Online supplementary Table 1. Key word combination

("Arthritis"[Mesh] OR "Rheumatic Diseases/complications*"[Mesh] AND (« guideline » OR « practice guideline ») in PubMed database; "rheumatoid arthritis/ or rheumatic disease/ *practice guideline/ EXCLUDE MEDLINE" in Embase database.

In some domains, no recommendation was available in the context of CIRDs. Therefore we used another key word combination in order to search for recommendation in the general population: PUBMED ("Neoplasms"[Mesh] AND (Guideline[ptyp] OR Practice Guideline[ptyp]) AND ESMO) OR ("Diverticulitis"[Mesh] OR "Peptic Ulcer"[Mesh]) AND (Guideline[ptyp] OR Practice Guideline[ptyp]) OR ("Depression"[Mesh] AND (Guideline[ptyp] OR Practice Guideline[ptyp])) in PubMed database; "Diverticulitis /* practice guideline/ EXCLUDE MEDLINE" OR "Peptic ulcer/ *practice guideline/ EXCLUDE MEDLINE" OR "exp depression/di [Diagnosis]/*practice guideline/ EXCLUDE MEDLINE" OR "exp neoplasm/di [Diagnosis] *practice guideline/ EXCLUDE MEDLINE" OR " exp infection/di [Diagnosis / *practice guideline/ EXCLUDE MEDLINE" OR "exp osteoporosis/ *practice guideline/ EXCLUDE MEDLINE" OR "exp cardiovascular disease/di [Diagnosis]/ EXCLUDE MEDLINE" OR "infection prevention/ *practice guideline/ EXCLUDE MEDLINE" in Embase database.

Online supplementary Table 2- the standardized reporting form

CARDIOVASCULAR COMORBIDITY

REPORT			
Has the patient ever had a diagnosis of…	**No**	**Yes**	**If yes, year of diagnosis**
…ischemic cardiovascular disease including myocardial infarction, pectoris angina or a stent	☐	☐	
…either stroke or transient ischemic attack	☐	☐	
…heart failure	☐	☐	
…lower limb peripheral arterial disease	☐	☐	

RISK FACTORS

Smoking status	☐ never ☐ ever but cessation <1 year ago	☐ ever but cessation >1 year ago ☐ ongoing
Height . m	**Weight kg**	**Body Mass Index . kg/m2**
Diabetes	☐ no ☐ yes, and treated ☐ yes, but not treated	Last year glycemia was screened: ☐ never done ☐ don't know
Hypertension	☐ no ☐ yes, and treated ☐ yes, but not treated	Last year blood pressure was taken: ☐ never done ☐ don't know
Hypercholesterolemia	☐ no ☐ yes, and treated ☐ yes, but not treated	Last year lipids were screened: ☐ never done ☐ don't know
Renal insufficiency	☐ no (GFR[1] >60) ☐ yes, moderate (GFR 30-60) ☐ yes, severe (GFR<30)	Last year GFR was estimated: ☐ never done ☐ don't know
Calculation of the global cardiovascular risk on the HEART-Score® ?	Year:	Score % ☐ never done

Treatments	No	Yes
Antihypertensive therapy	☐	☐
Anti-platelet therapy	☐	☐
Diabetes insulin or non insulin therapies	☐	☐
Lipid lowering agents (statins or not)	☐	☐
Anticoagulants (including heparin and non-heparin)	☐	☐

[1] Glomerular Filtration Rate, in ml/min

MALIGNANCIES

REPORT			
Has the patient ever had a diagnosis of…	**No**	**Yes**	**If yes, year of diagnosis**
Any cancer	☐	☐	
Breast cancer	☐	☐	
Prostate cancer	☐	☐	
Cervix cancer	☐	☐	
Uterus cancer	☐	☐	
Lung cancer	☐	☐	
Colon cancer	☐	☐	
Non-melanoma skin cancer	☐	☐	
Melanoma	☐	☐	
Pancreas cancer	☐	☐	
Brain cancer	☐	☐	
Metastasis without known origin	☐	☐	
Hodgkin's disease	☐	☐	
Non-Hodgkin lymphoma	☐	☐	
Other cancer (specify):	☐	☐	

RISK FACTORS-SCREENING		
Breast (women)	Mammography	Year of last one ☐ Never done
	Family history[2]	☐ Yes ☐ No ☐ Don't know
Cervix (women)	Pap smear	Year of last one ☐ Never done
Skin	Visit to a dermatologist	Year of last one ☐ Never done
Colon	Faecal occult blood test	Year of last one ☐ Never done
	Colonoscopy	Year of last one ☐ Never done
	Family history[3]	☐ Yes ☐ No ☐ Don't know
	Personal history of Inflammatory Bowel	☐ Yes ☐ No ☐ Don't know

[2] 1st and 2nd degree relatives: female with breast <50 years, or male breast cancer.
[3] 1st and 2nd degree relative with a colon/rectum cancer <50 years

Disease

INFECTIONS

REPORT	No	Yes	If yes				
Has the patient ever had a diagnosis of… **Latent tuberculosis**	☐	☐	year of diagnosis		Yes	No	Unavailable
				Calcifications on chest X-Ray	☐	☐	
				Positive tuberculin skin test	☐	☐	
				Positive Interferon-gamma release assay	☐	☐	
Active tuberculosis	☐	☐	year of diagnosis	Location: ☐ Pulmonary ☐ Lymph node ☐ Skeletal ☐ Other (specify):			

Since the last review, has the patient had any **serious**[4] **infection**?	☐ No ☐ Yes, one ☐ Yes, multiple

