

## Appendix: Study sites

### Supplementary information

Country	Background population and demographic
Australia	<p>The study was conducted in the geographically defined region of Geelong, located 75 km to the southwest of Melbourne. Geelong is the second largest city in the southern state of Victoria. According to the 2010 Australian census, the population of Geelong and surrounding regions was 300,000, compared to the overall Australian population of 20.4 million. The Geelong area has well-defined boundaries and is relatively geographically isolated. There is one central pathology and endoscopy center in Geelong.</p>
Mainland China	<p>The incidence study in mainland China was conducted in three geographically defined regions.</p> <p>(a) <b>Zhongshan</b>, located 70 km to the south of Guangzhou in Guangdong province. According to the 2010 Chinese census, the population of Zhongshan and surrounding regions was 1.46 million. This compares to the overall China population of 1,370 million. The Zhongshan area has well-defined boundaries and is relatively geographically isolated. There are four public hospitals and migration rates are low.</p> <p>(b) <b>Chengdu</b>, the capital of Sichuan Province, lies in the hinterland of the Chengdu Plain, in central Sichuan. The study population of 7.68 million was drawn from the 10 districts of Chengdu, which have well-defined boundaries, and are relatively geographically isolated. There are 24 hospitals involved in these districts.</p> <p>(c) <b>Xi'an</b>, In Shaanxi Province the geographically defined region of Xi'an is one of the eight-largest cities in China. Incident cases were captured from seven districts with a population of 5.13 million. Xi'an has well-defined boundaries and is relatively geographically isolated. The study population for all three areas was demographically similar in terms of age, socioeconomic status, and ethnic makeup to the rest of China.</p>
Hong Kong	<p>The study was conducted in the North East and Kowloon East territory. According to the 2011 Hong Kong population census these two territories have a population of 3.7 million people served by five public hospitals. The population is ethnically homogenous Chinese with a very low migratory rate.</p>
Indonesia	<p>The study was conducted in the geographically defined region of Central Jakarta, with a population of 912,088 based on the 2011 Jakarta City</p>

	<p>Bureau for Demographics and Civil-related Administration Census. This population accounts for 10.7% of Jakarta's total population of 8.52 million. Central Jakarta area has well-defined boundaries and high population density, and 5 public and 7 private hospitals. The study population is demographically similar in terms of age, socioeconomic status, and ethnic makeup to the rest of the Indonesian population. Ethnic groups in Jakarta mostly consists of Betawinese, Sundanese, Javanese, Minang, Chinese and Arabs.</p>
Macau	<p>Macau has a stable population of approximately 500,000 people served by two hospitals. Macau is situated southwest of Hong Kong and next to Guangzhou. 95% of Macau's population is of Chinese descent from the Guangdong Province whereas the rest are of Portugese or mixed Chinese-Portuguese ancestry. It is geographically well defined and has a stable population. All subjects with IBD will be diagnosed in these two hospitals.</p>
Malaysia	<p>The study was conducted in the geographically defined region of Kinta Valley, approximately 205km north of Kuala Lumpur. The region consists of the city of Ipoh, the capital of the state of Perak, and its surrounding towns and villages. According to the 2010 census from Department of Statistics Malaysia, the population of Kinta Valley was 852,200. Ipoh is served by 3 public and 2 private hospitals. The population of Malaysia is 28.5 million. There are three main ethnic groups in Malaysia; Malays, Chinese and Indians. The ethnic mix in Kinta Valley is representative of urban populations in Malaysia but not rural areas where the residents are predominantly Malays. It is a stable population with low migration.</p>
Singapore	<p>The background population of 3.8 million, based on the 2011 national census, constitutes the permanent citizens of Singapore. It is a highly urbanized city. There are six public and 12 private hospitals or medical centres within the catchment area. 74% of the residents are of Chinese, 13% of Malay, and 9% of Indian descent.</p>
Sri Lanka	<p>The study was conducted in the Gampaha district, which is adjoining the Colombo district. According to the 2009 census it had a population of 2.2 million of which 91% are Sinhalese, 3.6% Tamil, 3.8% Muslim and 1.7% others. The district has good health care facilities and one main referral centre for diagnosis and management of IBD. There are five other hospitals with specialist services (3 public and 2 private). Most specialists in the district cover both public and private sectors and majority of subjects diagnosed in the private sector are also captured.</p>
Thailand	<p>The incidence study in Thailand was conducted in two cities.</p>

(a) **Chiangmai** , Chiangmai metropolitan and Chiangrai metropolitan are two regions in Northern Thailand with well-defined boundaries and stable population. Chiangmai is served by one university hospital and four private hospitals and Chiangrai is served by one regional hospital. The total population of Chiangmai and Chiangrai is approximately 1.6 million people while the total population of Thailand is 66 million people

(b) **Bangkok**, the participating hospitals in Bangkok cover approximately 70% of the population in a catchment area with a population of 3.9 million. Nearby provinces in close proximity to Bangkok are Nonthaburi and Patumthani. The socioeconomic status of population in Bangkok and its boundary area is higher than the rest of the country. The ethnic of population in and around Bangkok is mainly Thai and Chinese.