

Supplementary Material

Questionnaire

Q1: What is your primary medical specialty?

- a) Haematologist/Oncologist
- b) Internal Medicine
- c) Immunologist
- d) Paediatrician
- e) Other (*please specify*)

Q2: IgG Treatment

Are you responsible for the diagnosis of secondary immune deficiency (SID) and the prescription of immunoglobulin (IgG) treatment in patients with haematological malignancies?

- a) Yes
- b) I am responsible for the diagnosis of SID but for treatment with IgG, I refer patients to the local immunologist.
- c) No (*thank and terminate*)

Choices e) and f) are only shown if respondent is from USA

Q3: Please estimate the % of time you spend caring for patients in the following settings:

- a) University/teaching hospital
- b) Other hospital
- c) Outpatient clinic
- d) Private practice
- e) Infusion clinic
- f) Homecare
- g) Other (*specify*)

Q4: Duration of clinical experience

- d) <5 years
- e) 5-15 years
- f) >15 years

Quota: 20 patients or more for hematologists / oncologists, 5 patients or more for other medical specialties.

Q5: In your practice, approximately how many patients with haematological malignancies—especially CLL and MM—have you provided care for over the last 12 months?

Indicate approximate number of patients

		Approx. # of patients
a.)	CLL	
b.)	MM	
c.)	Non-Hodgkin Lymphoma	
d.)	Other lymphoproliferative disease	

Q6: Of the patients you provided care for over the last 12 months, approximately what % underwent hematopoietic stem cell transplantation (HSCT)?

Indicate approximate % of patients

		% of patients who underwent HSCT over the last 12 months
a.)	CLL	
b.)	MM	
c.)	Non-Hodgkin Lymphoma	
d.)	Other lymphoproliferative disease	

The sum of each line has to be = 100%

Q7: For those patients that underwent HSCT over the last 12 months, please indicate which proportion underwent allogeneic HSCT vs. autologous HSCT:

Indicate approximate % of patients.

		% of patients who underwent allogeneic HSCT	% of patients who underwent autologous HSCT
a.)	CLL		
b.)	MM		
c.)	Non-Hodgkin Lymphoma		
d.)	Other lymphoproliferative disease		

Q8: What percentage of your patients develop severe or recurring infections and/or hypogammaglobulinemia (<4 g/l)?

Indicate percentage

		Severe or recurring infections	Hypogammaglobulinemia
a.)	CLL		
b.)	MM		
c.)	Non-Hodgkin Lymphoma		
d.)	Other lymphoproliferative disease		

Q9: Subsequent to an HSCT, what percentage of your patients develop severe or recurring infections and/or hypogammaglobulinemia (<4 g/l)?

Indicate percentage

		Severe or recurring infections	Hypogammaglobulinemia
a.)	CLL		
b.)	MM		
c.)	Non-Hodgkin Lymphoma		
d.)	Other lymphoproliferative disease		

Q10: In what percentage of patients do you measure serum Ig levels?

Indicate percentage

		% of patients
a.)	CLL	
b.)	MM	
d.)	Non-Hodgkin Lymphoma	
e.)	Other lymphoproliferative disease	

Q11: In what percentage of patients undergoing HSCT do you measure serum Ig levels?

Indicate percentage

		Prior to any HSCT	Subsequent to allogenic HSCT	Subsequent to autologous HSCT
a.)	CLL			
b.)	MM			
c.)	Non-Hodgkin Lymphoma			
d.)	Other lymphoproliferative disease			

Q12: When do you determine Ig levels?

		Always	Sometimes	Never
a.)	At diagnosis of haematological malignancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.)	<u>After any</u> infection occurs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.)	After the first lower respiratory tract infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.)	After <u>the first severe</u> infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.)	After <u>2 or more severe</u> infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.)	During chemotherapy treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.)	After chemotherapy treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.)	Before HSCT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.)	After HSCT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13: Which class of Igs are you measuring?

(several answers possible)

- a) IgG
- b) IgA
- c) IgM
- d) IgG subclasses

Q14: Are you measuring specific antibody responses?

- a) Yes, always
- b) No
- c) Yes, in the following cases (several answers possible):
 - i. Before and after vaccination
 - ii. After lower respiratory tract infection and low antibody responses
 - iii. After lower respiratory tract infection and failure to respond to antibiotic prophylaxis
 - iv. Other (please specify)

Q15: Do you perform test immunisation?

- a) Yes
- b) No
- c) Sometimes (please specify)

Q16: In case of hypogammaglobulinemia (IgG<4 g/l), do you prescribe infection prophylaxis in the following situations? (By prophylaxis we mean the prevention of recurring infections)

		No	Yes, antibiotics only	Yes, Ig only	Yes, both antibiotics and Ig
a.)	<u>Before any</u> infection occurs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.)	If neutropenia is present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.)	If vaccination responses against pneumococcus are insufficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.)	<u>After any</u> infection occurs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.)	After the first lower respiratory tract infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.)	After <u>the first severe</u> infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.)	After <u>2 or more severe</u> infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.)	Other (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Q17: is only shown if respondents are not using Ig prophylaxis, it's the final question for these respondents.