If the patient had any serious infection, indicate type of infection and/or micro-organism and date:

Bacterial infections	Date[5]	**Parasitic infections**	Date
☐ Bacillar angiomatosis		☐ Chronic (> 1 month) Intestinal isospora infection	
☐ Listeriosis		☐ Visceral leishmaniasis	
☐ Non-tuberculous mycobacterial infection[10]		☐ Toxoplasma encephalitis[10]	
☐ Nocardiosis		☐ Strongyloides hyperinfection syndrome	
☐ *Salmonella* bacteriemia		☐ other parasitic (specify):	
☐ *Streptococcus pneumoniae*		**Fungal infections**	
Viral infections		☐ Invasive aspergillosis [10]	
☐ CMV-disease [6, 10]		☐ Disseminated or esophageal candidiasis	
☐ Disseminated Herpes Simplex Virus-infection [10]		☐ *Pneumocystis jiroveci* pneumonia [10]	
☐ Progressive Multifocal Leucencephalopathy		☐ Disseminated/extra-pulmonary coccidioidomycosis [10]	
☐ Chickenpox[7]		☐ Extra-pulmonary cryptococcosis [10]	
☐ Herpes zoster[9, 10]		☐ Chronic (> 1 month) intestinal cryptosporidiosis	
☐ HIV		☐ Disseminated or extra-pulmonary histoplasmosis [10]	
☐ HBV		☐ other fungi (specify):	
☐ HCV			
☐ other virus (specify):			

[4] Life threatening, requiring or prolonging hospitalization, significant persistent disability.

[5] mm/yy

[6] Biomarkers AND > 1 one affected organ

[7] hemorragic cutaneous or with visceral disease

[9] with > 1 dermatoma and/or ophtalmological and/or central nervous system

[10] infections with potential reactivation

Vaccinations	**Status: vaccination performed as recommended?**			
	Unknown	No	Yes	If yes, last date
Influenza	☐	☐	☐	
Streptococcus pneumoniae	☐	☐	☐	
Herpes zoster	☐	☐	☐	
Human papillomavirus	☐	☐	☐	
Poliomyelitis	☐	☐	☐	
Diphteria	☐	☐	☐	
Tetanus	☐	☐	☐	
Hepatitis B	☐	☐	☐	
BCG vaccination	☐	☐	☐	

PEPTIC ULCER

REPORT	Yes	No	Date of last episode
Has a diagnosis of gastroscopy-proven peptic ulcer ever been made?	☐	☐	

RISK FACTORS	Yes	No
In case of chronic intake of NSAIDs as the patient ever had an evaluation of the global risk of peptic ulcer?	☐	☐
Age > 65	☐	☐
Proton Pump Inhibitor intake	☐	☐
Personal history of complicated ulcer	☐	☐
Current use of Aspirin	☐	☐
Current use of NSAIDs	☐	☐
Current use of corticosteroids	☐	☐
Current use of anticoagulants	☐	☐
Helicobacter Pylori infection	☐	☐

OSTEOPOROSIS

REPORT	Yes	No	Date of last episode
Since the last review, has the diagnosis of an osteoporotic fracture been made? If yes, indicate location of fracture and date:	☐	☐	
☐ proximal femur / femoral neck			
☐ proximal humerus			
☐ vertebrae			
☐ wrist			
☐ ≥3 ribs			
☐ Pelvis/Sacrum			
☐ Other (specify):			

RISK FACTORS	Yes	No	Don't know
Age years			
Body Mass Index <19	☐	☐	☐
Physical activity : less than 30 min/day	☐	☐	☐
Corticosteroid : exposure of at least 5mg/day for longer than 3 months	☐	☐	☐
Alcohol : more than 3 units / day	☐	☐	☐
Family history of femoral neck fracture (mother or father)	☐	☐	☐
Secondary osteoporosis [11]	☐	☐	☐

Bone mineral density	**Date of last DEXA:**	**Check if never done** ☐
	Lowest T score: standard deviation	
FRAX[12]: (Risk of fracture at 10 years)	**Major: %**	**Hip: %**

TREATMENTS	Never	Yes but stopped	Yes, ongoing	Don't know
Calcium supplementation	☐	☐	☐	☐
Vitamin D supplementation	☐	☐	☐	☐
Bisphophonates	☐	☐	☐	☐
Strontium Ranelate	☐	☐	☐	☐
Raloxifene	☐	☐	☐	☐
Teriparatide	☐	☐	☐	☐
Denosumab	☐	☐	☐	☐

[11] These include type I (insulin dependent) diabetes, osteogenesis imperfecta in adults, untreated long-standing hyperthyroidism, hypogonadism or premature menopause (<45 years), chronic malnutrition, or malabsorption and chronic liver disease

[12] https://www.shef.ac.uk/FRAX/tool.jsp

DEPRESSION

REPORT	**Yes**	**No**	**Date of last episode**
Has the patient been formally diagnosed with depression?	☐	☐	
SCREENING	**Yes**	**No**	**Date of last screening**
If no, has the patient been screened for depression?	☐	☐	
TREATMENT	**Yes**	**No**	**Treatment received**
If yes, is the patient receiving pharmacological treatment for depression?	☐	☐	

Online supplementary Figure 1. Flow chart for the hierarchical literature review of recommendations on **reporting or detecting prevalent comorbidities, screening for comorbidity or for risk factors and treatments/vaccination.**

* Recommendations for screening a comorbidity in the general population were not included when a recommendation for screening this comorbidity in chronic inflammatory rheumatic diseases was found