## **Myositis Autoantibody Testing Survey**

This survey aims to establish the availability and utilisation of different methods for identifying myositis-specific autoantibodies (MSA) within different units across the world.

International Myositis Assessment & Clinical Studies (IMACS) members from the MSA Special Interest Group and other IMACS members are being invited, via electronic invitation, to participate in this survey.

Results from the survey will help consolidate knowledge regards the current practice of myositis autoantibody testing, the types of assays that are being used, and the areas of uncertainty or gaps in knowledge that need addressing by future work.

The survey takes approximately 10 minutes to complete and this can be done at a time and place of your choosing.

Data management

This survey uses REDCap electronic data capture software. Data will be stored on a secure server at the University of Bath. Participants may choose to complete the survey anonymously or supply contact details to be acknowledged as a member of IMACS in any resulting publication. Aside from being acknowledged as a member of IMACS in any resulting publication (for consenting participants), personal information and responses from individual participants from the survey will remain confidential. Summary statistics for each question will be analysed and a summary report prepared. The aggregate results of the study may be printed/published or shared with other people in the scientific community.

Further information

Please contact the chief investigator, Professor Neil McHugh (n.j.mchugh@bath.ac.uk) if you require further clarification before deciding whether to participate. If you wish to independently discuss the purpose and/or conduct of this survey, please contact Professor James Betts, Chair of the Research Ethics Approval Committee for Health (REACH) via email (J.Betts@bath.ac.uk)

## PART A. About you and your institution



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Consent	I consent to participate in this survey but would like to participate anonymously
You are not obliged to complete this survey and can withdraw at any stage, without explanation. Individual participant responses will remain confidential.	I consent to my participation in the study being acknowledged in any resulting publication (By continuing with this survey I confirm that I have read and understood the consent information)
Please note that even if you opt to participate anonymously, it is possible (due to free text and/or low numbers) that your employer could identify you from your responses to the survey.	
If you opt to enter your contact details, you have until 2 weeks after the final survey reminder to request that your survey data be deleted.	
If you opt to participate anonymously, your contact details will not be requested and you will not be listed as a collaborator on any future publications. Affiliated institutions will only be included in outputs for participants consenting to be acknowledged.	
Title	<ul> <li>○ Dr.</li> <li>○ Prof.</li> <li>○ Mr.</li> <li>○ Mrs.</li> <li>○ Miss</li> <li>○ Ms.</li> <li>○ Other</li> </ul>
Other title	
First name	
Surname	
Email address	
Institution	
City	



Country	○ Afghanistan
Country	Aland Islands
	○ Albania
	○ Algeria
	American Samoa
	○ Andorra
	○ Angola
	Anguilla
	Antique and Barburda
	Antigua and Barbuda     Argentina
	<ul><li>○ Argentina</li><li>○ Armenia</li></ul>
	○ Aruba
	Alustralia
	O Austria
	○ Azerbaijan
	Bahamas
	○ Bahrain
	○ Bangladesh
	Barbados
	O Belarius
	○ Belgium
	<ul><li>○ Belize</li><li>○ Benin</li></ul>
	Bermuda
	○ Bhutan
	O Bolivia
	Bonaire, Sint Eustatius and Saba
	<ul> <li>Bosnia and Herzegovina</li> </ul>
	○ Botswana
	○ Bouvet Island
	O Brazil
	O British Virgin Islands
	British Indian Ocean Territory
	<ul><li>○ Brunei Darussalam</li><li>○ Bulgaria</li></ul>
	Burkina Faso
	O Burundi
	O Cambodia
	○ Cameroon
	○ Canada
	○ Cape Verde
	Cayman Islands
	Central African Republic
	○ Chad
	<ul><li>○ Chile</li><li>○ China</li></ul>
	Hong Kong, Special Administrative Region of Chin
	Macao, Special Administrative Region of China
	Christmas Island
	Occos (Keeling) Islands
	○ Colombia
	○ Comoros
	○ Congo (Brazzaville)
	Congo, Democratic Republic of the
	Cook Islands
	Costa Rica
	○ Côte d'Ivoire
	<ul><li>○ Croatia</li><li>○ Cuba</li></ul>
	○ Curação
	○ Cyprus
	Czech Republic
	O Denmark
	<ul><li>Djibouti</li></ul>
	O Dominica
	O Dominican Republic
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$\cap$	El Salvador
$\sim$	Equatorial Guinea
$\circ$	Eritrea
$\circ$	Estonia
Ô	Ethiopia
	Falkland Islands (Malvinas)
$\tilde{\cap}$	Faroe Islands
	Fiji
	Finland
	France
_	French Guiana
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	French Polynesia
	French Southern Territories
	Gabon
	Gambia
	Georgia
$\circ$	Germany
$\circ$	Ghana
$\circ$	Gibraltar
Ō	Greece
	Greenland
	Grenada
	Guadeloupe
$\sim$	Guam
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	Guernsey
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_	Guinea-Bissau
	Guyana
$\sim$	Haiti
	Heard Island and Mcdonald Islands
	Holy See (Vatican City State)
	Honduras
$\circ$	Hungary
	Iceland
Ō	India
	Indonesia
	Iran, Islamic Republic of
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○ Martinique
Mauritania
Mauritius
Mayotte
Mexico
Micronesia, Federated States of
Moldova
Monaco
○ Mongolia
<ul><li>Mozambique</li></ul>
O Myanmar '
Namibia
○ Nauru
○ Nepal
Netherlands
Netherlands Antilles
New Caledonia
New Zealand
○ Nicaragua
○ Niger
○ Nigeria
○ Niue
Norfolk Island
Northern Mariana Islands
Norway
Oman
Pakistan
Palau
<u> </u>
Palestinian Territory, Occupied
Panama
Papua New Guinea
Paraguay
○ Peru
○ Philippines
O Pitcairn
Poland
O Portugal
O Puerto Rico
Qatar
Réunion
Romania
Russian Federation
Rwanda
Saint-Barthélemy
○ Saint Helena
<ul><li>Saint Kitts and Nevis</li></ul>
○ Saint Lucia
Saint-Martin (French part)
Saint Pierre and Miquelon
Saint Vincent and Grenadines
Samoa
○ San Marino
Sao Tome and Principe
Saudi Arabia
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Senegal
Serbia
Seychelles
○ Sierra Leone
Singapore
○ Sint Maarten (Dutch part)
Slovakia
○ Solomon Islands
○ Somalia
South Africa
South Georgia and the South Sandwich Islands
South Sudan
○ Spain

