

See “Physician education can minimize inappropriate steroid use in patients with inflammatory bowel disease: the ACTION study” on pages 452-463.

Supplementary Table 1. ECCO Guidelines Used to Educate Physicians for the Management of Steroid Use in Patients with CD

Medical management of active CD per ECCO guidelines	
Mildly active ileocecal CD	<p>ECCO statement 5B</p> <ul style="list-style-type: none"> Oral budesonide is the preferred treatment
Moderately active ileocecal CD	<p>ECCO statement 5C</p> <ul style="list-style-type: none"> Moderately active localized ileocecal CD should be treated with budesonide, or with systemic corticosteroids An anti-TNF based strategy should be used as an alternative for patients, who have previously been steroid-refractory or intolerant For some patients who have infrequently relapsing disease restarting steroids with an immunomodulator may be appropriate In patients refractory to steroids and/or anti-TNF, vedolizumab is an appropriate alternative
Severely active ileocecal CD	<p>ECCO statement 5D</p> <ul style="list-style-type: none"> Severely active localized ileocecal CD should initially be treated with systemic corticosteroids For those who have relapsed, an anti-TNF based strategy is appropriate Surgery is a reasonable alternative for patients with disease refractory to conventional medical treatment and should also be discussed For some patients who have infrequently relapsing disease, restarting steroids with an immunomodulator may be appropriate In patients refractory to steroids and/or anti-TNF, vedolizumab is an appropriate alternative <p>ECCO statement 5E</p> <ul style="list-style-type: none"> Active colonic CD should be treated with systemic corticosteroids For those who have relapsed, an anti-TNF based strategy is an appropriate option In patients refractory to steroids and/or anti-TNF, vedolizumab is an appropriate alternative
Extensive small bowel disease	<p>ECCO statement 5F</p> <ul style="list-style-type: none"> Extensive small bowel CD should initially be treated with systemic corticosteroids, but early therapy with an anti-TNF based strategy should also be evaluated For patients with severe disease who have relapsed, an anti-TNF based strategy is appropriate
Esophageal and gastroduodenal disease	<p>ECCO statement 5H</p> <ul style="list-style-type: none"> Mild esophageal or gastroduodenal CD may be treated with a proton pump inhibitor only More severe or refractory disease requires additional systemic corticosteroids or an anti-TNF based strategy Dilatation or surgery are appropriate for symptomatic strictures
Management of medically induced remission	
Steroid-refractory CD	<p>ECCO statement 5I</p> <ul style="list-style-type: none"> Patients with objective evidence of active disease refractory to corticosteroids should be treated with an anti-TNF based strategy, although surgical options should also be considered and discussed at an early stage
Steroid-dependent CD	<p>ECCO statement 6D</p> <ul style="list-style-type: none"> Immunosuppressive naive patients who are dependent on corticosteroids should be treated with a thiopurine or methotrexate or anti-TNF based strategy Surgical options should also be discussed

ECCO, European Crohn's and Colitis Organisation; CD, Crohn's disease; TNF, tumor necrosis factor.