complete blood count (CBC). You are going to begin therapy.

Supplementary ANCA-Associated Vasculitis Survey

$Demographic\ Characteristics$

1. Do you spend ≥ 20% of your professional time in clinical practice? ☐ Yes ☐ No If No selected: "This survey is intended for physicians who spend ≥ 20% of their professional time in clinical practice. You do not need to answer any further survey questions. Thank you for your time."		1.	Along with corticosteroids, which of the following agents would you choose to treat this patient with if she were a 28 year old nulliparous female? (choose one) ☐ Oral daily cyclophosphamide (Cytoxan) – goal 2mg/kg/day ☐ Intravenous cyclophosphamide (Cytoxan) – 15mg/kg every 2 to 3 weeks ☐ Rituximab (Rituxan) – 375mg/m2 weekly for 4 weeks
2.	2. What is your gender? (choose one) ☐ Male ☐ Female		☐ Methotrexate – target dose 20-25mg weekly ☐ Azathioprine (Imuran) – target dose 2mg/kg/day ☐ Mycopheolate mofetil (Cellcept) – target dose 2000-3000mg/day ☐ No preference
3.	What is your age? (specify in years)————		☐ Other – please specify————————————————————————————————————
4.	What is your medical specialty? (choose one) ☐ Rheumatology ☐ Pulmonology ☐ Nephrology ☐ Other – please specify————	2.	Please rate the importance of the following factors (efficacy, toxicity, cost/availability, comfort with use) with regard to how you made this decision. Provide a ranking on a scale of 1 to 4, with 1 being your first choice. Efficacy data———————————————————————————————————
5.	What is your level of training and years in practice? (choose		Cost/availability ————————
	one) ☐ Fellow		Comfort with use
	☐ Attending physician, less than 5 years in practice ☐ Attending physician, 5-10 years in practice ☐ Attending physician, 11-20 years in practice ☐ Attending physician, >20 years in practice ☐ Other – please specify	3.	Is there another reason for your choice not listed above? ☐ Yes If yes, please specify ☐ No
8.	How many patients do you see per week? (choose one) less than 5 per week 5-20 per week 21-50 per week more than 50 per week	4.	Along with corticosteroids, which of the following agents would you choose to treat this patient with if she were a <u>68</u> <u>year old female</u> ? (choose one) Oral daily cyclophosphamide (Cytoxan) – goal 2mg/kg/day Intravenous cyclophosphamide (Cytoxan) – 15mg/kg every 2 to 3 weeks Rituximab (Rituxan) – 375mg/m2 weekly for 4 weeks
9.	How many patients with granulomatosis with polyangiitis (Wegener's) or microscopic polyangiitis (ANCA-associated vasculidites) do you see per year? (choose one) ☐ less than 5 per year ☐ 5-20 per year ☐ 21-50 per year ☐ more than 50 per year		□ Methotrexate – target dose 20-25mg weekly □ Azathioprine (Imuran) – target dose 2mg/kg/day □ Mycopheolate mofetil (Cellcept) – target dose 2000-3000mg/day □ No preference □ Other – please specify
Scenarios Please read the following scenarios and choose the answer that best applies.		5.	Please rate the importance of the following factors (efficacy, toxicity, cost/availability, comfort with use) with regard to how you made this decision. Provide a ranking on a scale of 1 to 4, with 1 being your first choice.
Scenario 1: A patient with recurrent sinusitis, lung involvement (pulmonary nodules and ground glass opacities), positive serologies (anti-neurophil cytoplasmic antibody with anti-proteinase 3 antibody specificity by			Efficacy data — — — — — — — — — — — — — — — — — —
cytoplasmic antibody with anti-proteinase 3 antibody specificity by ELISA), renal involvement with active sediment including nephritic range proteinuria and red blood cell casts, normal creatinine, and biopsy-proven pauci-immune necrotising glomerulonephritis is diagnosed with ANCA-associated vasculitis. Infectious work-up is negative and the patient has normal liver function tests and a normal		6.	Is there another reason for your choice not listed above? ☐ Yes If yes, please specify————————————————————————————————————