Q17: What are your main reasons for not using IgG therapy for prophylaxis? (By prophylaxis we mean the prevention of recurring infections)

Please rate according to importance (1 very low importance; 5 very high importance)

- a) No clear treatment recommendations 1 - 2 - 3 - 4 - 5
- b) Too little clinical evidence 1 - 2 - 3 - 4 - 5
- c) No guidelines from Haematological Organisations 1 - 2 - 3 - 4 - 5
- d) Cost or reimbursement reasons 1 - 2 - 3 - 4 - 5
- e) Other (please specify) 1 - 2 - 3 - 4 - 5

Questions Q18: to Q27: are only shown if respondents are using Ig prophylaxis

Q18: What are your main reasons for starting IgG therapy?

Please rate according to importance (1 very low importance; 5 very high importance)

- a) Level of IgG 1 - 2 - 3 - 4 - 5
- b) Severity of infections 1 - 2 - 3 - 4 - 5
- c) Frequency of infections 1 - 2 - 3 - 4 - 5
- d) Type of infections 1 - 2 - 3 - 4 - 5
- e) Resistance to antibiotic treatment 1 - 2 - 3 - 4 - 5
- f) Start of immunosuppressive therapy 1 - 2 - 3 - 4 - 5
- g) Missing specific antibody responses 1 - 2 - 3 - 4 - 5

Choice f) is shown only if respondent refers patients to an immunologist for Ig treatment

Q19: At what monthly dose do you initiate IgG therapy on average?

- a) <0.2 g/kg
- b) 0.2-0.4 g/kg
- c) 0.4-0.5g/kg
- d) >0.5 g/kg
- e) Standard dose irrespective of body weight (please specify)
- f) I don't know

Choice c) is shown only if respondent refers patients to an immunologist for Ig treatment

Q20: Do you use IgG therapy seasonally (winter only)?

- a) Yes
- b) No
- c) I don't know

Q21: is shown only if respondent refers patients to an immunologist for Ig treatment

Q21: Of the patients you referred to your local immunologist for Ig therapy over the last 12 months, do you know how many were treated with or without antibiotics in parallel?

- a) Yes
- b) No

Blue text, purple text and different columns shown based on different participant characteristics (purple text if respondent refers patients to an immunologist for Ig treatment, blue text otherwise; columns A & B if respondent knows the proportion of patients treated with and without antibiotics, column C is otherwise)

Q22: How many patients have you treated with IgG over the last 12 months?

How many patients have you referred to your local immunologist for Ig therapy over the last 12 months?

		A	B	C
		Ig with antibiotics in parallel	Ig without antibiotics in parallel	# of patients referred for Ig therapy
a.)	CLL			
b.)	MM			
c.)	Non-Hodgkin Lymphoma			
d.)	Other lymphoproliferative disease			

Choice c) is shown only if respondent refers patients to an immunologist for Ig treatment

Q23: Of the [Sum of all answers in “Q22:”] patients you have treated with Ig over the last 12 months, which percentage received intravenous (IVIG) vs. subcutaneous immunoglobulins (SCIG)?

- a) IVIG (indicate percentage)
- b) SCIG (indicate percentage)
- c) I don't know

Choice e) is shown only if respondent refers patients to an immunologist for Ig treatment

Q24: For how long do you treat the majority of your patients with Ig therapy (mean time, number of months)?

		Mean number of months	Patients who do not undergo HSCT	Patients who underwent HSCT
a.)	CLL	___ months	___ months	___ months
b.)	MM	___ months	___ months	___ months
c.)	Non-Hodgkin Lymphoma	___ months	___ months	___ months
d.)	Other lymphoproliferative disease	___ months	___ months	___ months

- e.) I don't know

Q25: What is the main reason for discontinuing IgG therapy in the majority of your patients?

(Choose one answer only)

- a) Disease remission
- b) No infections during the past 6 months
- c) IgG trough levels
- d) No infection during the past 12 months and adequate specific antibody responses
- e) Other (please specify)

Q26: How satisfied are you with Ig therapy to prevent infections?

Please rate from 5 (completely satisfied) to 1 (completely dissatisfied)

1 2 3 4 5

Q27: Do you foresee any change in your IgG therapy usage pattern in terms of frequency and indications over the next 3 years?

- a) Will use Ig more frequently and for a broader range of conditions
- b) Will use Ig as frequently as today and for a broader range of conditions
- c) Will use Ig less frequently
- d) I foresee no change in my Ig use

Please explain your choice below:

The survey is complete

Thank you for completing the survey and for your time today.