

## **Supplemental Material 1. SMART COLLABORATORS**

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## Supplemental Material 2. Delphi methodology for the SMART study

<p>General Principles of the Delphi method</p>	<ul style="list-style-type: none"> <li>•Structured communication for consensus-building among an expert group</li> <li>•Controlled and structured group interaction including statistical group response</li> <li>•Useful if evidence is ambiguous &amp; judgmental assessment should be achieved</li> <li>•Anonymity between participants to avoid dominance of individual participants</li> <li>•Iteration - repeated presentation of statements</li> </ul>
<p>Stages of Delphi based Consensus Statements</p>	<ul style="list-style-type: none"> <li>•Definition of research topics</li> <li>•Literature research</li> <li>•Developing a questionnaire of statements</li> <li>•Conduction of anonymous iterative web-based questionnaire rounds</li> <li>•Providing individual and/or group feedback between Delphi rounds</li> <li>•Summarizing the feedback</li> </ul>
<p>Panelists</p>	<p>International experts in anal fistula anatomy, EAUS or MRI imaging of anal fistulas or in anal fistula surgery were invited to be part of the panel, based on (a) publication record in the field, (b) clinical expertise regarding the guideline topic, (c) potential conflicts of interest.</p>
<p>Bibliography</p>	<ul style="list-style-type: none"> <li>•Literature research in the databases (PubMed, Medline, Cochrane Library, Embase, WoS), with a review filter (PubMed), searching the terms: anal endosonography, anal fistula and anorectal fistula imaging, anal fistula and anorectal fistula surgery, anorectal ultrasound, endoanal ultrasound, EAUS, fistula-in-ano, magnetic resonance imaging, MRI.</li> </ul>

	<ul style="list-style-type: none"> <li>•A digital SMART library was prepared.</li> <li>•Level of scientific evidence of each article was assessed on a 5-item scale according to the Oxford Centre for Evidence-Based Medicine 2011 Levels of Evidence (<a href="https://www.cebm.net/wp-content/uploads/2014/06/CEBM-Levels-of-Evidence-2.1.pdf">https://www.cebm.net/wp-content/uploads/2014/06/CEBM-Levels-of-Evidence-2.1.pdf</a>)</li> </ul>
<p>Statements Development</p>	<p>The project leaders developed statements to questions, following agreed scheme:</p> <ul style="list-style-type: none"> <li>•One statement as an answer to one assigned question of table 1</li> <li>•Short discussion for the statement supplemented with references</li> <li>•Reference list with assignment of the scientific level of evidence for each article</li> <li>•If scientific evidence was absent, experts might have proposed an expert opinion (level of evidence: 5)</li> </ul>
<p>Delphi rounds &amp; scoring method</p>	<ul style="list-style-type: none"> <li>•Panelists were invited to complete a questionnaire using a web-based survey administration software. The questionnaire included questions, statements, discussion, references, including assigned level of scientific evidence</li> <li>•Likert-type scale between 0-10 served for panelists' scoring: 0-3 reflects complete disagreement, 4-7 reflects neither agreement nor disagreement, <math>\geq 8</math> reflects complete agreement</li> <li>•Panelists were invited to comment on the phrasing or content of each statement, particularly if their rating did not reflect full agreement (scoring <math>\leq 7</math>)</li> <li>•Statistics of group agreement and graphs illustrating the level of agreement for each question and statement obtained in the previous Delphi round were included in the subsequent Delphi rounds</li> </ul>

	<ul style="list-style-type: none"> <li>•As explained during the first meetings of the panel, participants who will not reply to one round will not be included in the following rounds</li> </ul>
Revision between Delphi rounds	<ul style="list-style-type: none"> <li>•Questions and statements underwent revision according to the scores, suggestions and comments of the panelists of the first and second Delphi rounds to prepare subsequent round</li> </ul>
Group consensus & Termination of Delphi	<ul style="list-style-type: none"> <li>•Group consensus: <math>\geq 80\%</math> of the panel rated the items <math>\geq 8</math></li> <li>•Termination of consensus-building process: maximum of 3 Delphi rounds or achievement of group consensus for each statement in the first/second Delphi round</li> </ul>

### Supplemental Material 3. Oxford Centre for Evidence-Based Medicine 2011 Levels of Evidence

Question	Step 1 (Level 1*)	Step 2 (Level 2*)	Step 3 (Level 3*)	Step 4 (Level 4*)	Step 5 (Level 5)
<b>How common is the problem?</b>	Local and current random sample surveys (or censuses)	Systematic review of surveys that allow matching to local circumstances**	Local non-random sample**	Case-series**	n/a
<b>Is this diagnostic or monitoring test accurate?</b> (Diagnosis)	Systematic review of cross sectional studies with consistently applied reference standard and blinding	Individual cross sectional studies with consistently applied reference standard and blinding	Non-consecutive studies, or studies without consistently applied reference standards**	Case-control studies, or "poor or non-independent reference standard**	Mechanism-based reasoning
<b>What will happen if we do not add a therapy?</b> (Prognosis)	Systematic review of inception cohort studies	Inception cohort studies	Cohort study or control arm of randomized trial*	Case-series or case-control studies, or poor quality prognostic cohort study**	n/a
<b>Does this intervention help?</b> (Treatment Benefits)	Systematic review of randomized trials or <i>n-of-1</i> trials	Randomized trial or observational study with dramatic effect	Non-randomized controlled cohort/follow-up study**	Case-series, case-control studies, or historically controlled studies**	Mechanism-based reasoning
<b>What are the COMMON harms?</b> (Treatment Harms)	Systematic review of randomized trials, systematic review of nested case-control studies, <i>n-of-1</i> trial with the patient you are raising the question about, or observational study with dramatic effect	Individual randomized trial or (exceptionally) observational study with dramatic effect	Non-randomized controlled cohort/follow-up study (post-marketing surveillance) provided there are sufficient numbers to rule out a common harm. (For long-term harms the duration of follow-up must be sufficient.)**	Case-series, case-control, or historically controlled studies**	Mechanism-based reasoning
<b>What are the RARE harms?</b> (Treatment Harms)	Systematic review of randomized trials or <i>n-of-1</i> trial	Randomized trial or (exceptionally) observational study with dramatic effect			
<b>Is this (early detection) test worthwhile?</b> (Screening)	Systematic review of randomized trials	Randomized trial	Non-randomized controlled cohort/follow-up study**	Case-series, case-control, or historically controlled studies**	Mechanism-based reasoning

\* Level may be graded down on the basis of study quality, imprecision, indirectness (study PICO does not match questions PICO), because of inconsistency between studies, or because the absolute effect size is very small; Level may be graded up if there is a large or very large effect size.