Supplementary file 2. Delphi round-one questions for TITAN CMV study

- **<u>Diagnosis and investigation to guide treatment</u>**

1. What are the clinical signs that make you suspect a viral AU in the first presentation of the patient above?

CMV	
a.	Unilaterality
b.	Raised IOP
c.	Decreased corneal sensation
d.	Cornea oedema
e.	Diffuse KPs
f.	Stellate KPs
g.	Granulomatous KPs
h.	Anterior synechiae
i.	Posterior synechiae
j.	Absence of synechiae
k.	Iris heterochromia
l.	Iridoplegia
m.	Diffuse iris atrophy
n.	Sectorial iris atrophy
o.	Engorged iris vessels
p.	Anterior chamber cells
q.	Anterior chamber flare

2. Do you think it is important to perform the following when a viral AU is suspected? Please select one of the following:

Aqueous tap	
CMV	
a.	All the time
b.	Often
c.	Sometimes
d.	Rarely
e.	Never
f.	Not available in my center

Serology i.e. IgM and IgG	
CMV	
a.	All the time
b.	Often
c.	Sometimes
d.	Rarely
e.	Never
f.	Not available in my center

Confocal microscopy	
CMV	
a.	All the time
b.	Often
c.	Sometimes
d.	Rarely
e.	Never
f.	Not available in my center

Comments: free text

3. What will you send the aqueous tap for? Please select any/all of the following:

CMV

a. Multiplex qualitative PCR for various infective causes
b. Multiplex quantitative PCR for various infective causes
c. GWC for intraocular antibodies concurrent with PCR
d. GWC for intraocular antibodies if PCR negative
e. Microscopy and culture
f. Drug resistance testing assuming you have a positive initial result

Comments: free text

4. If you perform multiplex qualitative PCR for various infective causes, is this followed by quantitative PCR where available?

CMV

a. Yes
b. No, it is not available
c. No, I do not use quantitative PCR results for my management

Comments: free text

5. In your practice currently, how is the diagnosis of a viral AU clinched - What proportion of your patients (* expressed in %) are diagnosed based on:

CMV

I diagnose viral AU based solely on clinical features only. I do not perform laboratory testing ____ %
I diagnose viral AU based on clinical features as the laboratory tests were negative ____ %
I diagnosed viral AU based on clinical features and this was confirmed with laboratory tests being positive ____%

What is the predominant clinical presentations you see? (Posner Sclossman, Fuchs-like, Non sepecific chronic AU, others) Please comment: free text

6. What and how often do you perform blood investigations for your patients maintained on systemic antiviral therapy?

Who takes responsibility for ordering and reviewing these tests

CMV

a. Infectious disease specialist
b. Internal medicine specialist
c. Myself, the ophthalmologist

Complete blood counts

CMV

a. Once a year
b. Twice a year

c. Thrice a year
d. 4 or more times per year
e. Never

Urea, creatinine and electrolytes

CMV

a. Once a year
b. Twice a year
c. Thrice a year
d. 4 or more times per year
e. Never

Liver function tests

CMV

a. Once a year
b. Twice a year
c. Thrice a year
d. 4 or more times per year
e. Never

Comments: free text

7. Do you use endothelial cell count as a surrogate marker for control of infection?

CMV

a. Yes
b. No

Are other imaging modalities of importance in your follow-up of patients? Please comment: free text

- **<u>Treatment</u>**

1. Do you initiate treatment (nonspecific i.e. anti-inflammatory therapy or specific i.e. antiviral therapy) in the following instances?

PCR/GWC pending or unavailable

CMV

a. Yes, only anti-inflammatory treatment
b. Yes, only antiviral treatment
c. Yes, both anti-inflammatory and antiviral treatment
d. No, I do not start treatment

PCR/GWC negative

CMV

a. Yes, only anti-inflammatory treatment
b. Yes, only antiviral treatment
c. Yes, both anti-inflammatory and antiviral treatment
d. No, I do not start treatment

Comments: free text

2. How does the results from an aqueous tap help you to modify or end treatment? Please select any/all of the following:

CMV

a. I alter my treatment dosages/frequency/duration based on results of repeated PCR/GWC
b. I stop treatment only if repeated PCR/GWC is negative
c. I do not repeat PCR/GWC. I follow up the patient clinically

Comments: free text

3. What are the clinical endpoints in the treatment of viral AU? Please select any/all of the following:

CMV	
a.	Resolution of inflammation clinically i.e. cells, flare, KPs
b.	Resolution of raised IOP
c.	Resolution of cornea oedema
d.	Negative results on repeated aqueous tap

