

**Supplemental appendix 3. Results of questionnaire survey**

Questions	Total number of responses	Choice alternatives	Answers (% of total)
<i>A. Background</i>			
A1. Approximate annual number of patients with uveitis in your clinic	97	1000 <	30
		501 - 1000	23
		100 - 500	42
		< 100	5
A2. Approximate annual number of OS patients in your clinic	98	> 51	26
		31-50	21
		10 - 30	24
		< 10	18
A3. What criteria do you use for the diagnosis of ocular sarcoidosis?	98	WASOG	3
		AASOG	8
		JSSOG	24
		IWOS	61
		others	3
A4. What tool(s) do you use to evaluate inflammatory activity of OS when you start therapy? (multiple choice)	98	flare photometry	20
		FA	94
		ICGA	44
		OCT	95
		angio-OCT	15
		wide-view fundus photo	1
		others	5
A5. What tool(s) do you use to monitor the effectiveness of therapy? (multiple choice)	98	flare photometry	18
		FA	81
		ICGA	32
		OCT	93

		angio-OCT	12
		wide-view fundus photo	1
		others	5
<i>B. Anterior uveitis (AU)</i>			
B1. What ocular manifestations of AU do you treat? (multiple choice)	98	AC cells	97
		AC flare	46
		mutton fat KPs	81
		fine pigment KPs	20
		Iris nodules (Koeppe, Busacca)	73
		angle nodules	50
		peripheral anterior synechia	22
		posterior iris synechia	42
B 2. What is the first line therapy for severe AU (e.g. iris nodules, many mutton fat KPs, AC cells=3+ or more) ?	98	steroid eye drops (3-4 times / day)	7
		steroid eye drops (every 1-2 hours)	79
		subconjunctival dexamethasone injection	8
		subtenon injection of TA (STTA)	3
		steroid implant (Ozurdex, Retisert)	0
		oral steroid	3
B3. What is the second line therapy for severe AU?	96	steroid eye drops (3-4 times / day)	2
		steroid eye drops (every 1-2 hours)	14
		subconjunctival dexamethasone injection	26
		subtenon injection of TA (STTA)	20
		steroid implant (Ozurdex, Retisert)	0
		oral steroid	39

B4. What is the first line therapy for moderate AU (e.g. AC cells < 3+) ?	98	steroid eye drops (3-4 times / day)	52
		steroid eye drops (every 1-2 hours)	45
		subconjunctival dexamethasone injection	2
		subtenon injection of TA (STTA)	0
		steroid implant (Ozurdex, Retisert)	0
		oral steroid	1
B5. What is the second line therapy for moderate AU ?	95	steroid eye drops (3-4 times / day)	13
		steroid eye drops (every 1-2 hours)	20
		subconjunctival dexamethasone injection	20
		subtenon injection of TA (STTA)	23
		steroid implant (Ozurdex, Retisert)	0
		oral steroid	23
		others	1
B6. Do you keep treating inactive AU (no AC cells, no AC flare)?	98	yes	21
		no	79
B7. Do you use mydriatics for active AU?	98	yes	97
		no	3
<i>C. Intermediate uveitis (IU)</i>			
C1. What ocular manifestations of IU do you treat? (multiple choice)	98	anterior cells	48
		diffuse vitreous opacity	90

		snowball like opacity	53
		snowbank	50
C2. What is the first line therapy for bilateral active IU?	96	steroid eye drops (3-4 times / day)	15
		steroid eye drops (every 1-2 hours)	10
		subconjunctival dexamethasone injection	1
		subtenon injection of TA (STTA)	13
		steroid implant (Ozurdex, Retisert)	1
		oral steroid	60
C3. What is the second line therapy for bilateral active IU?	91	steroid eye drops (3-4 times/day)	3
		steroid eye drops (every 1-2 hours)	0
		subconjunctival dexamethasone injection	2
		subtenon injection of TA (STTA)	46
		steroid implant (Ozurdex, Retisert)	19
		oral steroid	27
		oral immunosuppression	2
C4. What is the first line therapy for unilateral active IU?	96	steroid eye drops (3-4 times/day)	14
		steroid eye drops (every 1-2 hours)	10
		subconjunctival dexamethasone injection	2
		subtenon injection of TA (STTA)	53
		steroid implant (Ozurdex, Retisert)	13
		oral steroid	8
C5. What is the second line therapy for unilateral active IU?	92	steroid eye drops (3-4 times/day)	3