<ul> <li>Sri Lanka</li> <li>Sudan</li> <li>Suriname *</li> <li>Svalbard and Jan Mayen Islands</li> <li>Swaziland</li> <li>Sweden</li> <li>Switzerland</li> <li>Syrian Arab Republic (Syria)</li> <li>Taiwan</li> <li>Tajikistan</li> <li>Tanzania *, United Republic of</li> <li>Thailand</li> <li>Timor-Leste</li> <li>Togo</li> <li>Tokelau</li> <li>Tonga</li> <li>Trinidad and Tobago</li> <li>Turkey</li> <li>Turkmenistan</li> <li>Turks and Caicos Islands</li> <li>Tuvalu</li> <li>Uganda</li> <li>Ukraine</li> <li>United Arab Emirates</li> <li>United Kingdom</li> <li>United States of America</li> <li>United States of America</li> <li>United States Minor Outlying Islands</li> <li>Uruguay</li> <li>Uzbekistan</li> <li>Vanuatu</li> <li>Venezuela (Bolivarian Republic of)</li> <li>Viet Nam</li> <li>Virgin Islands, US</li> <li>Wallis and Futuna Islands</li> <li>Western Sahara</li> <li>Yemen</li> <li>Zambia</li> <li>Zimbabwe</li> </ul>	•
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State	○ Alabama
	○ Alaska
	○ Arizona
	○ Arkansas
	○ California
	Colorado
	○ Connecticut
	○ Delaware
	District of Columbia
	○ Florida
	○ Georgia
	◯ Hawaii
	○ Idaho
	○ Illinois
	○ Indiana
	Olowa
	○ Kansas
	○ Kentucky
	○ Louisiana
	○ Maine
	Massachusetts
	Michigan
	○ Minnesota
	○ Mississippi
	○ Missouri
	Montana
	○ Nebraska
	○ Nevada
	New Hampshire
	○ New Jersey
	○ New Mexico
	○ New York
	North Carolina
	○ North Dakota
	○ Ohio
	○ Oklahoma
	Oregon
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	South Carolina
	South Carolina  South Dakota
	○ Tennessee
	○ Texas
	Utah
	○ Vermont
	○ Virginia
	<ul><li>○ Washington</li></ul>
	○ West Virginia
	○ Wisconsin
	○ Wyoming
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How many patients are in your local myositis cohort?		
What is your professional role?	<ul> <li>Clinician</li> <li>Non-clinical scientist</li> <li>Clinical trainee</li> <li>Post-doctoral research fellow</li> <li>Other (please describe)</li> </ul>	
Other role details		
Are you a full member of the International Myositis Assessment & Clinical Studies (IMACS) Group?	○ Yes ○ No	
Are you a member of the Myositis-Specific Autoantibodies (MSA) Special Interest Group (SIG)?	○ Yes ○ No	

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	PART B. Myositis autoantibody testing	
1.	Which type of assay does your local laboratory use for identifying myositis relevant autoantibodies?	☐ Line blot ☐ Enzyme immunoassay/ELISA ☐ Laser bead ☐ Immunoprecipitation ☐ Immunoprecipitation/immunoblot ☐ Other (please state below) ☐ Don't know (Select all that apply)
	Line blot manufacturer (if known)	
	EIA manufacturer (if known)	
	Laser bead manufacturer (if known)	
	Immunoprecipitation provider (if known)	
	Immunoprecipitation/immunoblot provider (if known)	
	Other assay type	