Comments: free text

4. Do you alter your treatment strategy based on clinical presentation? Please comment

CMV	
Chronic AU	Please comment: free text
Episodic hypternsive uveitis	Please comment: free text

5. Do you start on antiviral therapy?

CMV	
a.	Yes, only topical
b.	Yes, only systemic
c.	Yes, both
d.	No

Comments: please state your clinical indication/reasoning for your choice

6. What is your first line drug for systemic antiviral therapy assuming no contraindications?

CMV	
b.	PO valgancyclovir
d.	Others
e.	No, I do not use systemic therapy

Comments: free text

7. What is your first line drug for topical antiviral therapy assuming no contraindications?

a.	topical ganciclovir gel 0.15%
b.	ganciclovir eyedrops 2%
c.	Others
d.	No, I do not use topicals

8. What is your second line drug for antiviral therapy assuming no contraindications?
9. Do you ever use intravitreal ganciclovir? And if yes, what was the reason for it?

CMV	
a.	Yes
i.	Noncompliance to treatment
ii.	Systemic adverse reaction
iii.	Severe disease
iv.	Frequent recurrences
v.	Patient preferences
b.	No
Comments: free text	

10. What is your typical dosage and duration of initial topical and/or systemic antiviral therapy?
11. What is your typical dosage and duration of maintenance topical and/or systemic antiviral
12. Will you start the following medications in a case of a viral AU?

Topical corticosteroids without antiviral coverage	
CMV	
a.	Yes
b.	No
Topical NSAIDs without antiviral coverage	
CMV	
a.	Yes
b.	No
Cycloplegics/mydriatics	
CMV	
a.	Yes
b.	No, it is not required
c.	No, I worry about permanent mydriasis
Comments: free text	

13. What is your first line drug for topical anti-inflammatory therapy assuming no contraindications?

CMV	
a.	Steroid
b.	NSAID
Please select one of the following as your first line drug choice:	
CMV	
a.	Fluorometholone
b.	Loteprednol
c.	Prednisolone Acetate 0.12%
d.	Prednisolone Acetate 1%
e.	Dexamethasone
f.	Nepafenac
g.	Ketorolac tromethamine
Comments: free text	

14. Is there a role of periocular or systemic corticosteroids?

CMV	
a.	Yes, I use systemic corticosteroids
b.	Yes, I use periocular corticosteroids
c.	Yes, I use both
d.	No
Comments: free text	

15. What is your typical dosage and duration of initial topical and/or systemic anti-inflammatory therapy? Please comment below.
16. What is your typical dosage and duration of maintenance topical and/or systemic anti-inflammatory therapy? Please comment below.
17. What is your first line drug for high IOP in a case of viral AU assuming no contraindications?

CMV	
a.	Beta Blocker
b.	Alpha Agonist
c.	PGA
d.	Miotic
e.	CAI (topical)
f.	CAI (systemic)
Comments: free text	

- **<u>Follow up and complication</u>**

1. How do you define a recurrence? Please comment in terms of duration since last treatment/flare, clinical signs and symptoms etc.
2. What is the frequency of recurrences before you will consider indefinite therapy?

Antiviral therapy	
CMV	
a.	Once a year
b.	Twice a year
c.	Thrice a year
d.	4 or more times per year
e.	Never

Anti-inflammatory therapy	
CMV	
a.	Once a year
b.	Twice a year
c.	Thrice a year
d.	4 or more times per year
e.	Never
Comments: free text	

3. How will you adjust anti-inflammatory therapy or antiviral therapy prophylactic treatment prior to and after procedures like cataract or glaucoma surgery?
4. In your experience, does performing glaucoma surgery alter the prognosis of the infection?

CMV	
a.	Yes, for the better
b.	Yes, for the worse
c.	No
d.	Not sure
Comments: free text	

5. If there is recurrence shortly on stopping therapy, what therapeutic approach would you adopt?

CMV
a. Restart initial dosages, similar taper
b. Restart initial dosages, longer taper
c. Restart initial dosages, indefinite maintenance therapy
Comments: free text

6. If the patient stops treatment, when would you restart therapy and why?

CMV
a. Immediately, even if there are no signs of disease activity
b. Only when disease activity is noted again
Comments: free text

7. If there is evidence of active corneal involvement, how would this alter your therapy?

CMV
E.g. endotheliitis, please comment: