Supplementary

Appendix 1 Equipoise questionnaire

Difficult clinical decisions in sleep apnea surgery: identifying priorities for future research

This survey aims to gather information about controversial areas of practice where further clinical research could be useful to resolve difficult clinical questions in sleep surgery. The information will be useful for future clinical trials, patient preference studies and quality of life research.

There are four sections, with five questions each. This form will take approximately 5 minutes to complete. Thank you for your time.

Part I: difficult clinical topics in sleep surgery

The following management scenarios have been suggested as difficult clinical topics, either because of lack of evidence for long-term patient-centered benefits or because of lack of comparison with other potential treatment pathways.

For each scenario, please rate how important you perceive the problem to be (in terms of future clinical research) by tick the appropriate box.

A: Intracapsular tonsillotomy compared to tonsillectomy in pediatric patients (aged ≥2–18 years) with sleep breathing disorder without previous surgery or history of recurrent tonsillitis

This clinical question is...

Extremely Important	Very Important	Somewhat Important	Not at all Important
☐1	☐2	☐3	☐4

B: Is the addition of drug-induced sleep endoscopy (DISE) to clinical examination better than clinical examination alone in pediatric patients (aged 2–≤18 years) post adenotonsillectomy with persistent symptomatic OSA with an AHI≥2 on polysomnogram?

This clinical question is….

Extremely Important	Very Important	Somewhat Important	Not at all Important
☐1	☐2	☐3	☐4

C: Multilevel stepwise upper airway reconstruction (any identifiable target can be addressed; revision (adeno)tonsillectomy, inferior turbinoplasty, lingual tonsil reduction, supraglottoplasty, other—performed at clinician discretion) compared to medical &/or device therapy (orthodontic procedures, mandibular advancement splint, CPAP) in pediatric patients (aged 2–≤18 years) post adenotonsillectomy with persistent symptomatic mild OSA (AHI ≤5) on polysomnogram?

This clinical question is….

Extremely Important	Very Important	Somewhat Important	Not at all Important
☐1	☐2	☐3	☐4

D: Multilevel stepwise upper airway reconstruction (any identifiable target can be addressed; revision (adeno)tonsillectomy, inferior turbinoplasty, lingual tonsil reduction, supraglottoplasty, other—performed at clinician discretion) compared to medical &/or device therapy (orthodontic procedures, mandibular advancement splint, CPAP) in pediatric patients (aged 2–≤18 years) post adenotonsillectomy with persistent symptomatic moderate to severe OSA (AHI ≥5) on polysomnogram?

This clinical question is….

Extremely Important	Very Important	Somewhat Important	Not at all Important
☐1	☐2	☐3	☐4

E: Is the addition of drug-induced sleep endoscopy (DISE) to clinical examination better than clinical examination alone in adult patients post adenotonsillectomy with persistent symptomatic OSA (AHI ≥5 on polysomnogram)?

This clinical question is….

Extremely Important	Very Important	Somewhat Important	Not at all Important
☐1	☐2	☐3	☐4

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Part II: clinical uncertainty

For each scenario, we are interested in your current level of certainty about which treatment option is better. Please rate your level of certainty on the scale below by selecting the number that best reflects your view.

If you are completely undecided between the two options, please select '5'

If, however, you consider one treatment option to be superior, for whatever reason, please indicate how strongly you hold this view by selecting the appropriate number (towards your chosen option) on the scale.

A: Intracapsular tonsillotomy compared to tonsillectomy in pediatric patients (aged ≥2–18 years) with sleep breathing disorder without previous surgery or history of recurrent tonsillitis.

Choose 5 if you are completely undecided between the two options.

B: Is the addition of drug-induced sleep endoscopy (DISE) to clinical examination better than clinical examination alone in pediatric patients (aged 2–≤18 years) post adenotonsillectomy with persistent symptomatic OSA with an AHI ≥2 on polysomnogram?

Choose 5 if you are completely undecided between the two options.

C: Multilevel stepwise upper airway reconstruction (any identifiable target can be addressed; revision (adeno)tonsillectomy, inferior turbinoplasty, lingual tonsil reduction, supraglottoplasty, other—performed at clinician discretion) compared to medical &/or device therapy (orthodontic procedures, mandibular advancement splint, CPAP) in pediatric patients (aged 2–≤18 years) post adenotonsillectomy with persistent symptomatic mild OSA (AHI ≤5) on polysomnogram?

Choose 5 if you are completely undecided between the two options.

D: Multilevel stepwise upper airway reconstruction (any identifiable target can be addressed; revision (adeno)tonsillectomy, inferior turbinoplasty, lingual tonsil reduction, supraglottoplasty, other—performed at clinician discretion) compared to medical &/or device therapy (orthodontic procedures, mandibular advancement splint, CPAP) in pediatric patients (aged 2–≤18 years) post adenotonsillectomy with persistent symptomatic moderate to severe OSA (AHI ≥5) on polysomnogram?

Choose 5 if you are completely undecided between the two options.

E: Is the addition of drug-induced sleep endoscopy (DISE) to clinical examination better than clinical examination alone in adult patients post adenotonsillectomy with persistent symptomatic OSA (AHI≥5 on polysomnogram)?