		steroid eye drops (every 1-2 hours)	1
		subconjunctival dexamethasone injection	5
		subtenon injection of TA (STTA)	27
		steroid implant (Ozurdex, Retisert)	26
		oral steroid	37
		intravitreal TA injection	0
<i>D. Posterior uveitis (PU)</i>			
D1. What ocular manifestations of PU do you treat? (multiple choice)	98	multiple chorioretinal peripheral lesions (active exudates) nodular and/or segmental periphlebitis (candle- wax drippings)	82
		macroaneurysm	88
		optic disc nodules/granulomas	23
		choroidal nodule	93
		macular edema	73
		ERM	99
D2. What is the first line therapy for bilateral active PU?	98	subtenon injection of TA (STTA)	24
		steroid implant (Ozurdex, Retisert)	20
		oral steroid	0
		immunosuppressive agents	60
		oral steroid + immunosuppressive agents	0
		biologic drug	19
		orbital floor steroid depot	0

		intravitreal TA injection	0
D3. What is the second line therapy for bilateral active PU?	98	subtenon injection of TA (STTA)	8
		steroid implant (Ozurdex, Retisert)	2
		oral steroid	19
		immunosuppressive agents	30
		oral steroid + immunosuppressive agents	29
		biologic drug	12
		orbital floor steroid depot	0
		intravitreal TA injection	0
D4. What is the first line therapy for unilateral active PU?	98	subtenon injection of TA (STTA)	49
		steroid implant (Ozurdex, Retisert)	14
		oral steroid	30
		immunosuppressive agents	0
		oral steroid + immunosuppressive agents	6
		biologic drug	1
		orbital floor steroid depot	0
		intravitreal TA injection	0
D5. What is the second line therapy for unilateral active PU?	97	subtenon injection of TA (STTA)	3
		steroid implant (Ozurdex, Retisert)	1
		oral steroid	5
		immunosuppressive agents	26
		oral steroid + immunosuppressive agents	26

		biologic drug	37
		orbital floor steroid depot	1
		intravitreal injection TA	0
<i>E. Drugs</i>			
E1. What is the mean initial dose of oral prednisone/prednisolone for severe chronic intermediate/posterior uveitis (OS) causing decreased visual acuity?	98	> 1 mg/kg daily	5
		1 mg/kg daily	50
		0.5 - 1.0 mg/kg daily	39
		0.5 mg/kg daily >	6
E2. What is the mean duration of this initial dose of oral prednisone/prednisolone?	98	< 2 weeks	38
		2-4 weeks	44
		4 weeks	13
		> 4 weeks	5
E3. What is the mean duration of total treatment with oral prednisone/prednisolone?	98	<3 months	18
		3-6 months	53
		6-9 months	14
		>9 months	14
E4. What immunosuppressive drug do you initially use as a steroid-sparing agent if necessary?	96	methotrexate;	44
		cyclosporine	27
		mycophenolate mofetil	15

		azathioprine	15
		cyclophosphamide	0
E5. Do you use a biologic drug for ocular sarcoidosis?	96	yes	74
		no	26
E6. If yes, which biologic drug do you use? (multiple choice)	74	infliximab	46
		adalimumab	100
		interferon	5
		rituximab	1

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AASOG, American Association of Sarcoidosis and Other Granulomatous Disorders; AC, anterior chamber; AU, anterior uveitis; ERM, epiretinal membrane; FA, fluorescein angiography; ICGA, indocyanine green angiography; IWOS, International Workshop on Ocular Sarcoidosis; IU, intermediate uveitis; PU, posterior uveitis; JSSOG, Japan Society of Sarcoidosis and Other Granulomatous Disorders; KPs, keratic precipitates; OCT, optical coherence tomography; TA, triamcinolone acetonide; WASOG, World Association for Sarcoidosis and Other Granulomatous Disorders.