7. Along with corticosteroids, which of the following agents would you choose to treat this patient with if he were a 28 year old male? (choose one) ☐ Oral daily cyclophosphamide (Cytoxan) – goal 2mg/kg/day ☐ Intravenous cyclophosphamide (Cytoxan) – 15mg/kg every 2 to 3 weeks ☐ Rituximab (Rituxan) – 375mg/m2 weekly for 4 weeks ☐ Methotrexate – target dose 20-25mg weekly ☐ Azathioprine (Imuran) – target dose 2mg/kg/day ☐ Mycopheolate mofetil (Cellcept) – target dose 2000-3000mg/day ☐ No preference ☐ Other – please specify	1. Which of the following agents would you choose to continue or start on this patient at this time if she were a 28 year old nulliparous female? (choose one) Oral daily cyclophosphamide (Cytoxan) Intravenous cyclophosphamide (Cytoxan) Rituximab (Rituxan) Methotrexate
8. Please rate the importance of the following factors (efficacy toxicity, cost/availability, comfort with use) with regard to how you made this decision. Provide a ranking on a scale of 1 to 4, with 1 being your first choice. Efficacy data Toxicity data Cost/availability Comfort with use	no additional immunosuppressant therapy. Follow expectantly. If □ No preference □ Other – please specify————————————————————————————————————
Comfort with use 9. Is there another reason for your choice not listed above? Yes If yes, please specify No	how you made this decision. Provide a ranking on a scale of 1 to 4, with 1 being your first choice. Efficacy data — — — — — — — — — — — — — — — — — —
10. Along with corticosteroids, which of the following agents would you choose to treat this patient with if he were a 68 year old male? (choose one) ☐ Oral daily cyclophosphamide (Cytoxan) – goal 2mg/kg/day ☐ Intravenous cyclophosphamide (Cytoxan) – 15mg/kg every 2 to 3 weeks ☐ Rituximab (Rituxan) – 375mg/m2 weekly for 4 weeks ☐ Methotrexate – target dose 20-25mg weekly ☐ Azathioprine (Imuran) – target dose 2mg/kg/day ☐ Mycopheolate mofetil (Cellcept) – target dose 2000-3000mg day ☐ No preference ☐ Other – please specify————————————————————————————————————	Yes If yes, please specify No No
11. Please rate the importance of the following factors (efficacy toxicity, cost/availability, comfort with use) with regard to how you made this decision. Provide a ranking on a scale of 1 to 4, with 1 being your first choice. Efficacy data Toxicity data Cost/availability Comfort with use	one tablet twice daily Leflunomide (Arava) No additional immunosuppressant therapy. Follow expectantly. No preference Other – please specify————————————————————————————————————
12. Is there another reason for your choice not listed above? ☐ Yes ☐ If yes, please specify————————————————————————————————————	toxicity, cost/availability, comfort with use) with regard to how you made this decision. Provide a ranking on a scale of 1 to 4, with 1 being your first choice. Efficacy data———————————————————————————————————
The patient from scenario 1 (see attachment below) undergoes induction therapy. At 4 months symptoms, laboratory values and urine normalise. The patient takes prednisone 10mg daily, which is being tapered.	s d 6. Is there another reason for your choice not listed above?

$\label{lem:practice} \textbf{Practice patterns of ANCA-associated vasculitis} \, / \, \textbf{L.J. Forbess et al.}$

