**Supplementary Table 1**

Comparison of Marsh and Corazza pathology classifications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Marsh** | IELsMarsh/Corazza | Crypts | Villi | **Corazza** |
| Type 0 | <40 | Normal | Normal |  |
| Type 1 | >40/>25 | Normal | Normal | Grade A |
| Type 2 | >40/>25 | Hypertrophic  | Normal  |
| Type 3 | >40/>25 | Hypertrophic  | partial to subtotal | Grade B1 |
|  | >40/>25 | Hypertrophic  | Total  | Grade B2 |
| Type 4  | <40 | Normal  | Total  |  |

IELs, intraepithelial lymphocytes (per 100 enterocytes)

Based on references 22 and 23

***Dissents***

The guideline document was developed with significant agreement between content experts and GRADE methodologist with only two dissents necessary in the full guideline document.

***Dissent #1***

***1A. We recommend EGD with multiple duodenal biopsies for confirmation of diagnosis in both children and adults with suspicion of celiac disease***

***Quality/Certainty of Evidence: Moderate***

***Strength of Recommendation: Strong***

***Dissent: 1***

**Comment:** While the GRADE recommendation statement “recommend EGD with multiple duodenal biopsies for confirmation of diagnosis in both children and adults with suspicion of celiac disease”, one expert content disagree (and hence dissent) with the argument that “there is enough emerging evidence to support a non-biopsy diagnosis in adults.” The opinion from expert content who dissent was that the evidence suggest a recommendation for non-biopsy diagnosis in adults with suspicion of celiac disease. The final decision for evaluation of evidence and the recommendation statement was made by expert GRADE methodologists and we have to adhere to guideline development rules.

***Dissent #2***

**3. We suggest against routine use of the gluten detection devices in food or bio-specimens among patients with celiac disease.**

**Quality/Certainty of Evidence: Low**

**Strength of Recommendation: Conditional**

**Dissent: 1**

**Comment:** While the GRADE recommendation statement “suggest against routine use of gluten detection devices”, one expert content disagree (and hence dissent) with the argument that “there is does not appear to be the preponderance of evidence presented which says that there is any harm in this and there may be potential benefit.” The opinion from expert content who dissent was that evidence was more supportive for “evidence gap”. The final decision for evaluation of evidence and the recommendation statement was made by expert GRADE methodologists and we have to adhere to guideline development rules.