Supplementary material

Patient record form example

Instructions for the veterinarian to be displayed in red at the top of the screen:

Considering your practice from February 2021 until now, for the purposes of this study, and to better understand pet owner compliance, please complete the following forms for 5-7 patients meeting the following criteria:

All must have been diagnosed or suspected of Osteoarthritis (OA) pain

<u>All currently being prescribed with bedinvetmab</u>

Patients must be aged 12 months +

Please do not enter any patients who are currently pregnant or lactating animals

In case you have more than 5-7 patients in your practice with the above profile, please choose and describe the most average cases for your practice.

PATIENT DEMOGRAPHICS AND DISEASES STATUS		
D1	Age	_____ years and ___ months
D2	Gender	1. Male 2. Female
D3	Weight	____ kg
D4a	Diagnosis	1. Diagnosed OA 2. Suspected OA
D4b	Severity stage	1. Mild (early stage) osteoarthritis - dog experiencing intermittent pain and showing intermittent signs of lameness that resolve after rest and that may be more apparent after sudden bouts of exercise) 2. Moderate (mid-stage) osteoarthritis - dog experiencing chronic pain and becoming exercise intolerant, may hesitate or show difficulty jumping into car or going up stairs and more likely to lag behind during walks) 3. Severe (late stage) osteoarthritis - dog experiencing chronic pain and losing ability to walk and muscle wasting in affected limbs SINGLE CHOICE

D4c	Do you use a standard method of staging dogs with OA?	1. Yes, please explain: _____ 2. No
D5a	**If D4a=2:** First suspicion of OA or first recommendation for pain management	|_|_| (MM) |_|_|_|_| (YYYY)
D5b	**If D4a=1**: Date of diagnosis	|_|_| (MM) |_|_|_|_| (YYYY)
D6	Comorbidities or associated conditions	1. Oral infection (Tartar and gingivitis) 2. Ear infection 3. Itchy skin/ skin infections 4. Urinary problems 5. Obesity 6. Diabetes 7. Cardiac disease 8. Renal impairment 9. Others, please specify: _____
D7a	What were the signs or history that made you suspect OA pain?	1. Agitation during palpation of the limbs and joints 2. The dog had difficulty standing/sitting 3. The dog was limping or reluctant to walk 4. The dog became depressed and/or less social 5. Owner reported signs of OA pain and/or change in activity level 6. Others, please specify: _____
D7b	**If D4a=1:** How was the OA diagnosis established?	1. Palpation of the limbs and joints to assess for painful response 2. Thickening of the joint capsule 3. Accumulation of joint fluid (effusion) or osteophytes 4. Muscle atrophy 5. X-ray 6. Others, please specify: _____ **MULTIPLE CHOICE**
D8	How many times have you seen this patient to check and follow-up the OA condition / evolution?	Number of years:_____ Average number of times / year:_____ **NUMERIC INPUT, ALLOW 1-99**

D9	Do you recommend regular bloodwork for this patient?	1. Every 6 months 2. Every year 3. No regular bloodwork, only as needed **SINGLE CHOICE**
D9a	**If D9=1 or 2:** Are you planning to continue with this bloodwork screening?	1. Yes 2. No -> **if selected:** Why? _____
Q1	Did this patient receive another treatment for OA pain before starting Librela?	1. Yes -> **Continue with P1** 2. No -> **Continue with T1**

PREVIOUS TREATMENT (the OA Pain treatment before starting Librela)		
P1	Patient previous treatment categories for OA pain: **MULTIPLE CHOICE**	1. Oral treatment 2. Injectable treatment 3. Nutraceutical 4. Physical therapy 5. Other, please specify: _____
P2	Patient previous OA pain treatment details	• **If P1=1:** • Oral treatment details: • Type (NSAID/ Steroids etc.): _____ • Brand: _____ • Dose: _____ mg/ kg • Treatment Start date: __/__/___ **(DD/MM/YYYY)** • Treatment Stop date, if applicable: __/__/___ **(DD/MM/YYYY)** • • **If P1=2:** • Injectable treatment details: • Type (NSAID/ Cartrophen/ Steroids etc.): _____ • Brand: _____ • Dose: _____ mg/ kg • Treatment Start date: __/__/___ **(DD/MM/YYYY)** • Treatment Stop date, if applicable: __/__/___ **(DD/MM/YYYY)** • • **If P1=3:** • Nutraceutical treatment details: • Brand: _____ • Dose: _____ mg/ kg

