

## Material and methods

Eight Belgian rheumatology centers and 3 international gastroenterologists were contacted for inclusion of IBD patients with arthritis and/or sacroiliitis under vedolizumab. In total, 12 patients with increased musculoskeletal pain had been registered by the correspondents. However, only 5 patients had sufficiently documented arthritis and/or sacroiliitis for inclusion. All patients were recruited retrospectively from daily clinical practice. All of the included patients had been referred to a rheumatologist by their treating gastroenterologist for diagnostic work-up. Arthritis was defined as the presence of intra-articular fluid in the joint, documented by a rheumatologist and/or by ultrasound. Due to the retrospective nature of the case series, no uniform definition of arthritis on ultrasound was made. Minimal requirements were the presence of intra-articular fluid in combination with increased vascularization in addition to the examination being performed by a trained musculoskeletal ultrasonographer. Sacroiliitis was defined as the presence of inflammatory back pain in combination with bone marrow edema in the context of sacroiliitis on MRI of the SI joints. At the level of the gut, treatment response was evaluated by the available Harvey-Bradshaw Index (HBI) for Crohn's Disease (CD) or by the Mayo score for Ulcerative Colitis (UC) at the time of musculoskeletal symptoms.