**Provider barriers to starting diet therapy for EoE**

Thank you for your willingness to participate in this survey (University of Michigan, HUM00198163). We are interested in learning more about how and why you do or do not use diet therapy to manage eosinophilic esophagitis (EoE) in your clinical practice. Diet therapy for EoE includes the purposeful removal of any foods to attempt to identify food triggers for EoE.

To participate, you must be physically located in the US at the time of the survey. Answering this survey is voluntary. You do not have to answer it if you would rather not. You can skip any questions that you do not want to answer, whatever the reason, and you do not have to tell us why. To keep your information confidential, we will label your survey with a code instead of any details that someone could use to identify you. We plan to publish what we learn from this study, but we will not include any personal information that could reveal who answered the survey. This research has been determined to pose minimal risk to participants by the Health and Behavioral Institutional Review Board (IRB) and is exempt from on-going review.

I confirm that I am physically within the United States at this time.

Yes

No 🡪 Survey ends

1. How effective do you believe diet therapy is for EoE when used alone?

Not at all effective (0-10% effective)

Slightly effective (11-40% effective)

Somewhat effective (41-70% effective)

Very effective (71-100% effective)

1. Move each slider to rate the efficacy of the following 3 treatments for the **short term** (induction) treatment of EoE.

**PPI**: Proton pump inhibitor

**Diet**: Your preferred diet elimination strategy to identify the EoE food trigger (e.g., 6-food, 4-food, 2-food, 1-food elimination diet, allergy testing based diet)

**TCS**: Topical corticosteroid (e.g. oral viscous budesonide, compounded budesonide suspension, swallowed fluticasone inhaler, etc)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Least effective | | | | | | Most effective | | | | | |
|  | 0 | 10 | 20 | 30 | 40 | 50 | | 60 | 70 | 80 | 90 | 100 |

|  |  |
| --- | --- |
| Proton pump inhibitor () |  |
| Topical corticosteroid () |  |
| Dietary therapy () |  |

1. Move each slide to rate the efficacy of the following 3 treatments for the **long-term** (maintenance) treatment of EoE.

**PPI**: Proton pump inhibitor

**Diet**: Your preferred diet elimination strategy to identify the EoE food trigger (e.g., 6-food, 4-food, 2-food, 1-food elimination diet, allergy testing based diet)

**TCS**: Topical corticosteroid (e.g. oral viscous budesonide, compounded budesonide suspension, swallowed fluticasone inhaler, etc)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Least effective | | | | | | Most effective | | | | | |
|  | 0 | 10 | 20 | 30 | 40 | 50 | | 60 | 70 | 80 | 90 | 100 |

|  |  |
| --- | --- |
| Proton pump inhibitor () |  |
| Topical corticosteroid () |  |
| Dietary therapy () |  |

1. How often do you discuss diet therapy as a treatment option for EoE?

Always

Sometimes

Rarely

Never [skips to Q8]

1. When starting diet therapy for EoE, which strategy are you are you most likely to **initially** recommend?

Allergy-testing directed diets

Empiric 6-food elimination (avoidance of dairy, wheat, soy, eggs, nuts, fish)

Empiric 4-food elimination (avoidance of dairy, wheat, soy, eggs)

Empiric 2-food elimination (avoidance of dairy and wheat)

1-food (milk) elimination only

Elemental diet

Other: \_\_\_\_\_\_\_\_\_\_\_

1. When I do, I spend \_\_\_ on education/counseling during that initial visit.

Less than 5 min

5-10 min

11-15 min

16-20 min

21 minutes or more

1. When considering diet therapy for EoE, I: (Check all that apply)

Try to manage the diet therapy on my own

Refer the patient to a licensed dietitian

Refer the patient to an allergist

Refer the patient to both a dietitian and allergist

1. What barriers do you face when recommending or starting diet therapy for EoE? (Check all that apply)

I have no concerns about recommending or implementing diet therapy to manage EoE

There is not enough data to support using diet therapy in EoE

I do not have enough knowledge or experience in using diet therapy (if yes, branching logic to Q 8A)

Patients are not interested in, unlikely to accept, or adhere to diet therapy

Patient, caregiver, or my concerns about multiple endoscopies during food reintroduction

Patients’ symptoms are not severe enough

Patients’ symptoms are too severe

Patients’ diet is already excessively restricted

I do not have support from a licensed dietitian

I have concerns about adequate nutrition/safety

I do not have enough time to educate the patient on diet therapy

Lack of educational materials/resources for patients

I prefer to use medications over diet to treat the disease (and why?)

I prefer to use dilation over diet to manage the disease (and why?)

Other: \_\_\_\_\_\_\_\_\_\_\_\_

8A. To become more comfortable with EoE dietary therapies, I need: (Check all that apply):

Know how to start elimination and guide diet therapy

Know how to monitor response to therapy

Know how to identify food triggers

Know how to detect diet non-compliance or food contamination

Educational materials for patients

1. Who should be educating patients about EoE dietary therapy? (Check all that apply)

Patient or caregiver themselves/self-educate

Patient advocacy groups

Dietitians/nutritional groups

Other advance practice providers (e.g. NP, PA)

The physician (e.g. GI, Allergist, or PCP)

1. Which resources do you currently use to help with dietary elimination for EoE? (Check all that apply)

None

Verbal education during the visit

Dietitian referral

Printed materials that I have collected

Handouts created by myself or my institution

Websites and apps

Patient Advocacy Groups

1. Where did you or would you like to learn about dietary therapy? (Check all that apply)

Scientific meeting or conference

Published research

Professional society-sponsored webinars/websites (e.g. AAAAI, ACAAI, ACG, AGA)

Research networks or consortia (e.g. Rare Diseases network, CEGIR)

Patient advocacy organization websites/resources

Medical reference sites (e.g. UpToDate, Medscape)

From other colleagues in practice

**The following questions will tell us a little about you and your current practice environment**

1. What groups best describe your EoE practice population?

Adults only

Children only

Mixture of adults and children

1. Approximately how many patients with EoE do you manage in your clinical practice annually?

None

1-5

6-19

20-50

> 50

1. Do you have clinical support from a licensed dietitian?

Yes

No

1. If given the opportunity, would you utilize a provider-focused education or tool to initiate EoE diet therapy?

Yes

No

Not sure

1. Please indicate your current position:

Advanced practice provider [skips to Q18]

In a fellowship training position [skips to Q19]

Attending/faculty/staff physician

1. How many years ago did you complete (GI or Allergy) fellowship training?

Within last 5 years

6-14 years

15-24 years

≥ 25 years

1. Which best describes your practice setting?

Private practice (group or solo)

Academic practice (affiliated with a medical school)

Veterans Affairs health system

Military or other government employed

Hospital employed

1. Are you aware of any centers specializing in eosinophilic GI disorder within 100 miles of your practice?

Yes

No

1. Where is your practice located? (Zip code) ­­­­­­­\_\_\_\_\_\_\_\_\_\_