**Supplementary Digital Content** **Appendix 1. Questionnaire**

Baseline data

1. Education

a. Ophthalmology certified

b. Neurology certified

2. Seniority

a. Associate Consultant / Fellow

b. Consultant

c. Senior Consultant

3. Current place of practice

a. Government institution

b. Private institution

Clinical vignette #1: Optic neuritis with mild visual loss.

A 25 year old Chinese lady with no prior medical history comes in with blurring of vision in her right eye for 2 days associated with pain on eye movements. She is otherwise systemically well. Visual acuity is 6/9 in the right eye and 6/6 in the left eye. She has reduced colour vision of 3/17 on the Ishihara and a grade 2 relative afferent pupillary defect in the right eye. Visual field testing shows central scotoma over her right visual field. Slit lamp examination shows a swollen right disc. Rest of the retinal examination and anterior segment examination is otherwise normal and there is no other cranial nerve involvement. You make a diagnosis of right anterior optic neuritis.

4. Which of the following would you perform for this patient? (Can choose more than 1 answer)

a. MRI Brain and Anterior Visual Pathway with gadolinium contrast

b. Send off Anti-MOG Antibodies

c. Send off Anti-Aquaporin4 Antibodies

d. Autoimmune screen – ANA, AntidsDNA, ANCA, ENA profile, RF, anti-Ro, anti-La

e. Lumbar puncture

5. Would you initiate steroids for this patient?

a. Yes

b. No (skip to question 9)

6. What would be your preferred route of initial administration for steroids?

a. Oral prednisolone

b. Intravenous methylprednisolone

7. What would be your preferred dosage of initial administration of steroids?

a. 0.5mg/kg of body weight (oral prednisolone)

b. 1mg/kg of body weight (oral prednisolone)

c. 250mg/q6H (IV methylprednisolone)

d. 1g/q24H (IV methylprednisolone)

8. What would be your preferred duration of initial administration of steroids (as per your response in question 6)?

a. 3 days

b. 5 days

c. 11days

d. 14 days

Clinical vignette #2 Optic neuritis with severe visual loss.

A 25 year old lady was diagnosed with right anterior optic neuritis by your Ophthalmologist colleague. This was confirmed on the MRI anterior visual pathway with contrast which showed enhancement of the right optic nerve. Her initial presenting visual acuity was hand movements at 0.5metres in that eye.

9. Which of the following would you perform for this patient? (Can choose more than 1 answer)

a. MRI Brain with gadolinium contrast

b. Send off Anti-MOG Antibodies

c. Send off Anti-Aquaporin4 Antibodies

d. Autoimmune screen – ANA, AntidsDNA, ANCA, ENA profile, RF, anti-Ro, anti-La

e. Lumbar puncture

10. What would be the initial treatment option(s) you would offer her?

a. Oral steroids alone

b. Intravenous steroids alone

c. Plasmapheresis alone

d. Intravenous steroids and plasmapheresis concurrently

You decide to initiate treatment with IV methylprednisolone for 3 days. However, there was minimal improvement in her vision to 6/60.

11. Would you extend intravenous steroid treatment beyond 3 days for this patient?

a. Yes

b. No

12. Would you in addition consider treating this patient with plasmapheresis?

a. Yes

b. No (skip to question 14)

13. When would you consider treatment with plasmapheresis?

a. If no improvement in VA despite completion of 3 days of intravenous steroid treatment

b. If no improvement in VA despite completion of 5 days of intravenous steroid treatment

c. If no improvement in VA despite completion of 14 days of total steroid treatment

d. Only if positive Anti-Aquaporin4 Antibodies

e. Only if positive MOG results

14. Which of the following signs would increase your suspicion for positive Anti-Aquaporin4 Antibodies? (Y / N)

a. Bilateral optic nerve involvement

b. Optic disc swelling

c. Second attack in the same eye

d. Intractable vomiting and hiccups

e. Limb numbness or weakness

f. Orbital fat stranding on MRI

g. Chiasmal involvement on MRI

h. Exquisite steroid responsiveness

i. Steroid dependence

Clinical vignette #3 Relapsing optic neuritis in a patient with known AQP4 positive

A 25 year old lady with known positive Anti-Aquaporin4 Antibodies, but not on treatment, is diagnosed with right anterior optic neuritis flare. This was confirmed on the MRI anterior visual pathway with contrast which showed enhancement of the right optic nerve. Her initial presenting visual acuity was hand movements at 0.5metres in that eye.

15. Which of the following treatment options would you consider for her during this admission? (Choose all that apply)

a. Intravenous steroids

b. Plasmapheresis

c. Intravenous immunoglobulins

d. Oral mycophenolate mofetil

e. Oral azathioprine

f. Intravenous rituximab

16. If you were to initiate plasmapheresis, when would it be?

a. Concurrently with intravenous steroids

b. After the completion of intravenous steroids with no improvement in the VA

17. If you were to initiate immunosuppression, when would it be?

a. Concurrently with intravenous steroids

b. After the completion of intravenous steroids with no improvement in the VA

18. How will your management of a patient with relapsing Aquaporin4-related optic neuritis compare to a patient with idiopathic typical optic neuritis (negative Anti-MOG & Aquaporin4 antibodies)?

a. Duration of total steroid treatment

i. Longer

ii. Shorter

iii. No difference

b. Taper of steroid treatment

i. Faster

ii. Slower

iii. No difference

c. initiation of plasmapheresis

i. Yes

ii. No

d. Initiation of immunosuppression

i. Yes

ii. No

Clinical vignette #4 Optic neuritis in a patient with Anti-MOG positive

A 25 year old lady was treated for right anterior optic neuritis. This was confirmed on the MRI anterior visual pathway with contrast which showed enhancement of the right optic nerve. Her initial presenting visual acuity was hand movements at 0.5metres in that eye. During this admission, her antibodies for Anti-MOG return as positive, and Anti-Aquaporin4 antibodies return as negative.

19. Which of the following signs would make your suspicion of a positive Anti-MOG antibody result higher? (Y / N)

a. Bilateral optic nerve involvement

b. Optic disc swelling

c. Second attack in the same eye

d. Intractable vomiting and hiccups

e. Limb numbness or weakness

f. Perioptic enhancement & orbital fat stranding on MRI

g. Chiasmal involvement on MRI

h. Exquisite steroid responsiveness

i. Steroid dependence

20. Which of the following treatment options would you consider for her during this admission? (Choose all that apply)

a. Intravenous steroids

b. Plasmapheresis

c. Intravenous immunoglobulins

d. Oral mycophenolate mofetil

e. Oral azathioprine

f. Intravenous rituximab

21. How will your management of a patient with MOG-related optic neuritis compare to a patient with idiopathic typical optic neuritis (negative Anti-MOG & Aquaporin4 antibodies)?

a. Duration of total steroid treatment

i. Longer

ii. Shorter

iii. No difference

b. Taper of steroid treatment

i. Faster

ii. Slower

iii. No difference

c. Initiation of plasmapheresis

i. Yes

ii. No

d. Initiation of immunosuppression

i. Yes

ii. No