

Supplement 1. Details of patient scenarios used in survey. Each scenario’s stem began with the phrase, “A 70-year-old woman presents to your clinic for routine follow-up,” and ended with the statement, “She recently underwent a Dual Energy X-ray Absorptiometry (DEXA) scan, which revealed osteopenia.” Underlined text segments were underlined in the online survey.

Scenario name	Description
Minimal risk/GERD	She has a <u>prior history of gastroesophageal reflux disease (GERD)</u> (heartburn several times a week), now with no reflux symptoms on <u>omeprazole 20 mg daily</u> for many years. Her medical history is otherwise unremarkable. She takes no other medications. Recent laboratory studies and an upper endoscopy are unremarkable.
Low GI bleed risk	She takes <u>aspirin 81 mg daily</u> for a <u>history of coronary artery disease</u> . She also takes <u>omeprazole 20 mg daily</u> to “ <u>protect her stomach</u> .” She has no history of gastrointestinal problems. She takes no other medications and has no symptoms.
Moderate GI bleed risk	She has a history of <u>coronary artery disease and atrial fibrillation</u> for which she takes <u>aspirin 81 mg daily and warfarin</u> . She also takes <u>omeprazole 20 mg daily</u> to “ <u>protect her stomach</u> .” She has no history of gastrointestinal problems. She takes no other medications and has no symptoms.
High GI bleed risk	She has a history of <u>coronary artery disease</u> for which she takes <u>aspirin 81 mg daily</u> . About 10 years ago, she underwent an endoscopy due to dyspepsia and was diagnosed with <u>peptic ulcer disease</u> caused by use of ibuprofen, which she no longer uses. She takes <u>omeprazole 20 mg daily</u> to “ <u>protect her stomach</u> .” She currently has no symptoms.

Supplement 2. Survey questions administered.

Supplement 3. Common scenarios in which proton pump inhibitor gastroprotection is recommended. It should be noted that additional guidance regarding testing for H. pylori and selection of appropriate NSAID formulations is not included in this table and can be found in the relevant guidelines

	Relevant guideline	Evidence Grade
Dual anti-platelet therapy	Bhatt, 2008 and Abraham, 2010 Valgimigli, 2017	Not graded GRADE 1B
Anti-platelet drug plus NSAID	Bhatt, 2008 Lanza, 2009	Not graded GRADE 2C
ASA plus anticoagulation	Bhatt, 2008	Not graded
History of ulcer bleeding with ongoing use of any NSAID, antiplatelet therapy or anticoagulation	Bhatt 2008 Barkun, 2019 Lanza, 2009	Not graded GRADE 2C GRADE 1B
Patients using NSAIDs with any of the following additional risk factors: age>65 years, high dose NSAID therapy, a previous uncomplicated ulcer, concurrent use of aspirin	Lanza 2009	GRADE 2C
Patients using aspirin with any 2 of the following: age ≥60, corticosteroid use, dyspepsia or GERD symptoms	Bhatt, 2008	Not graded

GERD = gastroesophageal reflux disease; NSAIDs = nonsteroidal anti-inflammatory drugs; PPI = proton pump inhibitor