**Supplementary material**

**Percent of participants (haematologists and nurses) in each country that selected the item as a barrier to optimal care**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Participants who selected item among top 2 barriers: % (n) |  |
| Barrier | **Type of participant** | **BEL\*** | **FRA** | **GER** | **ITA** | **NTL\*** | **RUS** | **SPA** | **UK** | **Total** | **Significant Difference\*** |
| Lack of access to newly approved therapies  | Haematologists (n=253) | 45% (n=9) | 34% (n=14) | 30% (n=12) | 38% (n=15) | 44% (n=4) | 39% (n=9) | 65% (n=26) | 82% (n=33) | 48% (n=122) | P ≤ 0.001 |
| Nurses(n=72) | 20% (n=1) | 30% (n=3) | 9% (n=1) | 0% (n=0) | 25% (n=1) | 18% (n=2) | 18% (n=2) | 10% (n=1) | 15%(n=11) | NS |
| GP inability to ensure detection of early signs and symptoms  | Haematologists (n=253) | 35%(n=7) | 37%(n=15) | 53%(n=21) | 43%(n=17) | 22%(n=2) | 61%(n=14) | 10%(n=4) | 8%(n=3) | 33%(n=83) | NS |
| Nurses(n=72) | 20%(n=1) | 50%(n=5) | 18%(n=2) | 60%(n=6) | 25%(n=1) | 36%(n=4) | 55%(n=6) | 40%(n=4) | 40%(n=29) | NS |
| Cumbersome process of drug reimbursement  | Haematologists (n=253) | 35%(n=7) | 7%(n=3) | 30%(n=12) | 33%(n=13) | 67%(n=6) | 17%(n=4) | 15%(n=6) | 35%(n=14) | 26%(n=65) | P = 0.016 |
| Nurses(n=72) | 0%(n=0) | 10%(n=1) | 27%(n=3) | 10%(n=1) | 25%(n=1) | 18%(n=2) | 0%(n=0) | 0%(n=0) | 11%(n=8) | NS |
| Limited access to clinical trials for patients | Haematologists (n=253) | 20%(n=4) | 20%(n=8) | 18%(n=7) | 18%(n=7) | 33%(n=3) | 13%(n=3) | 40%(n=16) | 22%(n=9) | 23%(n=57) | NS |
| Nurses(n=72) | 40%(n=2) | 10%(n=1) | 9%(n=1) | 20%(n=2) | 0%(n=0) | 18%(n=2) | 18%(n=2) | 60%(n=6) | 22%(n=16) | NS |
| Lack of resources in the day care unit | Haematologists (n=253) | 5%(n=1) | 12%(n=5) | 20%(n=8) | 10%(n=4) | 0%(n=0) | 9%(n=2) | 10%(n=4) | 23%(n=9) | 13%(n=33) | NS |
| Nurses(n=72) | 40%(n=2) | 20%(n=2) | 82%(n=9) | 20%(n=2) | 25%(n=1) | 9%(n=1) | 46%(n=5) | 30%(n=3) | 35%(n=25) | NS |
| Lack of tools for patient education | Haematologists(n=253) | 5%(n=1) | 24%(n=10) | 5%(n=2) | 13%(n=5) | 0%(n=0) | 4%(n=1) | 20%(n=8) | 5%(n=2) | 12%(n=29) | P = 0.024 |
| Nurses(n=72) | 0%(n=0) | 40%(n=4) | 9%(n=1) | 30%(n=3) | 50%(n=2) | 0%(n=0) | 9%(n=1) | 20%(n=2) | 18%(n=13) | NS |
| Lack of trained nurses (specialised in MM) | Haematologists \*(n=253) | 0%(n=0) | 22%(n=9) | 8%(n=3) | 23%(n=9) | 0%(n=0) | 0%(n=0) | 8%(n=3) | 10%(n=4) | 11%(n=28) | P = 0.029 |
| Nurses(n=72) | 60%(n=3) | 30%(n=3) | 27%(n=3) | 50%(n=5) | 25%(n=1) | 46%(n=5) | 36%(n=4) | 30%(n=3) | 38%(n=27) | NS |
| Lack of access to more precise diagnostic techniques (such as PET, MRIs and FISH) | Haematologists (n=253) | 15%(n=3) | 10%(n=4) | 13%(n=5) | 3%(n=1) | 0%(n=0) | 22%(n=5) | 10%(n=4) | 5%(n=2) | 10%(n=24) | NS |
| Nurses(n=72) | 20%(n=1) | 0%(n=0) | 0%(n=0) | 10%(n=1) | 0%(n=0) | 36%(n=4) | 0%(n=0) | 10%(n=1) | 10%(n=7) | NS |
| Lack of access to transplant centres | Haematologists (n=253) | 0%(n=0) | 15%(n=6) | 0%(n=0) | 3%(n=1) | 0%(n=0) | 26%(n=6) | 8%(n=3) | 0%(n=0) | 6%(n=16) | P ≤ 0.001 |
| Nurses(n=72) | 0%(n=0) | 0%(n=0) | 18%(n=2) | 0%(n=0) | 0%(n=0) | 0%(n=0) | 0%(n=0) | 0%(n=0) | 3%(n=2) | NS |

Abbreviations: BEL = Belgium; FRA = France; GER = Germany; ITA = Italy; NTL = Netherlands; RUS = Russia; SPA = Spain; UK = United Kingdom; NS = Not Significant.

\* Significant differences between countries using analysis of variance (ANOVA) (p < .05). The Netherlands and Belgium were excluded from cross-country analysis, due to small sample sizes.

Among a list of 9 potential barriers, participants were asked to select up to two barriers that have the most impact on their ability to provide optimal care to MM patients. Data are the percent of participants who selected the associated barriers.