

**APPENDIX***Questionnaire*

1. In what setting is your gastroenterology practice?\*
  - Tertiary/academic center
  - Private practice
  - Other:
2. Did you complete advanced endoscopy training?\*
  - Yes
  - No
3. How many years have you been in practice?\*
  - 0-5
  - 6-10
  - 11-15
  - 15-20
  - 20+
4. Do you consider yourself to be a pancreatologist or specialized in pancreatology?\*
  - Yes
  - No
5. In your current practice, which of the following procedures do you perform? Select all that apply.\*
  - ERCP
  - Endoscopic ultrasound (EUS)
  - Sphincter of Oddi manometry
  - Pancreatic sphincterotomy
  - Biliary sphincterotomy
  - Pancreatic ductal cannulation
  - Minor papillotomy
  - I do not perform any of these procedures.
6. Approximately how many ERCPs do you perform each year?\*
  - None
  - 1-100
  - 101-250
  - 251+
7. On average, how many patients with recurrent acute pancreatitis (RAP) do you manage each month?\*
  - 0-5
  - 6-10
  - 11-15
  - 15+
8. Of the patients with RAP that you manage, what is the most common etiology of their disease?\*
  - Alcohol abuse
  - Gallstone disease
  - Pancreas divisum
  - Sphincter of Oddi dysfunction
  - Anomalous pancreaticobiliary junction
  - Idiopathic
  - Hereditary
  - Autoimmune
  - Other:
9. Among the patients that you manage with RAP, on average, how many episodes of RAP have they had?\*
  - 2
  - 3
  - 4
  - 5+
10. In some settings, might you offer or recommend ERCP for RAP?\*
  - Yes
  - No
11. After how many episodes of RAP do you believe that management with ERCP may be warranted?\*
  - Greater than or equal to two
  - Greater than or equal to three
  - Greater than or equal to four
  - Greater than or equal to five
  - I do not believe that ERCP is warranted in the management of RAP.
  - The number of RAP episodes does not influence my decision to offer ERCP.
12. In a patient with RAP found to have PANCREATIC DUCTAL DILATATION, might you offer or recommend ERCP?\*
  - Yes
  - No
13. In a patient with RAP found to have NO PANCREATIC DUCTAL DILATATION, might you offer or recommend ERCP?\*
  - Yes
  - No
14. In a patient with RAP found to have PANCREATIC DUC-

TAL DILATATION, which of the following procedures might you offer or recommend? Check all that apply.\*

- EUS
- Pancreatic ductal cannulation
- Pancreatic sphincterotomy
- Biliary sphincterotomy
- Minor papillotomy
- None of the options listed; if you select this option, please describe below what other interventions you would offer or recommend.
- Other:

15. If you offer ERCP for RAP, what would be your approach at the initial procedure?

- Biliary sphincterotomy
- Pancreatic sphincterotomy
- Both biliary and pancreatic sphincterotomies
- I do not recommend ERCP in this setting.

16. In a patient with RAP, a history of pancreas divisum, and PANCREATIC DUCTAL DILATATION, might you offer or recommend ERCP?\*

- Yes
- No

17. In a patient with RAP and a history of pancreas divisum but WITHOUT PANCREATIC DUCTAL DILATATION, might you offer or recommend ERCP?\*

- Yes
- No

18. For a patient with RAP and pancreas divisum, might you recommend genetic testing prior to ERCP?

- Yes
- No

19. Might you order genetic testing for hereditary pancreatitis for patients presenting with RAP?

- Yes, for most patients
- Yes, but only patients with a family history
- Yes, but only for patients aged <25 years
- No

20. Do you believe that alcohol abuse may contribute to RAP development?\*

- Yes
- No

21. In a patient with RAP who drinks 7-14 alcoholic beverages per week, might you require alcohol cessation prior to in-

tervention with ERCP?\*

- Yes
- No

22. Do you believe that heavy tobacco exposure may contribute to RAP development?\*

- Yes
- No

23. For an elderly patient with RAP and no evidence of a mass on cross-sectional imaging, might you recommend or offer EUS to exclude a malignancy prior to offering ERCP?

- Yes
- No

24. A 64-year-old SYMPTOMATIC MALE PATIENT with greater than two episodes of RAP presents to your office complaining of intermittent epigastric pain, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?\*

- Yes
- No

25. A 64-year-old ASYMPTOMATIC MALE PATIENT with greater than two episodes of RAP presents to your office, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?\*

- Yes
- No

26. A 64-year-old ASYMPTOMATIC MALE PATIENT with greater than two episodes of RAP presents to your office, found to have NO PANCREATIC DUCTAL DILATATION (3 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?\*

- Yes
- No

27. A 64-year-old SYMPTOMATIC MALE PATIENT with greater than two episodes of RAP and a history of PANCREAS DIVISUM presents to your office complaining of intermittent epigastric pain, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?\*

- Yes
- No

28. A 64-year-old ASYMPTOMATIC MALE PATIENT with greater than two episodes of RAP and a history of PANCREAS DIVISUM presents to your office, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?\*
- Yes  
 No
29. A 64-year-old ASYMPTOMATIC MALE PATIENT with greater than two episodes of RAP and a history of PANCREAS DIVISUM presents to your office, found to have NO PANCREATIC DUCTAL DILATATION (3 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?\*
- Yes  
 No
30. A 34-year-old SYMPTOMATIC FEMALE PATIENT with greater than two episodes of RAP presents to your office complaining of intermittent epigastric pain, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?\*
- Yes  
 No
31. A 34-year-old ASYMPTOMATIC FEMALE PATIENT with greater than two episodes of RAP presents to your office, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?\*
- Yes  
 No
32. A 34-year-old ASYMPTOMATIC FEMALE PATIENT with greater than two episodes of RAP presents to your office, found to have NO PANCREATIC DUCTAL DILATATION (3 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?\*
- Yes  
 No
33. A 34-year-old SYMPTOMATIC FEMALE PATIENT with greater than two episodes of RAP and a history of PANCREAS DIVISUM presents to your office complaining of intermittent epigastric pain, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?\*
- Yes  
 No
34. A 34-year-old ASYMPTOMATIC FEMALE PATIENT with greater than two episodes of RAP and a history of PANCREAS DIVISUM presents to your office, found to have PANCREATIC DUCTAL DILATATION (6 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?\*
- Yes  
 No
35. A 34-year-old ASYMPTOMATIC FEMALE PATIENT with greater than two episodes of RAP and a history of PANCREAS DIVISUM presents to your office, found to have NO PANCREATIC DUCTAL DILATATION (3 mm); the rest of the workup findings are found to be negative. Might you offer or recommend ERCP in this setting?\*
- Yes  
 No