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Do you send serum to another collaborating institution for antibody testing?				
How many other laboratories do you use?	<ul><li>○ 1</li><li>○ 2</li><li>○ 3 or more</li></ul>			
Other laboratory 1 details				
	(Name or location of main collaborating institution)			
Which type of assay does your collaborating institution laboratory use for identifying myositis relevant autoantibodies?	☐ Line blot ☐ Enzyme immunoassay/ELISA ☐ Laser bead ☐ Immunoprecipitation ☐ Immunoprecipitation/immunoblot ☐ Other (please state below) ☐ Don't know (Select all that apply)			
Line blot manufacturer (if known)				
EIA manufacturer (if known)				
Laser bead manufacturer (if known)				
Immunoprecipitation provider (if known)				
Immunoprecipitation/immunoblot provider (if known)				
Other assay type (and manufacturer if known)				
Other laboratory 2 details				
Which type of assay does your collaborating institution laboratory use for identifying myositis relevant autoantibodies?	☐ Line blot ☐ Enzyme immunoassay/ELISA ☐ Laser bead ☐ Immunoprecipitation ☐ Immunoprecipitation/immunoblot ☐ Other (please state below) ☐ Don't know (Select all that apply)			
Line blot manufacturer (if known)				
EIA manufacturar (if Israum)				
EIA manufacturer (if known)				

Laser bead manufacturer (if known)		
Immunoprecipitation provider (if known)		
Immunoprecipitation/immunoblot provider (if known)		
Other assay type (and manufacturer if known)		
Other laboratory 3 details		
Which type of assay does your collaborating institution laboratory use for identifying myositis relevant autoantibodies?	☐ Line blot ☐ Enzyme immunoassay/ELISA ☐ Laser bead ☐ Immunoprecipitation ☐ Immunoprecipitation/immunoblot ☐ Other (please state below) ☐ Don't know (Select all that apply)	
Line blot manufacturer (if known)		
EIA manufacturer (if known)		
Laser bead manufacturer (if known)		
Immunoprecipitation provider (if known)		
Immunoprecipitation/immunoblot provider (if known)		
Other assay type (and manufacturer if known)		

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Q3.	Is indirect immunofluorescence performed on all sera as part of myositis autoantibody identification?	<ul><li>Yes</li><li>No</li><li>Don't know</li></ul>	

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In which patients would you typically test for myositis relevant autoantibodies?	<ul> <li>□ A. Raised serum CpK in isolation</li> <li>□ B. Raised serum CpK in presence of other features of myositis spectrum disorders</li> <li>□ C. Symptoms and signs of inflammatory arthritis/arthralgia in isolation</li> <li>□ D. Symptoms and signs of inflammatory arthritis/arthralgia in presence of other features of myositis spectrum disorders</li> <li>□ E. Fever in isolation</li> <li>□ F. Fever in presence of other features of myositis spectrum disorders</li> <li>□ G. Possible DM rash in isolation</li> <li>□ H. Possible DM rash in presence of other features of myositis spectrum disorders</li> <li>□ I. Raynaud's in isolation</li> <li>□ J. Raynaud's in the presence of other features of myositis spectrum disorders</li> <li>□ K. Cytoplasmic speckle identified on indirect immunofluorescence alone</li> <li>□ L. Cytoplasmic speckle identified on indirect immunofluorescence in presence of other features of myositis spectrum disorders</li> <li>□ M. Interstitial lung disease in isolation</li> <li>□ N. Interstitial lung disease in presence of other features of myositis spectrum disorders</li> <li>□ O. Clinical symptoms and signs suggestive of systemic sclerosis</li> <li>□ Q. Other (please describe)</li> <li>(Select all that apply)</li> </ul>

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Q5.	Does your local laboratory report include?	<ul> <li>A. Positive vs negative result</li> <li>B. Semi-quantification of a positive result e.g. strong, weak etc.</li> <li>C. Guidance on interpretation of positive results (Select all that apply)</li> </ul>
	If C selected, is this adequate for your needs?	<ul><li>Yes</li><li>No</li></ul>

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Q6.	Does your local laboratory highlight discordant results as part of their report? E.g. ANA pattern does not match antibody identified.	<ul><li>Yes</li><li>No</li><li>Don't know</li></ul>	

	Confidence in reported results of local laboratory	
Q7a	. In general, I am confident in the result obtained from my local laboratory	<ul><li>Strongly disagree</li><li>Disagree</li><li>Neither agree nor disagree</li><li>Agree</li><li>Strongly agree</li></ul>
Q7b	Does your confidence vary depending on the autoantibody?	Yes     No
	If yes, are there certain assays that you have concerns related to either false positives or false negatives?	
	If yes, please describe	

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
8a. Autoantibody testing influences my diagnostic confidence	0	$\circ$	0	0	0
8b. Autoantibody testing influences the information I provide to a patient on prognosis	0	0	0	0	0
8c. Autoantibody testing influences any further investigations I arrange	0	0	0	0	0
8d. Autoantibody testing influences my recommended treatment	0	0	0	0	0
8e. Any additional comments?					

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. Do you think there is a need for more education on how to interpret autoantibody results?	<ul><li>Yes</li><li>No</li></ul>	
If yes, please select potentially useful strategies for providing education	<ul><li>☐ A. IMACS website</li><li>☐ B. EULAR course</li><li>☐ C. Other (please describe)</li><li>(Select all that apply)</li></ul>	
Other strategy		