Choose 5 if you are completely undecided between the two options.

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Part III: multicenter research

Imagine that funding and research support are available to evaluate patient outcomes in each of the clinical scenarios. We are interested in whether you would consider participating in such multicenter research.

For each scenario, please indicate whether you would participate in either:

1) A randomized controlled trial (in which patients would be randomly allocated to either treatment option)

OR

2) A non-randomized follow-up study (in which patients receive treatment in the usual way, but data are collected prospectively)

Randomized controlled trial	Would take part	Would NOT take part
A. Intracapsular tonsillotomy compared to tonsillectomy in pediatric patients (aged ≥2–18 years) with sleep breathing disorder without previous surgery or history of recurrent tonsillitis	☐	☐
B. Is the addition of drug-induced sleep endoscopy (DISE) to clinical examination better than clinical examination alone in pediatric patients (aged 2–≤18 years) post adenotonsillectomy with persistent symptomatic OSA with an AHI≥2 on polysomnogram?	☐	☐
C. Multilevel stepwise upper airway reconstruction (any identifiable target can be addressed; revision (adeno)tonsillectomy, inferior turbinoplasty, lingual tonsil reduction, supraglottoplasty, other—performed at clinician discretion) compared to medical &/or device therapy (orthodontic procedures, mandibular advancement splint, CPAP) in pediatric patients (aged 2–≤18 years) post adenotonsillectomy with persistent symptomatic mild OSA (AHI ≤5) on polysomnogram?	☐	☐
D. Multilevel stepwise upper airway reconstruction (any identifiable target can be addressed; revision (adeno)tonsillectomy, inferior turbinoplasty, lingual tonsil reduction, supraglottoplasty, other – performed at clinician discretion) compared to medical &/or device therapy (orthodontic procedures, mandibular advancement splint, CPAP) in pediatric patients (aged 2–≤18 years) post adenotonsillectomy with persistent symptomatic moderate to severe OSA (AHI ≥5) on polysomnogram?	☐	☐
E. Is the addition of drug-induced sleep endoscopy (DISE) to clinical examination better than clinical examination alone in adult patients post adenotonsillectomy with persistent symptomatic OSA (AHI≥5 on polysomnogram)?	☐	☐

Non-randomized follow up study	Would take part	Would NOT take part
A. Intracapsular tonsillotomy compared to tonsillectomy in pediatric patients (age ≥2–18 years) with sleep breathing disorder without previous surgery or history of recurrent tonsillitis	☐	☐
B. Is the addition of drug-induced sleep endoscopy (DISE) to clinical examination better than clinical examination alone in pediatric patients (aged 2–≤18 years) post adenotonsillectomy with persistent symptomatic OSA with an AHI≥2 on polysomnogram?	☐	☐
C. Multilevel stepwise upper airway reconstruction (any identifiable target can be addressed; revision (adeno)tonsillectomy, inferior turbinoplasty, lingual tonsil reduction, supraglottoplasty, other – performed at clinician discretion) compared to medical &/or device therapy (orthodontic procedures, mandibular advancement splint, CPAP) in pediatric patients (aged 2–≤18 years) post adenotonsillectomy with persistent symptomatic mild OSA (AHI ≤5) on polysomnogram?	☐	☐
D. Multilevel stepwise upper airway reconstruction (any identifiable target can be addressed; revision (adeno)tonsillectomy, inferior turbinoplasty, lingual tonsil reduction, supraglottoplasty, other—performed at clinician discretion) compared to medical &/or device therapy (orthodontic procedures, mandibular advancement splint, CPAP) in pediatric patients (aged 2–≤18 years) post adenotonsillectomy with persistent symptomatic moderate to severe OSA (AHI ≥5) on polysomnogram?	☐	☐
E. Is the addition of drug-induced sleep endoscopy (DISE) to clinical examination better than clinical examination alone in adult patients post adenotonsillectomy with persistent symptomatic OSA (AHI≥5 on polysomnogram)?	☐	☐

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Part IV: Demographic details for group comparisons
Finally, a few questions about you and your practice so that we can determine whether we have a representative sample.

Your age (please write) _____ (years)

Are you
- Male ☐1
- Female ☐2

Which of the following best describes the location in which you practice?
Please tick one box only

- Capital City ☐1
- Other major urban area ☐2
- Rural Area ☐3
- Other, please specify _____ ☐4

What type of appointment do you have?
*Please tick one box that represents your **major** appointment.*

- Conjoint/ Academic Staff ☐1
- VMO/Consultant ☐2
- Staff Specialist ☐3
- Salaried University Academic ☐4
- Other, please specify_____ ☐5

Where do you perform the majority of your hospital work?
Please tick one box only.

- Tertiary referral teaching hospital ☐1
- District general hospital ☐2
- Private Hospital ☐3
- Other, please specify_____ ☐4

Do you have any other difficult clinical questions in Sleep Surgery that were not covered in this survey? If yes can you please write them in PICO format Patient (& problem) Intervention Comparison Outcome

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