KJIM

Supplementary File.

1. Do you think there is a difference in disease severity between right and left colonic diverticulitis?
   1) Right diverticulitis has a higher incidence of complications (perforation, abscess, peritonitis, etc.) than left diverticulitis
   2) Left diverticulitis has a higher incidence of complications (perforation, abscess, peritonitis, etc.) than right diverticulitis
   3) No difference

2. Do you think that colonic diverticulitis in immunocompromised patients has a poor outcome compared with immunocompetent patients?
   1) Yes (immunocompromised patients have poor disease prognosis)
   2) No (there is no difference in the course of the disease between immunocompromised and immunocompetent patients)

3. What do you think is the most useful (or preferred) tool for diagnosing acute diverticulitis?
   1) Blood test
   2) Abdominal ultrasound
   3) Abdominal CT
   4) Colonoscopy

4. What measures are taken in your practice for diagnosis when acute diverticulitis is suspected? (Multiple responses allowed)
   1) Blood test
   2) Colonoscopy
   3) Abdominal ultrasound
   4) Abdominal CT
   5) Transfer to a higher-level hospital

5. Do you think antibiotic treatment is necessary for acute uncomplicated colonic diverticulitis in immunocompetent patients?
   1) Yes (antibiotic treatment is necessary)
   2) No (antibiotic treatment is not required)

   If yes,

   5-1-1. What type of antibiotic do you usually use for initial treatment? (Multiple responses allowed)
      1) Fluoroquinolones (ciprofloxacin, etc.)
      2) 3rd generation cephalosporins (ceftriaxone, etc.)
      3) Nitroimidazoles (metronidazole, etc.)
      4) Beta-lactam/beta-lactamase inhibitors (piperacillin-tazobactam, etc.)
      5) Carbapenems (meropenem, etc.)

   5-1-2. How long do you usually administer antibiotics for acute uncomplicated colonic diverticulitis in immunocompetent patients?
      1) ≤1 day
      2) 2-3 days
      3) 4-7 days
      4) >7 days

   5-1-3 Do you perform follow-up blood testing to assess the response to antibiotic treatment in immunocompetent patients with acute uncomplicated colonic diverticulitis?
      1) Yes (perform follow-up blood tests)
      2) No (no follow-up blood tests)

   If no,

   5-2-1. In your practice, are you providing antibiotic treatment for immunocompetent patients with acute uncomplicated colonic diverticulitis who have no underlying disease?
      1) Yes (administer antibiotic treatment)
      2) No (do not administer antibiotic treatment)

      If answered yes for 5-2-1,

   5-2-2 Why do you give antibiotic treatment in your practice even though you think antibiotic treatment is not absolutely necessary for acute uncomplicated diverticulitis? (Multiple responses allowed)
      1) Because the absence of complications cannot be assured solely based on the test results
      2) Because the possible harm of antibiotic treatment is not considered to be significant
      3) Because of concerns about worsening of the disease course when antibiotic treatment is not performed
      4) In most cases, antibiotic treatment had been started by another doctor.
      ** Free description available (_____)

   5-2-3. What type of antibiotics do you usually use for initial treatment? (Multiple responses allowed)
      1) Fluoroquinolones (ciprofloxacin, etc.)
      2) 3rd generation cephalosporins (ceftriaxone, etc.)
      3) Nitroimidazoles (metronidazole, etc.)
      4) Beta-lactam/beta-lactamase inhibitors (piperacillin-tazobactam, etc.)
      5) Carbapenems (meropenem, etc.)

   5-2-4. How long do you usually administer antibiotics for acute uncomplicated colonic diverticulitis in immunocompetent patients?
      1) ≤1 day
      2) 2-3 days
      3) 4-7 days
      4) >7 days

   5-2-5. Do you perform follow-up blood tests to assess the response to antibiotic treatment in immunocompetent patients with acute uncomplicated colonic diverticulitis?
      1) Yes (perform follow-up blood tests)
      2) No (no follow-up blood tests)

6. Do you think therapeutic bowel rest and parenteral nutrition are necessary in cases of acute uncomplicated diverticulitis?
   1) Yes (fasting and intravenous nutrition are required)
   2) No (fasting and intravenous nutrition are not required)

   If answered yes,
   6-1. How long do you give parenteral nutrition and fast patients with acute uncomplicated diverticulitis?
      1) ≤1 day
      2) 2-3 days
      3) 4-7 days
      4) >7 days