		• Treatment Start date: __/__/___ **(DD/MM/YYYY)** • Treatment Stop date, if applicable: __/__/___ **(DD/MM/YYYY)** • • **If P1=5:** • Other treatment details: • Brand: _____ • Dose: _____ mg/ kg • Treatment Start date: __/__/___ **(DD/MM/YYYY)** • Treatment Stop date, if applicable: __/__/___ **(DD/MM/YYYY)** •

• **OA PAIN TREATMENTS SINCE STARTING PATIENT ON LIBRELA**		
T1	What is the dosing frequency of Librela you recall that you recommended for this patient?	1. Monthly 2. Other, please specify frequency: _____
T2	Librela treatment details for this patient. PLEASE CHECK THE PATIENT'S FILE AND DETAIL ALL ADMINISTRATIONS WITH LIBRELA	• • **FIRST ADMINISTRATION OF LIBRELA** • T2a. Total 1mL Vial/s Delivered: _____ • • **ALLOW MULTIPLE ENTRIES FROM BELOW LIST, Allow numeric entries for the following between 0-1 (i.e. 5mL, 1mL,.75mL):** • T2a. Form: • 1. 5mg, ____ _mL Delivered (1mL Vial) • 2. 10mg, _____mL Delivered (1mL Vial) • 3. 15mg,____ _mL Delivered (1mL Vial) • 4. 20mg,___ __mL Delivered (1mL Vial) • 5. 30mg, ____ mL Delivered (1mL Vial) • • T2b. Treatment date: __/__/___ **(DD/MM/YYYY)**
		• **SECOND ADMINISTRATION OF LIBRELA** (**REPEAT QUESTIONS T2a-T2b**) • • **REPEAT QUESTIONS T2a-T2b FOR AS MANY ADMINISTRATIONS AS NEEDED**

T3	What were the reasons for starting treatment with Librela in this patient?	1. Decrease the number of medications for this patient 2. Did not achieve complete pain reduction/ efficacy with previous treatment 3. Safety concerns with previous treatments 4. Diagnostic blood test results showing negative impact on organ function 5. Patient starting therapy/ no previous treatment 6. Improve compliance 7. Librela became available 8. Pet owner request 9. Others, please specify: _____ **MULTIPLE CHOICES. ROTATE OPTIONS**
T4	When is the patient scheduled to receive their next injection?	Date: __/__/___ **(DD/MM/YYYY)**
T5	If the patient did not receive the recommended monthly dosing, why was this?	1. Cost 2. Scheduling difficulty/busy lifestyle 3. Dog didn't seem to need it yet 4. Pet owner chose to discontinue Librela 5. Not applicable, all monthly doses received (**EXCLUSIVE OPTION**) 6. I recommend less frequent dosing 7. Other, please specify: _____ • **MULTIPLE CHOICE** •
T6	How satisfied are you with the results following the treatment with Librela?	• 1=Not satisfied at all • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10=Fully satisfied
T7	**If T6=1,2,3 or 4**: Why are you not satisfied with the results in this patient? **Open-ended question**	• _____
T8	Since this patient started on Librela, what other medications is	1. I added these product (s) to the treatment, please detail the change and the reason: Product 1 _____ Reason: _____

	this patient receiving as part of their osteoarthritis management?	Product 2 _____ Reason: _____ **Add as many input boxes as needed** 2. I continued with: Product 1 _____ for ____ days Product 2 _____ for ____ days **Add as many input boxes as needed** 3. I discontinued with: Product 1 _____ for __ weeks Reason:_____ Product 2 _____ for __ weeks Reason:_____ **Add as many input boxes as needed** 4. No other treatment since starting Librela (**EXCLUSIVE OPTION**) • **MULTIPLE CHOICE**

➔ **REPEAT D1-T8 FOR 5-7 PATIENTS**

T9. What is the cost that you charge a dog owner for one Librela dose for a 20kg dog? Please provide all that is applicable.

Visit Fee	_____ **(local currency)**
Injection Fee	_____ **(local currency)**
Librela Cost	_____ **(local currency)**
VAT or other taxes	_____ **(local currency)**

End of form.