SUPPLEMENT 2

Table 1. Thematic questions for Ulcerative Colitis

No	Thematic questions	GRADE / BEST PRACTICE
1	How should UC disease activity and location be defined?	BEST PRACTICE
2	What indices of disease/clinical/endoscopic/biochemical/radiological/histological/composite severity should be employed to support this in UC? For specific indices, what thresholds should be used to define different disease activity?	
3	What investigations should be used to diagnose UC? What combination of modalities should be employed and in what hierarchy?	BEST PRACTICE
4	What investigations should be used to assess disease in those with an established diagnosis in UC? How should this be modified in specific situations (pregnancy, acute severe ulcerative colitis)? What combination of techniques is optimal?	BEST PRACTICE
5	What is the efficacy of treatments for the induction of clinical remission in adults with UC?	
6	What is the safety of treatments for the induction of clinical remission in adults with UC?	
7	What should the sequencing of treatments be for induction of clinical remission in adults with UC?	
8	What factors should inform or amend this hierarchy (Disease activity, severity, previous exposure to therapies, presence of extraintestinal manifestations, experience of side effects)?	
9	What additional strategies for guiding therapeutic choices are effective for inducing clinical remission in adults with UC (therapeutic drug/drug metabolite monitoring, biomarkers, empirical dose-changing eg. Top-down vs step up)?	
10	What is the efficacy of treatments for the maintenance of clinical remission in adults with UC?	
11	What is the safety of treatments for the maintenance of clinical remission in adults with UC?	
12	What should the ranking or hierarchy of treatments be for the maintenance of clinical remission in adults with UC?	
13	What factors should inform or amend this hierarchy (Disease activity, severity, previous exposure to therapies, presence of extraintestinal manifestations, experience of side effects)?	
14	When should monitoring of remission be performed for each of the main treatment classes, with what frequency and using what modalities? Should this employ blood biomakers, faecal biomarkers, endoscopy, histology, imaging or a combination of these? For such methods, what specific thresholds or levels of markers are significant?	BEST PRACTICE
15	What investigations, if any, should be performed in the patient in clinical remission before stepping down therapy?	
16	What treatments can be stopped without loss of clinical remission in patients on maintenance therapy for UC and when can this be attempted?	
17	Does long term maintenance of remission using therapy protect against colitis-associated colorectal cancer and how does this impact the decision to stop or withhold maintenance therapy?	

18	When surgical interventions for UC are indicated? What specific factors inform this decision and what is the role of the patient in this decision?	BEST PRACTICE
19	What modifications to medical therapy should be made prior to surgical interventions for UC?	BEST PRACTICE
20	What is the efficacy of treatments for the induction of clinical remission in adults with active pouchitis?	
21	What is the safety of treatments for the induction of clinical remission in adults with active pouchitis?	
22	What should the ranking or hierarchy of treatments for the induction of clinical remission in adults with active pouchitis?	

Table 2: Thematic questions for Crohn's disease

No	Thematic questions	GRADE / BEST Practice
1	How should CD disease activity and location be defined?	BEST PRACTICE
2	What indices of disease/clinical/endoscopic/biochemical/radiological/histological/composite severity should be employed to support this in CD? For specific indices, what thresholds should be used to define different disease activity?	
3	What investigations should be used to diagnose CD? What combination of modalities should be employed and in what hierarchy?	BEST PRACTICE
4	What investigations should be used to assess disease in those with an established diagnosis in CD (disease extent, stricturing, penetrating fistulating disease/ abdominal/pelvic complications, post-operative period, nutritional status)? How should this be amended in specific situations (e.g. pregnancy)? What combination of techniques is optimal in each situation? This should focus on new techniques or evidence since the last guideline (e.g. Positron emission tomography or ultrasound)	BEST PRACTICE
5	What is the efficacy of treatments for the induction of clinical remission in adults with CD?	
6	What is the safety of treatments for the induction of clinical remission in adults with CD?	
7	What should the sequencing of treatments be for induction of clinical remission in adults with CD?	
8	What factors should inform or amend this hierarchy (Disease severity, activity, phenotype, previous exposure to therapies, presence of extraintestinal manifestations, experience of side effects)?	
9	What additional strategies for guiding therapeutic choices are effective for inducing clinical remission in adults with CD (therapeutic drug/metabolite level monitoring, biomarkers, empirical dose-changing eg. Top-down vs step up?	
10	What is the efficacy of treatments for the maintenance of clinical remission in adults with CD?	
11	What is the safety of treatments for the maintenance of clinical remission in adults with CD?	
12	What should the sequencing of treatments be for the maintenance of clinical remission in adults with CD?	
13	What factors should inform or amend this hierarchy (Disease activity, severity, disease phenotype, previous exposure to therapies, presence of extraintestinal manifestations)?	
14	What investigations, if any, should be performed in the patient in clinical remission before stepping down therapy?	
15	What treatments can be stopped without loss of clinical remission in patients on maintenance therapy for CD and when can this be attempted?	
16	When should monitoring of remission be performed for each of the main treatment classes, with what frequency and using what modalities? Should this employ blood biomakers, faecal biomarkers, endoscopy, histology and/or imaging? For such methods, what specific thresholds or levels of markers are significant?	
17	What investigations should be done for perianal Crohn's disease	

