Supplementary Table 1. Points relevant to clinical trials that were rejected in the eDephi process, showing strength of recommendation (A-D) based on available evidence, according to the scale (A to D) recommended by the Oxford Centre for Evidence-based Medicine. The level of agreement (0-10 scale) amongst participants is also shown, represented by mean scores and the percentage of respondents who scored the point ≥6/10.

<table>
<thead>
<tr>
<th>Point</th>
<th>Strength of recommendation</th>
<th>Number of respondents</th>
<th>Mean score (sd)</th>
<th>%≥6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guidance relevant to clinical trials</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>A focus score for follow-up samples should only be provided where the baseline sample has features consistent with FLS.</td>
<td>D</td>
<td>37</td>
<td>6.1 (3.4)</td>
</tr>
<tr>
<td>2</td>
<td>Consideration should be given to the measurement of the percentage of plasma cells positive for IgA and IgG</td>
<td>C/D</td>
<td>37</td>
<td>6.6 (2.3)</td>
</tr>
<tr>
<td>3</td>
<td>Consideration should be given to measuring glandular epithelial cell MHC class II expression</td>
<td>C/D</td>
<td>37</td>
<td>6.3 (2.3)</td>
</tr>
<tr>
<td>4</td>
<td>Despite the apparent stability or slow progression of histological features, a placebo group should preferably be included in a single agent study even in early phase mechanism-of-action studies where this is the primary outcome, until further experience with the heterogeneity of sampling is achieved.</td>
<td>D</td>
<td>38</td>
<td>7.0 (2.5)</td>
</tr>
</tbody>
</table>