

Appendix 1. Survey questions and response rates
1. A patient with Behçet uveitis presents with their first ocular attack. If there are bilateral +2 cells in the anterior chamber, no vitreous haze, and no pathological findings other than hyperfluorescence in the optic disc on fluorescein angiography (FA), which of the following is your first choice for systemic therapy in addition to topical treatment? a. Oral corticosteroid (CS): 8.16% b. Oral CS + Azathioprine: 44.90% c. Oral CS + Azathioprine + Cyclosporine: 2.04% d. Oral CS + Cyclosporine: 0% e. Azathioprine: 44.90% f. Cyclosporine: 0% g. Azathioprine + Cyclosporine: 0% h. Adalimumab: 0% i. Infliximab: 0%
2. A patient with Behçet uveitis presents with their first ocular attack. If both eyes exhibit no anterior chamber cells, no vitreous haze, and optic disc hyperfluorescence and peripheral capillary leakage on FA, which of the following is your first treatment option? a. Oral corticosteroid (CS): 0% b. Oral KS + Azathioprine: 36.73% c. Oral KS + Azathioprine + Cyclosporine: 22.45% d. Oral KS + Cyclosporine: 2.04% e. Azathioprine: 18.37% f. Cyclosporine: 8.16% g. Azathioprine + Cyclosporine: 4.08% h. Adalimumab: 8.16% i. Infliximab: 0%
3. A patient with Behçet uveitis presents with their first ocular attack. If there are no cells in the anterior chamber in both eyes, no haze in the vitreous, and optic disc hyperfluorescence and diffuse capillary leakage on FA, which of the following is your first treatment option? a. Oral corticosteroid (CS): 0% b. Oral CS + Azathioprine: 14.29% c. Oral CS + Cyclosporine: 2.04% d. Oral CS + Azathioprine + Cyclosporine: 22.45% e. Azathioprine: 6.12% f. Cyclosporine: 0% g. Azathioprine + Cyclosporine: 12.24% h. Adalimumab: 2.04% i. Infliximab: 2.04% j. iv pulse CS + Azathioprine + Cyclosporine: 8.16% k. iv pulse CS + Adalimumab or Infliximab: 4.08% l. iv pulse CS + Adalimumab + Azathioprine: 24.49% m. iv pulse CS + Infliximab + Azathioprine: 2.04%
4. If bilateral optic disc hyperfluorescence and peripheral capillary leaks are detected on FA in a Behçet uveitis patient using azathioprine, which of the following do you prefer? a. Continue the same treatment: 0% b. Add cyclosporine: 30.61% c. Add oral corticosteroids (CS): 0% d. Add oral CS + cyclosporine: 16.33% e. Add adalimumab: 53.06% f. Add infliximab: 0%
5. If bilateral retinitis foci, +2 vitreous haze, and optic disc hyperfluorescence and diffuse capillary leakage on FA are detected in a Behçet uveitis patient using azathioprine + cyclosporine, which of the following do you prefer? a. Continue the same treatment: 0% b. Increase the drug doses: 2.04% c. Add oral corticosteroid (CS): 2.04% d. Add adalimumab: 14.29% e. Add infliximab: 10.2% f. iv pulse CS + Azathioprine + Cyclosporine: 0% g.iv pulse CS + Adalimumab or Infliximab: 71.43% h. Intravitreal dexamethasone implant: 0%
6. If bilateral retinitis foci and mild vitreous haze are detected in a Behçet uveitis patient receiving adalimumab therapy (injection every 2 weeks), which of the following do you prefer? a. Continue the same treatment: 0% b. Apply for off-label use of adalimumab once a week: 69.39% c. Add oral corticosteroids (CS): 0% d. Switch to infliximab: 12.24% e. Add CS + Azathioprine: 18.37% f. Add CS + Cyclosporine: 0% g. iv pulse CS: 0% h. Intravitreal dexamethasone implant: 0%
7. What tests do you order before starting conventional immunosuppressives in Behçet uveitis? (You can select multiple options) a. Complete blood count: 100% b. Liver and kidney function tests: 100% c. Hepatitis markers and HIV ELISA test: 87.76% d. QuantiFERON / PPD test: 73.47% e. HLA-B51: 2.04% f. Syphilis serology: 67.35% g. Brain MRI: 4.08% h. Pathergy test: 6.12%
8. When planning treatment for Behçet uveitis, what tests do you order before starting anti-TNF treatment? (You can select multiple options) a. Complete blood count: 93.88% b. Liver and kidney function tests: 93.88% c. Hepatitis markers and HIV ELISA test: 89.80% d. QuantiFERON / PPD test: 100% e. HLA-B51: 0% f. Syphilis serology: 73.47% g. Brain MRI: 30.61% h. Pathergy test: 4.08%
9. At what interval should the anti-TNF drug safety monitoring form be repeated? a. 1 month: 0% b. 3 months: 69.39% c. 6 months: 30.61% d. 9 months: 0% e. 12 months: 0%
