APPENDIX

Questionnaire

1. In what setting is your gastroenterology practice?*
   □ Tertiary/academic center
   □ Private practice
   □ Other:

2. Did you complete advanced endoscopy training?*
   □ Yes
   □ No

3. How many years have you been in practice?*
   □ 0-5
   □ 6-10
   □ 11-15
   □ 15-20
   □ 20+

4. Do you consider yourself to be a pancreatologist or specialized in pancreatology?*
   □ Yes
   □ No

5. In your current practice, which of the following procedures do you perform? Select all that apply.*
   □ ERCP
   □ Endoscopic ultrasound (EUS)
   □ Sphincter of Oddi manometry
   □ Pancreatic sphincterotomy
   □ Biliary sphincterotomy
   □ Pancreatic ductal cannulation
   □ Minor papillotomy
   □ I do not perform any of these procedures.

6. Approximately how many ERCPs do you perform each year?*
   □ None
   □ 1-100
   □ 101-250
   □ 251+

7. On average, how many patients with recurrent acute pancreatitis (RAP) do you manage each month?*
   □ 0-5
   □ 6-10
   □ 11-15
   □ 15+

8. Of the patients with RAP that you manage, what is the most common etiology of their disease?*
   □ Alcohol abuse
   □ Gallstone disease
   □ Pancreas divisum
   □ Sphincter of Oddi dysfunction
   □ Anomalous pancreaticobiliary junction
   □ Idiopathic
   □ Hereditary
   □ Autoimmune
   □ Other:

9. Among the patients that you manage with RAP, on average, how many episodes of RAP have they had?*
   □ 2
   □ 3
   □ 4
   □ 5+

10. In some settings, might you offer or recommend ERCP for RAP?*
    □ Yes
    □ No

11. After how many episodes of RAP do you believe that management with ERCP may be warranted?*
    □ Greater than or equal to two
    □ Greater than or equal to three
    □ Greater than or equal to four
    □ Greater than or equal to five
    □ I do not believe that ERCP is warranted in the management of RAP.
    □ The number of RAP episodes does not influence my decision to offer ERCP.

12. In a patient with RAP found to have PANCREATIC DUCTAL DILATATION, might you offer or recommend ERCP?*
    □ Yes
    □ No

13. In a patient with RAP found to have NO PANCREATIC DUCTAL DILATATION, might you offer or recommend ERCP?*
    □ Yes
    □ No

14. In a patient with RAP found to have PANCREATIC DUC-
TAL DILATATION, which of the following procedures might you offer or recommend? Check all that apply.*
☐ EUS
☐ Pancreatic ductal cannulation
☐ Pancreatic sphincterotomy
☐ Biliary sphincterotomy
☐ Minor papillotomy
☐ None of the options listed; if you select this option, please describe below what other interventions you would offer or recommend.
☐ Other:

15. If you offer ERCP for RAP, what would be your approach at the initial procedure?
☐ Biliary sphincterotomy
☐ Pancreatic sphincterotomy
☐ Both biliary and pancreatic sphincterotomies
☐ I do not recommend ERCP in this setting.

16. In a patient with RAP, a history of pancreas divisum, and PANCREATIC DUCTAL DILATATION, might you offer or recommend ERCP?*
☐ Yes
☐ No

17. In a patient with RAP and a history of pancreas divisum but WITHOUT PANCREATIC DUCTAL DILATATION, might you offer or recommend ERCP?*
☐ Yes
☐ No

18. For a patient with RAP and pancreas divisum, might you recommend genetic testing prior to ERCP?
☐ Yes
☐ No

19. Might you order genetic testing for hereditary pancreatitis for patients presenting with RAP?
☐ Yes, for most patients
☐ Yes, but only patients with a family history
☐ Yes, but only for patients aged <25 years
☐ No

20. Do you believe that alcohol abuse may contribute to RAP development?*
☐ Yes
☐ No

21. In a patient with RAP who drinks 7-14 alcoholic beverages per week, might you require alcohol cessation prior to intervention with ERCP?*
☐ Yes
☐ No

22. Do you believe that heavy tobacco exposure may contribute to RAP development?*
☐ Yes
☐ No

23. For an elderly patient with RAP and no evidence of a mass on cross-sectional imaging, might you recommend or offer EUS to exclude a malignancy prior to offering ERCP?
☐ Yes
☐ No

24. A 64-year-old SYMPTOMATIC MALE PATIENT with greater than two episodes of RAP presents to your office complaining of intermittent epigastric pain, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?*
☐ Yes
☐ No

25. A 64-year-old ASYMPTOMATIC MALE PATIENT with greater than two episodes of RAP presents to your office, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?*
☐ Yes
☐ No

26. A 64-year-old ASYMPTOMATIC MALE PATIENT with greater than two episodes of RAP presents to your office, found to have NO PANCREATIC DUCTAL DILATATION (3 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?*
☐ Yes
☐ No

27. A 64-year-old SYMPTOMATIC MALE PATIENT with greater than two episodes of RAP and a history of PANCREAS DIVISUM presents to your office complaining of intermittent epigastric pain, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?**
☐ Yes
☐ No
28. A 64-year-old ASYMPTOMATIC MALE PATIENT with greater than two episodes of RAP and a history of PANCREAS DIVISUM presents to your office, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?*
☐ Yes
☐ No

29. A 64-year-old ASYMPTOMATIC MALE PATIENT with greater than two episodes of RAP and a history of PANCREAS DIVISUM presents to your office, found to have NO PANCREATIC DUCTAL DILATATION (3 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?*
☐ Yes
☐ No

30. A 34-year-old SYMPTOMATIC FEMALE PATIENT with greater than two episodes of RAP presents to your office complaining of intermittent epigastric pain, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?*
☐ Yes
☐ No

31. A 34-year-old ASYMPTOMATIC FEMALE PATIENT with greater than two episodes of RAP presents to your office, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?*
☐ Yes
☐ No

32. A 34-year-old ASYMPTOMATIC FEMALE PATIENT with greater than two episodes of RAP presents to your office, found to have NO PANCREATIC DUCTAL DILATATION (3 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?*
☐ Yes
☐ No

33. A 34-year-old SYMPTOMATIC FEMALE PATIENT with greater than two episodes of RAP and a history of PANCREAS DIVISUM presents to your office complaining of intermittent epigastric pain, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?*
☐ Yes
☐ No

34. A 34-year-old ASYMPTOMATIC FEMALE PATIENT with greater than two episodes of RAP and a history of PANCREAS DIVISUM presents to your office, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?*
☐ Yes
☐ No

35. A 34-year-old ASYMPTOMATIC FEMALE PATIENT with greater than two episodes of RAP and a history of PANCREAS DIVISUM presents to your office, found to have NO PANCREATIC DUCTAL DILATATION (3 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?*
☐ Yes
☐ No