

Supplementary Data 1

Survey questions

Participant demographics

1. Age (years):
 - a. < 30
 - b. 30-40
 - c. 41-50
 - d. 51-60
 - e. > 60

2. In which state/territory is your primary practice?
 - ☐ New South Wales
 - ☐ Victoria
 - ☐ Queensland
 - ☐ South Australia
 - ☐ Western Australia
 - ☐ Tasmania
 - ☐ Northern Territory
 - ☐ Australian Capital Territory

3. For gastroenterologists, how would you best describe yourself? (may select more than one option)
 - ☐ General gastroenterologist
 - ☐ Interventional endoscopist
 - ☐ Hepatologist
 - ☐ Inflammatory bowel disease sub-specialist
 - ☐ Gastroenterology trainee or fellow
 - ☐ Other: _____

4. What is your predominant practice?

- ☐ Staff specialist
 - ☐ University academic work
 - ☐ Visiting Medical Officer
 - ☐ Private Practice
 - ☐ Non-clinical
 - ☐ Training
 - ☐ Other, please describe in the space below
-

5. What is the highest level of education that you have completed?

- ☐ MBBS / MD
- ☐ Masters
- ☐ PhD or equivalent

6. How many IBD patients do you see weekly?

- ☐ 0-1
- ☐ 2-5
- ☐ 6-10
- ☐ >10

7. Are you involved in a regular multidisciplinary IBD meeting?

- ☐ Yes
- ☐ No

Knowledge and attitudes of histological scoring systems in UC

8. The role of histological activity in IBD is:

Not established	Preliminary	Emerging	Established
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Histologic remission is more important to achieve than endoscopic remission:

Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Which of the following histological scores have undergone the most validation? (you may pick more than one)

- ☐ Modified Riley score
- ☐ Geboes score
- ☐ Nancy index
- ☐ Robarts histopathology index
- ☐ Truelove and Richards index
- ☐ Not sure

11. Which score does your pathologist routinely or frequently use in their official reports?

- ☐ Modified Riley score
- ☐ Geboes score
- ☐ Nancy index

- ☐ Robarts histopathology index
- ☐ Truelove and Richards Index
- ☐ They do not routinely use a scoring system

12. What Geboes score is considered histological remission?

- ☐ ≤ 1.0
- ☐ ≤ 2.0
- ☐ ≤ 3.0
- ☐ ≤ 4.0
- ☐ Not sure

13. What Nancy index score is considered histological remission?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ Not sure

14. What Robarts histopathology index score is considered remission?

- ☐ ≤ 2
- ☐ ≤ 3
- ☐ ≤ 4
- ☐ ≤ 5
- ☐ Not sure

15. I would like to use a histological scoring system for my UC patients:

Never Rarely Occasionally Sometimes Always

○ ○ ○ ○ ○

Please answer each of the following statements about treatment decision making based on histological disease activity status.

	Never	Not often	Sometimes	Often	Always
If a patient is in clinical and endoscopic remission, but has histological activity, then I will escalate medical therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a patient is in clinical and endoscopic remission, but has an elevated faecal calprotectin (> 100 ug/g) and histological activity, then I will escalate therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a patient is in clinical, endoscopic and histological remission (but prior colonoscopy showed Mayo 1 endoscopic disease), then I will de-escalate therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a patient is in clinical remission, with their last two colonoscopies showing endoscopic and histological remission, then I will de-escalate therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a patient with ulcerative colitis has other risk factors for colon cancer, then I will aim to achieve histological remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer each of the following statements about histological disease activity.

	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Unsure
Neutrophils are normally not present within the lamina propria or epithelium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eosinophils alone can be used as a marker of histological activity in ulcerative colitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paneth cell metaplasia may not be abnormal in the proximal colon but is a sign of disease activity in the distal colon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic inflammatory cells are most dense in the upper third of the mucosa compared with the lower third, resulting in a 'plasma cell gradient'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crypt architectural changes are associated with histological activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-reactive protein levels have been found to correlate with histological activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower levels of faecal calprotectin have been found to correlate with histological remission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Histological remission predicts a lower risk of colectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A higher score for histological activity predicts a higher likelihood of neoplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endoscopic inflammation is a better predictor of neoplasia risk than histological activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Histological chronic inflammation is not a significant risk factor for neoplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Serrated epithelial changes may be associated with a higher risk of developing dysplasia in IBD patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older age at diagnosis of low-grade dysplasia (age > 55 years) is a risk factor for progression to high-grade dysplasia in IBD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-grade dysplastic features include more prominent nucleoli and 'ovoid-shaped' nuclei	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supplementary Table 1 Calculating the IBD histology knowledge score

Questions relevant to calculating the knowledge score	Appropriate responses	Score
Which of the following histological scoring systems have undergone the most validation?	Nancy index, Robarts histopathology index	2 (1 for each)
What Geboes score is considered histological remission?	< 2.1	1
What Nancy index score is considered histological remission?	0	1
What Robarts histopathology index score is considered histological remission?	≤ 3	1
Neutrophils are normally not present within the lamina propria or epithelium	Agree, strongly agree	1 for either option
Eosinophils alone can be used as a marker of histological activity in ulcerative colitis	Disagree, strongly disagree	1 for either option
Paneth cell metaplasia may not be abnormal in the proximal colon but is a sign of disease activity in the distal colon	Agree, strongly agree	1 for either option

Chronic inflammatory cells are most dense in the upper third of the mucosa compared with the lower third, resulting in a 'plasma cell gradient'	Agree, strongly agree	1 for either option
Crypt architectural changes are associated with histological activity	Agree, strongly agree	1 for either option
C-reactive protein levels have been found to correlate with histological activity	Disagree, strongly disagree	1 for either option
Lower levels of faecal calprotectin have been found to correlate with histological remission	Agree, strongly agree	1 for either option
Histological remission predicts a lower risk of colectomy	Agree, strongly agree	1 for either option
A higher score for histological activity predicts a higher likelihood of neoplasia	Agree, strongly agree	1 for either option
Endoscopic inflammation is a better predictor of neoplasia risk than histological activity	Disagree, strongly disagree	1 for either option
Histological chronic inflammation is not a significant risk factor for neoplasia	Disagree, strongly disagree	1 for either option
Serrated epithelial changes may be associated with a higher risk of developing dysplasia in IBD patients	Agree, strongly agree	1 for either option
Older age at diagnosis of low-grade dysplasia (age > 55 years) is a risk factor for progression to high-grade dysplasia in IBD	Agree, strongly agree	1 for either option
High-grade dysplastic features include more prominent nucleoli and 'ovoid-shaped' nuclei	Agree, strongly agree	1 for either option