10. A patient with a Behçet disease-related posterior uveitis attack while receiving azathioprine and cyclosporine therapy is planned to start anti-TNF therapy and their QuantiFERON test result was positive. Active systemic tuberculosis has been excluded. Which of the following is your approach to this patient? a. I would start isoniazid therapy together with anti-TNF therapy: 95.92% b. I would refer them for combined anti-TB treatment and start anti-TNF therapy: 4.08% c. I would not start anti-TNF therapy: 0% d. I would prefer oral CS treatment instead of anti-TNF therapy: 0% e. I would administer an intravitreal dexamethasone implant: 0%
11. Which vaccines can be administered to patients receiving immunomodulatory therapy without interrupting treatment? (You can select multiple options) a. BCG–LIVE: 10.2% b. Hepatitis vaccine: 79.59% c. COVID vaccine: 87.76% d. Tetanus vaccine: 89.8% e. Pneumococcal vaccine: 75.51% f. Pertussis vaccine: 53.06% g. Oral polio vaccine–LIVE: 12.24% h. Diphtheria vaccine: 67.35% i. Measles mumps rubella vaccine–LIVE: 14.29% j. Chickenpox vaccine–LIVE: 10.20% k. Rotavirus vaccine–LIVE: 10.20% l. Influenza vaccine: 67.35% m. Rabies vaccine: 61.22% n. Meningococcal vaccine: 60.3% o. Yellow fever–LIVE: 9.8%
12. Which treatment method would you prefer for a Behçet patient who is in the first 20 weeks of pregnancy and has bilateral ocular involvement but presents with a uveitis attack involving the posterior segment of one eye? a. Certolizumab pegol: 6.12% b. Adalimumab: 32.65% c. Infliximab: 0% d. Oral CS: 8.16% e. Azathioprine: 0% f. Cyclosporine: 2.04% g. Azathioprine + Cyclosporine: 0% h. Intravitreal dexamethasone implant: 51.02%
13. Which treatment method would you prefer for a Behçet patient who is at 21 weeks of pregnancy or later and has bilateral ocular involvement but presents with a uveitis attack involving the posterior segment of one eye? a. Certolizumab pegol: 24.49% b. Adalimumab: 34.69% c. Infliximab: 0% d. Oral CS: 6.12% e. Azathioprine: 0% f. Cyclosporine: 0% g. Azathioprine + Cyclosporine: 0% h. Intravitreal dexamethasone implant: 34.69%
14. How would you manage the systemic therapy of patients with Behçet uveitis who want to conceive? (You can select multiple options) a. If using azathioprine, I would discontinue at least 3 months in advance: 73.47% b. If using cyclosporine, I would discontinue at least 3 months in advance: 75.51% c. If using adalimumab, I would discontinue at least 3 months in advance: 14.29% d. If using adalimumab, I would continue without interruption: 77.55% e. If using azathioprine or cyclosporine, I would continue without interruption: 8.16% f. If using infliximab, I would discontinue at least 3 months in advance: 30.61% g. If using infliximab, I would continue without interruption: 28.57%
15. When planning drug reduction for a patient with Behçet uveitis, according to which of the following criteria do you implement a reduction plan? a. If there were no uveitis attacks in the last year: 2.04% b. If there were no uveitis attacks in the last 2 years: 12.24% c. If no leakage and/or optical disc staining was detected on follow-up fundus FA examinations: 85.71% d. If macular edema was not detected on OCT: 0%
16. A patient receiving anti-TNF + azathioprine and/or cyclosporine therapy for Behçet uveitis will undergo elective cataract surgery. What would your preoperative approach be? a. I would not change the current treatment plan: 22.45% b. I would interrupt anti-TNF treatment for 1 month due to the possibility of infection: 0% c. I would discontinue all systemic treatment (anti-TNF + immunosuppressive): 0% d. I would not change the current treatment plan but would add systemic CS before surgery: 42.86% e. I would not change the current treatment plan but would add topical CS before surgery: 30.61% f. Other (explain...): 4.08% (2 answers to this question were as follows: 1: I would continue the current treatment. I would not give additional premedication. I would administer intraoperative subconjunctival dexamethasone or sub-Tenon triamcinolone; 2: I would not change the current treatment plan. I would give topical CS ± systemic CS according to the patient’s previous uveitis history.)
FA: Fluorescein angiography, CS: Corticosteroid, iv: Intravenous, HIV: Human immunodeficiency virus, ELISA: Enzyme-linked immunosorbent assay, PPD: Purified protein derivative, HLA: Human leukocyte antigen, MRI: Magnetic resonance imaging, TNF: Tumor necrosis factor, TB: Tuberculosis, BCG: Bacillus Calmette–Guérin, COVID: Coronavirus disease, OCT: Optical coherence tomography