Supplementary Survey 1. Thyroid Working Group of the Turkish Society for Pediatric Endocrinology and Diabetes

1. What is your gender?

Female

Male

2. How old are you? (year)

.....

3. Your area of expertise (please tick one box)

Pediatric endocrinology

Endocrinology and metabolism

4. Your experience time in pediatric endocrinology/Endocrinology and Metabolism (please indicate as year)

.....

5. Your title (please tick one box)

Fellow

Consultant

Asistant professor

Associated professor

Professor

6. Are you a member of Turkish Society for Pediatric Endocrinology and Diabetes/the Society of Endocrinology and Metabolism of Türkiye? (please tick one box)

Yes

No

I am not a member but I am considering becoming a member

7. Where do you practice? (please tick one box)

State university hospital

Private/foundation university hospital

Ministry of health training and research hospital

Private hospital

State hospital

Private center

8. What age range of patients do you follow? Please write as a range.

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9. Which of the following is your general approach regarding thyroid autoantibodies as a diagnostic tool? (please tick one box)

TPO-ab only

Thyroglobulin-ab only

TPO-ab + Thyroglobulin-ab

TPO-ab + Thyroglobulin-ab + TRAB

10. Which of the following is your general approach to perform a thyroid ultrasound (US) at the time of diagnosis?

I definitely request it from every patient to confirm the diagnosis.

I try to determine whether there is a nodule at the beginning, but not to confirm the diagnosis.

I only request it if there is goiter and/or nodule on examination.

I do not request an ultrasonography, I think that clinical findings and antibody positivity are enough for diagnosis.

11. Which of the following is your general approach regarding the frequency of outpatient clinic visits for your patients who are diagnosed with HT, and who do not receive any thyroid hormone treatment?

If they are euthyroid, I recommend that they come for a check-up every 3 months.

If they are euthyroid, I recommend that they come for a check-up every 6 months.

If they are euthyroid, I recommend that they come for a check-up once a year.

Other:

12. Which of the following is your general approach regarding the frequency of outpatient clinic visits for your patients diagnosed with HT who are euthyroid under thyroid hormone treatment?

I recommend to come for a visit every 3 months.

I recommend to come for a visit every 6 months.

I recommend to come for a visit once a year.

Other:

13. When do you usually perform the next thyroid function test check if you change the dose of thyroid hormone treatment in a patient with HT?

1-2 weeks after changing the dose

1 month after changing the dose

3 months after changing the dose

Other:

14. Please indicate whether you agree or disagree with the following statement.

'When I order a thyroid function test for my patients diagnosed with HT, I usually order a free T3/T3 level as well.'

Agree

Undecided

Disagree

15. In which of the following situations would you consider thyroid autoantibody tests as positive?

I would consider any value above the reference range as positive.

I would consider as positive if it is at least twice the upper limit or higher .

I would consider as positive if it is at least 3 times the upper limit or higher.

Other:

16. Which of the following is your general approach towards monitoring thyroid autoantibodies?

I do not recheck during follow-up.

I request TPO-ab (+/-TG-ab) every 6 months.

I request TPO-ab (+/- TG-ab) once a year.

I request TPO-ab (+/- TG-ab) every 2-3 years.

In special cases (with need for increased drug dose, progression in goiter stage, etc). I recheck to define if titers have increased.

Other:

17. Which of the following is your general approach towards performing a thyroid US during follow-up?

I do not request an US during follow-up unless there are new physical examination findings.

I request an US every 6 months.

I request an US once a year.

I request an US every 2 years.

I request an US every 3 years or less frequently.

18. If you routinely perform thyroid US during follow-up, please answer question number 17 (otherwise, go to the next question).

I would like to perform thyroid US regularly at certain intervals during follow-up because.... (more than one option can be ticked)

Thyroiditis may contribute to the development of thyroid nodule and thyroid carcinoma.

There is an increased risk of thyroid lymphoma in patients with thyroiditis.

