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.”

2. What is your gender? (choose one)
   - Male
   - Female

3. What is your age? (specify in years)

4. What is your medical specialty? (choose one)
   - Rheumatology
   - Pulmonology
   - Nephrology
   - Other – please specify

5. What is your level of training and years in practice? (choose one)
   - Fellow
   - 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

6. 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

7. How many patients with granulomatosis with polyangiitis (Wegener’s) or microscopic polyangiitis (ANCA-associated vasculitides) 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

Scenarios

Please read the following scenarios and choose the answer that best applies.

Scenario 1:
A patient with recurrent sinusitis, lung involvement (pulmonary nodules and ground glass opacities), positive serologies (anti-neutrophil cytoplasmic antibody with anti-proteinase 3 antibody specificity by ELISA), renal involvement with active sediment including necrotising glomerulonephritis is diagnosed with ANCA-associated vasculitis. Infectious work-up is negative and the patient has normal liver function tests and a normal complete blood count (CBC). You are going to begin therapy.

1. Along with corticosteroids, which of the following agents would you choose to treat this patient 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
   - Methotrexate – target dose 20-25mg weekly
   - Azathioprine (Imuran) – target dose 2mg/kg/day
   - Mycophenolate mofetil (Cellcept) – target dose 2000-3000mg/day
   - No preference
   - 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
   - Toxicity data
   - Cost/availability
   - Comfort with use

3. Is there another reason for your choice not listed above?
   - Yes
   - No

4. Along with corticosteroids, which of the following agents would you choose to treat this patient if she were a 68 year old 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
   - Methotrexate – target dose 20-25mg weekly
   - Azathioprine (Imuran) – target dose 2mg/kg/day
   - Mycophenolate mofetil (Cellcept) – target dose 2000-3000mg/day
   - No preference
   - Other – please specify

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
   - Toxicity data
   - Cost/availability
   - Comfort with use

6. Is there another reason for your choice not listed above?
   - Yes
   - No
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
   - Mycophenolate mofetil (Cellcept) – target dose 2000-3000mg/day
   - 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

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
    - Mycophenolate mofetil (Cellcept) – target dose 2000-3000mg/day
    - No preference
    - Other – please specify __________________________

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

12. Is there another reason for your choice not listed above?
    - Yes
    - If yes, please specify __________________________
    - No

**Scenario 2:**
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.

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
   - Azathioprine (Imuran)
   - Mycophenolate 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 __________________________

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
   - Toxicity data
   - Cost/availability
   - Comfort with use

3. Is there another reason for your choice not listed above?
   - Yes
   - If yes, please specify __________________________
   - No

4. Along with corticosteroids, which of the following agents would you choose to continue or start on this patient at this time if she were a **68 year old female**? (choose one)
   - Oral daily cyclophosphamide (Cytoxan)
   - Intravenous cyclophosphamide (Cytoxan)
   - Rituximab (Rituxan)
   - Methotrexate
   - Azathioprine (Imuran)
   - Mycophenolate 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 __________________________

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
   - Toxicity data
   - Cost/availability
   - Comfort with use

6. Is there another reason for your choice not listed above?
   - Yes
   - If yes, please specify __________________________
   - No
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)
- Mycophenolate 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

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
- No preference
- Other – please specify

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
- Azathioprine (Imuran)
- Mycophenolate 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

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

12. Is there another reason for your choice not listed above?

- Yes
- No preference
- Other – please specify

Scenario 3:

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)
- Mycophenolate mofetil (Cellcept)
- Trimethoprim/sulfamethoxazole 160/800 (Bactrim DS) – one tablet twice daily
- Leflunomide (Arava)
- No preference
- 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
- Toxicity data
- Cost/availability
- Comfort with use

3. Is there another reason for your choice not listed above?

- Yes
- No preference
- Other – please specify

4. Along with corticosteroids, which of the following agents would you choose to start on this patient at this time if she were a 68 year old female? (choose one)

- Oral daily cyclophosphamide (Cytoxan)
- Intravenous cyclophosphamide (Cytoxan)
- Rituximab (Rituxan)
- Methotrexate
- Azathioprine (Imuran)
- Mycophenolate mofetil (Cellcept)
- Trimethoprim/sulfamethoxazole 160/800 (Bactrim DS) – one tablet twice daily
- Leflunomide (Arava)
- No preference
- Other – please specify

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
- Toxicity data
6. Is there another reason for your choice not listed above?
- Yes
- No

If yes, please specify ____________________________

7. Along with corticosteroids, which of the following agents would you choose to start on this patient if he were a 28 year old male? (choose one)
- Oral daily cyclophosphamide (Cytoxan)
- Intravenous cyclophosphamide (Cytoxan)
- Rituximab (Rituxan)
- Methotrexate
- Azathioprine (Imuran)
- Mycophenolate 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
- No

If yes, please specify ____________________________

10. Along with corticosteroids, which of the following agents would you choose to start on this patient if he were a 68 year old male? (choose one)
- Oral daily cyclophosphamide (Cytoxan)
- Intravenous cyclophosphamide (Cytoxan)
- Rituximab (Rituxan)
- Methotrexate
- Azathioprine (Imuran)
- Mycophenolate mofetil (Cellcept)
- Trimethoprim/sulfamethoxazole 160/800 (Bactrim DS) – one tablet twice daily
- Leflunomide (Arava)
- No preference
- Other – please specify ____________________________

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 ____________________________

12. Is there another reason for your choice not listed above?
- Yes
- No

If yes, please specify ____________________________

Thank you for your participation.