7. In acute uncomplicated diverticulitis, when the patient's pain is moderate, do you generally recommend hospitalization or outpatient treatment?
   1) Recommend inpatient treatment
   2) Treat in an outpatient setting

8. Do you think emergency surgery is necessary for patients with acute colonic diverticulitis with an abscess or a microperforation without panperitonitis?
   1) Yes (emergency surgery is required)
   2) No (emergency surgery is not required)

9. Do you think screening for colorectal cancer is necessary for patients ≥50 years who have recovered from the acute phase of diverticulitis?
   1) Necessary
   2) Unnecessary

   If yes,
   9-1. What do you think is the best tool for colorectal cancer screening?
      1) Fecal occult blood test
      2) Blood test (including colorectal cancer markers)
      3) Follow-up abdominal CT
      4) Follow-up abdominal ultrasound
      5) Colonoscopy

   If chosen colonoscopy,
   9-2. When do you perform colonoscopy to screen for colorectal cancer?
      1) At the earliest time after recovery from the acute phase
      2) About 4 weeks after recovery from the acute phase
      3) About 6–8 weeks after recovery from the acute phase
      4) About 8–12 weeks after recovery from the acute phase
      5) >12 weeks after recovery from the acute phase

   9-3. If a patient has had a high-quality colonoscopy within 1 year, do you think the colonoscopy can be postponed?
      1) Yes (colonoscopy can be postponed)
      2) No (colonoscopy cannot be postponed)

10. Do you think screening for colorectal cancer is necessary for patients <50 years who have recovered from the acute phase of diverticulitis? (It is the same question as the previous question, but it is a question asking whether treatment is different according to age)
    1) Necessary
    2) Unnecessary

    If yes,
    10-1. What do you think is the best tool for colorectal cancer screening?
       1) Fecal occult blood test
       2) Blood test (including colorectal cancer markers)
       3) Follow-up abdominal CT
       4) Follow-up abdominal ultrasound
       5) Colonoscopy

    If chosen colonoscopy,
    10-2. When do you perform colonoscopy to screen for colorectal cancer?
       1) At the earliest time after recovery from the acute phase
       2) About 4 weeks after recovery from the acute phase
       3) About 6-8 weeks after recovery from the acute phase
       4) About 8-12 weeks after recovery from the acute phase
       5) >12 weeks after recovery from the acute phase

    10-3. If a patient has had a high-quality colonoscopy within 1 year, do you think the colonoscopy can be postponed?
       1) Yes (colonoscopy can be postponed)
       2) No (colonoscopy cannot be postponed)

11. If patients who recovered after the acute phase of diverticulitis were taking aspirin or non-steroidal anti-inflammatory drugs (NSAIDs), do you think that these drugs should be stopped to prevent the recurrence of diverticulitis?
    1) Yes (It is recommended to stop taking aspirin or NSAIDs if possible)
    2) No (no need to stop taking aspirin or NSAIDs)

12. Do you administer any pharmacological therapy to patients who have recovered from the acute phase of diverticulitis to prevent recurrence?
    1) prescribe rifaximin to prevent recurrence
    2) prescribe mesalamine to prevent recurrence
    3) prescribe probiotics to prevent recurrence
    4) do not prescribe medications to prevent recurrence

13. Do you think a high-fiber diet should be recommended to prevent recurrence in patients who have recovered from the acute phase of diverticulitis?
    1) Yes (a high-fiber diet should be recommended)
    2) No (there is no need to recommend a high-fiber diet)

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14. If acute diverticulitis recurs several times, which treatment do you prefer, repeating the medical treatment or treating surgically?
    1) Repeat the medical treatment
    2) Surgical treatment
    3) It is determined by comprehensively considering the number/frequency of relapses and the general condition of the patient.

15. If acute uncomplicated colonic diverticulitis recurred for the third time, would you recommend elective (or planned) surgery after medical treatment (unless the patient has underlying diseases and is at high risk for surgery)?
    1) Surgery is recommended
    2) Surgery is not recommended

16. If acute uncomplicated colonic diverticulitis recurred for the fourth time, would you recommend elective (or planned) surgery after medical treatment (unless the patient has underlying diseases and is at high risk for surgery)?
    1) Surgery is recommended
    2) Surgery is not recommended