7.	Along with corticosteroids, which of the following agents would you choose to continue or start on this patient at this time if he were a 28 year old male? (choose one) Oral daily cyclophosphamide (Cytoxan) Intravenous cyclophosphamide (Cytoxan) Rituximab (Rituxan) Methotrexate Azathioprine (Imuran) Mycopheolate mofetil (Cellcept) Trimethoprim/sulfamethoxazole 160/800 (Bactrim DS) – one tablet twice daily Leflunomide (Arava) No additional immunosuppressant therapy. Follow expectantly. No preference Other – please specify	A patient with no history of cocaine use has a saddle nose deformity, active sinusitis, positive serologies (anti-neutrophil cytoplasmic antibody with anti-proteinase 3 antibody specificity by ELISA), no renal involvement, tracheal narrowing and multiple small pulmonary nodules on computerised tomography. A biopsy of one of these nodules by video-assisted thoracic surgery (VATS) shows necrotising granulomatous inflammation with pauci-immune vasculitis, and the patient is diagnosed with ANCA-associated vasculitis. The infectious work-up is negative and the patient has normal liver function tests and a normal complete blood count (CBC). 1. Along with corticosteroids, which of the following agents would you choose to start on this patient at this time if she were a 28 year old nulliparous female? (choose one) Oral daily cyclophosphamide (Cytoxan) Intravenous cyclophosphamide (Cytoxan) Rituximab (Rituxan) Methotrexate Azathioprine (Imuran) Mycopheolate mofetil (Cellcept) Trimethoprim/sulfamethoxazole 160/800 (Bactrim DS) – one tablet twice daily Leflunomide (Arava) No preference Other – please specify	
8.	Please rate the importance of the following factors (efficacy, toxicity, cost/availability, comfort with use) with regard to how you made this decision. Provide a ranking on a scale of 1 to 4, with 1 being your first choice. Efficacy data Toxicity data Cost/availability Comfort with use		
9.	Is there another reason for your choice not listed above? ☐ Yes If yes, please specify ☐ No	2.	Please rate the importance of the following factors (efficacy, toxicity, cost/availability, comfort with use) with regard to how you made this decision. Provide a ranking on a scale of
10	Along with corticosteroids, which of the following agents would you choose to continue or start on this patient at this time if he were a 68 year old male? (choose one) Oral daily cyclophosphamide (Cytoxan) Intravenous cyclophosphamide (Cytoxan) Rituximab (Rituxan) Methotrexate	3.	1 to 4, with 1 being your first choice. Efficacy data —
	☐ Azathioprine (Imuran) ☐ Mycopheolate mofetil (Cellcept) ☐ Trimethoprim/sulfamethoxazole 160/800 (Bactrim DS) –	4	If yes, please specify □ No Along with continuously which of the following agents
	one tablet twice daily ☐ Leflunomide (Arava) ☐ No additional immunosuppressant therapy. Follow expectantly. ☐ No preference ☐ Other – please specify————	4.	4. Along with corticosteroids, which of the following agen would you choose to start on this patient at this time if sl were a 68 year old female? (choose one) ☐ Oral daily cyclophosphamide (Cytoxan) ☐ Intravenous cyclophosphamide (Cytoxan) ☐ Rituximab (Rituxan) ☐ Methotravate
11.	Please rate the importance of the following factors (efficacy, toxicity, cost/availability, comfort with use) with regard to how you made this decision. Provide a ranking on a scale of 1 to 4, with 1 being your first choice. Efficacy data———————————————————————————————————		☐ Methotrexate ☐ Azathioprine (Imuran) ☐ Mycopheolate mofetil (Cellcept) ☐ Trimethoprim/sulfamethoxazole 160/800 (Bactrim DS) – one tablet twice daily ☐ Leflunomide (Arava) ☐ No preference ☐ Other – please specify—————
12	Is there another reason for your choice not listed above? ☐ Yes If yes, please specify ☐ No	5.	Please rate the importance of the following factors (efficacy, toxicity, cost/availability, comfort with use) with regard to how you made this decision. Provide a ranking on a scale of 1 to 4, with 1 being your first choice. Efficacy data———————————————————————————————————

	F	Practice patterns of ANCA-associated vasculitis / L.J. Forbess et al.
	Cost/availability —	9. Is there another reason for your choice not listed above?
	Comfort with use —	☐ Yes
		If yes, please specify————————————————————————————————————
6.	Is there another reason for your choice not listed above? ☐ Yes	□ No
	If yes, please specify————————————————————————————————————	10. Along with corticosteroids, which of the following agents
	□ No	would you choose to start on this patient if he were a 68
		<pre>year old male? (choose one)</pre>
7.	Along with corticosteroids, which of the following agents	☐ Oral daily cyclophosphamide (Cytoxan)
	would you choose to start on this patient at this patient if he	☐ Intravenous cyclophosphamide (Cytoxan)
	were a <u>28 year old male</u> ? (choose one)	☐ Rituximab (Rituxan)
	☐ Oral daily cyclophosphamide (Cytoxan)	☐ Methotrexate
	☐ Intravenous cyclophosphamide (Cytoxan)	☐ Azathioprine (Imuran)
	☐ Rituximab (Rituxan)	☐ Mycopheolate mofetil (Cellcept)
	☐ Methotrexate	☐ Trimethoprim/sulfamethoxazole 160/800 (Bactrim DS) –
	☐ Azathioprine (Imuran)	one tablet twice daily
	☐ Mycopheolate mofetil (Cellcept)	☐ Leflunomide (Arava)
	☐ Trimethoprim/sulfamethoxazole 160/800 (Bactrim DS) –	☐ No preference
	one tablet twice daily	☐ Other – please specify————————
	☐ Leflunomide (Arava)	
	☐ No preference	11. Please rate the importance of the following factors (efficacy,
	☐ Other – please specify ————————————————————————————————————	toxicity, cost/availability, comfort with use) with regard to
		how you made this decision. Provide a ranking on a scale of
8.	Please rate the importance of the following factors (efficacy,	1 to 4, with 1 being your first choice.
	toxicity, cost/availability, comfort with use) with regard to	Efficacy data ——————————————————————————————————
	how you made this decision. Provide a ranking on a scale of	Toxicity data———————————————————————————————————
	1 to 4, with 1 being your first choice.	Cost/availability ————————————————————————————————————
	Efficacy data———————————————————————————————————	Comfort with use ———————————————————————————————————
	Toxicity data————	
	Cost/availability —————	12. Is there another reason for your choice not listed above?
	Comfort with use —	☐ Yes
		If yes, please specify ————————————————————————————————————
		□ No
Th	ank you for your participation.	