r** the HRCT? More than one answer is possible.
  - a. FVC < 80% predicted
  - b. DLco <80% predicted
  - c. FVC decline >10% or FVC decline 5-9% + DLco decline >15% since previous assessment
  - d. Presence of dyspnoea at rest
  - e. Presence of dyspnoea on exertion
  - f. Hypoxemia at rest (SpO<sub>2</sub><96%)
  - g. Hypoxemia after exercise (SpO<sub>2</sub> <94%)
  - h. Presence of dry cough
  - i. Presence of crackles on lung auscultation
  - j. Higher risk antibody profile (*i.e.*, anti-topoisomerase I)
  - k. High risk cutaneous subset (*i.e.*, diffuse skin involvement)
  - l. Other features (please specify)
  - m. NOT APPLICABLE
3. We have an additional question to the colleagues who replied to the question “On the first consultation with an SSc patient, do you screen for ILD with chest HRCT at baseline?” with
  - “Yes, but according to clinical judgement (*e.g.*, only if patients present with symptoms/signs suspicious for ILD)”
  - or
  - “No, I do not screen for SSc-ILD with HRCT.”

Which are the reasons for not performing a baseline screening for SSc-ILD with HRCT? More than one answer is possible.

- a. Cost reasons (*i.e.*, HRCT is not covered by the local health system)
  - b. Administrative reasons (*i.e.*, I don't have an HRCT available locally; long waiting list)
  - c. Scientific reasons (*i.e.*, I think there is no sufficient scientific evidence to support it)
  - d. Clinical Reasons (*i.e.*, I prefer to rely on clinical suspicion, therefore perform a “diagnostic” HRCT)
  - e. Ethical Reasons (*i.e.*, I don't want to expose patients to radiations or patient refusal)
  - f. Other, specify \_\_\_\_\_
4. If a patient has a negative (ILD not detectable) chest HRCT at baseline, how do you **screen for ILD with HRCT during follow-up**?
    - a. I repeat a screening chest HRCT every year (regardless if full CT, reduced slices, low resolution, etc.)
    - b. I repeat a screening HRCT according to clinical judgement (*i.e.*, if new onset/worsening of symptoms/signs suspicious for ILD)
    - c. I do not screen for SSc-ILD during follow-up visits or use other tests only (*i.e.*, PFTs, 6MWT, X-ray, lung ultrasound, etc.)
  5. If you selected “**I repeat a screening HRCT according to clinical judgement**”, which of the following parameter(s) would drive you to a repeated screening? More than one answer is possible.
    - a. New decline of FVC <80% predicted
    - b. New decline of DLco <80% predicted
    - c. New relative FVC decline >10% or relative FVC decline 5-9% + relative DLco decline >15% since previous assessment
    - d. New onset of dyspnoea at rest or worsening dyspnoea at rest
    - e. New onset of dyspnoea on exertion or worsening dyspnoea on exertion
    - f. Hypoxemia at rest (SpO<sub>2</sub><96%)
    - g. Hypoxemia after exercise (SpO<sub>2</sub> <94%)
    - h. New onset/worsening of dry cough
    - i. New onset/worsening of crackles on lung auscultation

- j. Higher risk antibody profile (*i.e.*, anti-topoisomerase I)
  - k. High risk cutaneous subset (*i.e.*, diffuse skin involvement)
  - l. Other features (please specify)
  - m. NOT APPLICABLE
6. Once a patient is diagnosed with SSc-ILD on HRCT, do you **perform chest HRCT for ILD follow-up**?
- a. I perform a follow-up HRCT on SSc-ILD patients every year (regardless if full CT, reduced slices, low resolution, etc.)
  - b. I perform a follow-up HRCT on SSc-ILD patients according to clinical judgement.
  - c. I don't repeat HRCTs and perform other tests only (*i.e.*, PFTs, 6MWT, X-ray, lung ultrasound, etc.)
7. If you selected "**I perform a follow-up HRCT according to clinical judgement**", which of the following parameter(s) would drive you? More than one answer is possible.
- a. New decline of FVC < 80% predicted
  - b. New decline of DLco < 80% predicted
  - c. New relative FVC decline > 10% or relative FVC decline 5-9% + DLco decline > 15% since previous assessment
  - d. New onset dyspnoea at rest or worsening dyspnoea at rest
  - e. New onset dyspnoea on exertion or worsening dyspnoea on exertion
  - f. Hypoxemia at rest (SpO<sub>2</sub> < 96%)
  - g. Hypoxemia after exercise (SpO<sub>2</sub> < 94%)
  - h. New onset/worsening dry cough
  - i. New onset/worsening of crackles on lung auscultation
  - j. Higher risk antibody status (*i.e.*, anti-topoisomerase I)
  - k. High risk cutaneous subset (*i.e.*, diffuse skin involvement)
  - l. Test the effect of ILD medications
  - m. Other features (please specify)
  - n. NOT APPLICABLE
8. Thank you for your time. We plan to submit the results of this survey as a manuscript. As we would like to perform some analysis and acknowledge your contribution, please reply to some additional details:
- Your name:
  - E-mail address
  - Institution:
  - City:
  - Country:
  - What is your working environment (you can select more than 1 option)?
    - ☐ University Hospital
    - ☐ Community Hospital
    - ☐ Private Hospital
    - ☐ Out-patient Clinic (Private or Public)
    - ☐ other, specify \_\_\_\_\_
  - What is your specialty?
    - ☐ Rheumatology
    - ☐ Clinical Immunology
    - ☐ Internal Medicine
    - ☐ Dermatology
    - ☐ Other, specify \_\_\_\_\_
  - Is your centre an SSc-referral center? Y/N
  - How many SSc patients are you following in your whole cohort?
  - How many new SSc patients do you see, on average, per year?
  - Are you a member of:
    - ☐ EUSTAR
    - ☐ SCTC
    - ☐ Both EUSTAR and SCTC
    - ☐ None

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