US findings related to thyroiditis may regress during follow-up, therefore I perform it for follow-up.

I don't think that it would be a risky situation, but I would like to perform it as a routine.

Other:

19. Please indicate whether you agree or disagree with the following statement.

'When I give information about the diagnosis of Hashimoto's thyroiditis (HT) to the patients and/or their relatives, I also inform that the disease lasts a lifetime.'

Agree

Undecided

Disagree

20. Please indicate whether you agree or disagree with the following statement.

'When I give information about the diagnosis of HT to the patients and/or their relatives, I also inform that there may be a risk of thyroid cancer.'

Agree

Undecided

Disagree

21. Please indicate whether you agree or disagree with the following statement.

'When I give information about the diagnosis of HT to the patients and/or their relatives, I also inform that their thyroid functions may change over time.'

Agree

Undecided

Disagree

22. Which of the following is the most appropriate option regarding goiter evaluation for you?

I only do a physical examination, I do not need a thyroid US.

I definitely request a thyroid US, it is enough for me if the radiologist indicates whether the thyroid size is increased or not.

I definitely request a thyroid US, I also evaluate by calculating the volume-standard deviation score according to the dimensions given in the US.

23. In which of the following situations would you start thyroid hormone treatment in a patient diagnosed with HT who has subclinical hypothyroidism but without goiter?

If TSH is above 5 IU/L

If TSH is above 10 IU/L

If the TSH value is above the reference range given by the laboratory

Other:

24. In which of the following situations would you start thyroid hormone therapy in a patient diagnosed with HT who has subclinical hypothyroidism and goiter?

If TSH is above 5 IU/L

If TSH is above 10 IU/L

If the TSH value is above the reference range given by the laboratory

Even if the patient is euthyroid, I would start thyroid hormone therapy to suppress TSH in the presence of goiter.

Other:

25. Which of the following would you use as the upper limit for TSH in an obese patient diagnosed with HT?

I would use the upper limit of the reference range according to age.

Regardless of age, I would use the upper limit of the reference range recommended by the laboratory.

Regardless of the laboratory and age-appropriate reference ranges, I would use 5 IU/L as the upper limit.

Regardless of the laboratory and age-appropriate reference range, I would use 10 IU/L as the upper limit.

Other:

26. Which of the following is your general approach towards giving information about the duration of treatment to a patient/family diagnosed with HT and started thyroxine treatment?

I do not give information about the duration of treatment.

I inform that the treatment will be lifelong.

If the patient is a child, I inform that the treatment will continue until the end of puberty.

I inform that the need for medication may disappear at any time during the follow-up and that I may try to stop the treatment.

Other

27. I give information to the patient/family diagnosed with HT about the side effects of thyroxine treatment.

Agree

Undecided

Disagree

28. Which of the following is your general approach to discontinue thyroid hormone treatment in a patient who is diagnosed with HT and started treatment?

I do not recommend to discontinue, but I make a dose adjustment according to the thyroid function test results.

If the patient is still euthyroid, I try to discontinue at the end of the first year.

If the patient is still euthyroid, I try to discontinue at the end of the 2nd year

If the patient is still euthyroid, I try to discontinue at the end of the 3rd year

If the patient is still euthyroid, I try to discontinue at the end of puberty.

29. Which of the following is your general attitude towards scanning other autoimmune (AI) diseases that may be associated with HT?

If there is a sign of an associated AI disease, I would scan.

If there is another AI disease in the family, I would scan.

I do it in every patient diagnosed with HT.

Other

30. Which of the questions about diet and nutritional supplements do you ask your patients? (more than one option may be ticked).

I don't ask any question about this topic.

I ask the amount of daily salt consumption.

I ask if the salt consumed is iodized.

I ask if they take selenium supplement.

I ask if they have gluten consumption.

I ask if they they take vitamin D supplement.

I ask if they have guatrogen food consumption.

I ask if they use any goitrogen drug.

31. In a patient with HT, which of the following is your general approach regarding urinary iodine analysis?

It must be definitely performed.