18	What medical and surgical treatments should be used for perianal disease in CD? When can or should surgical interventions be reversed?	
19	How should perianal CD be managed?	BEST PRACTICE
20	When and for which patients with CD-related strictures be treated endoscopically? What treatments should be offered for these patients?	BEST PRACTICE
21	What advice should be given on smoking cessation to CD patients and what approaches and methods should be used to support this?	
22	When are surgical interventions for CD indicated? What specific factors inform this decision and what is the role of the patient in this decision?	BEST PRACTICE
23	What factors could indicate the appropriateness of early limited resection? When should this be done and how is this guided? What are the outcomes of such management?	
24	What modifications to or additional therapies (including enteral nutrition) should be used prior to surgical interventions for CD?	BEST PRACTICE
25	What is the efficacy of treatments for the maintenance of surgically induced remission in adults with CD?	
26	What is the safety of treatments for the maintenance of surgically induced remission in adults with CD?	
27	What is the hierarchy of treatments for the maintenance of surgically induced remission in adults with CD?	

Table 3: Thematic questions Cross-IBD situations

No	Thematic questions	GRADE / BEST Practice
1	What are the unique features of IBD/Primary Sclerosing Cholangitis?	BEST PRACTICE
2	How should IBD treatments and proposed hierarchies be amended in the context of pre-conception, antenatal, pregnancy and the post-natal period (including advice regarding breastfeeding)? If treatments are stopped, when and on what basis should they be restarted?	BEST PRACTICE
3	What routine pre-conception advice should be offered to IBD patients	BEST PRACTICE
4	What prophylactic therapy and monitoring approaches should be used for side effects of corticosteroids in patients with CD and UC?	BEST PRACTICE
5	When should patients who have received corticosteroids have investigations of bone density? What management should be offered if results indicate a treatment need?	BEST PRACTICE
6	In the IBD patient what is the efficacy and safety of thromboprophylaxis during and after hospitalisation?	
7	What treatments can be used for symptoms of pain in adult patients with IBD independently of treatments to achieve or maintain remission? (Eg. Psychosocial therapies, pharmacological therapies, dietary)	BEST PRACTICE
8	What treatments can be used for Iron deficiency in adult patients with IBD, independently of treatments to achieve or maintain remission? (Eg. pharmacological therapies, dietary)	BEST PRACTICE
9	What treatments can treat symptoms of fatigue in adult patients with IBD, independently of treatments to achieve or maintain remission? (Eg. Psychosocial therapies, pharmacological therapies, dietary)	BEST PRACTICE
10	In (P) people affected by IBDs AND spondyloarthropathies (including psoriatic arthritis), what is the (I) efficacy and safety of treatments for IBDs as compared (C) to placebo or other treatments for IBDs aiming at (O) ameliorating status/activity of spondyloarthropathies (including psoriatic arthritis)?	BEST PRACTICE
11	In (P) people affected by spondyloarthropathies (including psoriatic arthritis) AND IBDs, what is the (I) efficacy and safety of treatments for spondyloarthropathies (including psoriatic arthritis) as compared (C) to placebo or other treatments for spondyloarthropathies (including psoriatic arthritis) aiming at (O) ameliorating status/activity of IBDs?	BEST PRACTICE
12	In (P) people affected by spondyloarthropathies (including psoriatic arthritis), what is the (I) safety of treatments for spondyloarthropathies (including psoriatic arthritis) as compared (C) to placebo or other treatments for spondyloarthropathies (including psoriatic arthritis) aiming at (O) not inducing IBDs relapses/inducing ex novo IBDs?	BEST PRACTICE
13	In (P) people affected by IBDs, what is the (I) safety of treatments for IBDs as compared (C) to placebo or other treatments for IBDs aiming at (O) not inducing relapses or ex novo spondyloarthropathies (including psoriatic arthritis)/cutaneous disease/ocular disease?	BEST PRACTICE
14	If side effects of immunotherapy and biological therapy occur, how should they managed, and should therapy be withdrawn	BEST PRACTICE
15	What interventions can enhance induction or maintenance of clinical remission for IBD treatments (Patient education, medication adherence interventions, remote or alternative care delivery models)	BEST PRACTICE

16	What pre-assessment is necessary prior to starting biological and immune-modulatory therapy and when should this be undertaken?	BEST PRACTICE
17	What superinfections should be screened for during disease relapse and how should these be treated?	BEST PRACTICE
18	What vaccination strategy is needed prior to embarking on immunotherapy?	BEST PRACTICE
19	What specific monitoring is needed for IBD treatments to ensure patient safety?	BEST PRACTICE
20	What is the importance of developmentally appropriate healthcare for young adults with IBD?	BEST PRACTICE