Depending on the diet characteristics (salt type, amount of salt, etc.) it may be performed if necessary.

There is no need to perform.

Other:

32. Please complete 'To my patients diagnosed with HT …' (more than one option may be ticked).

I recommend to use non-iodized salt.

I recommend to use iodized salt.

After determining the urine iodine levels, I recommend to use of iodized/non-iodized salt if it is necessary.

I do not make any suggestion regarding the use of salt unless they ask.

33. If you recommend to use non-iodized salt, please answer this question (otherwise, go to the next question).

I recommend to use non-iodized salt to my patients with HT because… (more than one option may be ticked)

Iodine excess is a common condition in our country.

Iodine intake can aggravate HT.

By removing iodine from the diet, antibody levels decrease.

By removing iodine from the diet, patients with hypothyroidism/subclinical hypothyroidism may become euthyroid.

Using non-iodized salt is a popular topic in the media, it is not possible to convince my patients/families otherwise.

It may pave the way for the development of other AI diseases.

34. Which of the following do you recommend to your patients regarding gluten-free diets for cases with HT?

I do not make any recommendation regarding gluten consumption to my patients diagnosed with HT unless they ask.

I do not recommend restriction of gluten.

I definitely recommend a gluten-free diet.

I only recommend a gluten-free diet if they have overt/subclinical hypothyroidism.

Other:

35. Which of the following is your general approach towards measuring selenium levels in patients with HT?

It is not necessary.

It would be better to measure.

It should definitely be measured.

I am undecided.

36. Which of the following does fit best your opinion regarding selenium supplementation in cases with HT?

I think that it is definitly unnecessary.

After measuring the selenium level in blood or urine, it may be given if necessary.

I am undecided/have no opinion on selenium supplementation

If the patient is euthyroid, it is not necessary, but I recommend selenium supplementation in cases with overt/subclinical hypothyroidism.

I think that it should be given.

37. If you recommend selenium supplementation to your patients, please answer this question (otherwise, go to the next question).

I recommend selenium supplementation because… (more than one option may be ticked)

I think that in our country children do not receive enough selenium.

Selenium deficiency may exacerbate autoimmunity.

Antibody levels decrease by selenium supplementation.

Patients with overt/subclinical hypothyroidism may become euthyroid by selenium supplementation.

Selenium supplementation is a popular topic in the media, it is not possible to convince my patients/families of my patients otherwise.

38. Which of the following is your general approach towards to measure vitamin D levels in cases with HT?

It is not necessary.

It would be better to measure.

It should definitely be measured.

I am undecided.

39. Which of the following is your opinion about vitamin D supplementation in cases with HT?

I think that it is unnecessary.

It may be given according to the 25-hydroxy vitamin D level.

If the patient is euthyroid, it is not necessary, but I recommend selenium supplementation in cases with overt/subclinical hypothyroidism.

Daily maintenance dose (600 IU) should be given regardless of the 25-hydroxy vitamin D level.

High doses (higher than the maintenance dose) should be given regardless of the 25-hydroxy vitamin D level.

I am undecided.

40. If you recommend high dose vitamin D supplementation to your patients with HT, please answer this question (otherwise you can finish the survey).

'I recommend high dose vitamin D supplementation because….' (more than one option may be ticked)

Vitamin D deficiency is a very common problem in our country.

Vitamin D deficiency may exacerbate autoimmunity.

Antibody levels decrease with vitamin D supplementation.

Patients with overt/subclinical hypothyroidism may become euthyroid by vitamin D supplementation.

41. Do you recommend low-dose Laser treatment for your patients diagnosed with HT?

I do not recommend because its effectiveness and long-term effects are not known.

I refer my patients who request it, because I think that it will not cause any serious side effect.

I recommend to my patients because I think that it is effective.

I am undecided.

42. If there is another topic/topics that you find important in the treatment and follow-up of HT, but not asked in the survey, please indicate:

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