Tables and figures referred to in the poster: **Mapping of Treatment Lines and Regimens for Multiple Myeloma Patients in Sweden** 

Type of data	Parameters	Comments	Data source
Administration of cancer drugs	ATC code, Date of drug admin	Drugs with ATC-codes L01	Electronic healthcare information systems (Regions)
Prescription of cancer drugs	Date of dispense, ATC, no of packs	ATC-codes: L01, L04AX04, L04AX02 and L04AX06.	National prescription register (NBHW)
Health care visits, hospitalisations	Date of visit, cancer diagnosis and procedure	ICD-10 code of cancer diagnosis.	National Patient register (NBHW)
Descriptive information	Birthyear, Gender and Time of death	-	Prescription, patient and National cause of death registers (NBHW)

**Table S1.** Data types used in the study.

NBHW=National Board of Health and Welfare

Drug combinations not recommended in guidelines	Patient #
Cyclophosphamide	33
Ixazomib	26
Lenalidomide+pomalidomide	15
Bortezomib+cyclophosphamide+lenalidomide	11
Daratumumab+carfilzomib	10
Lenalidomide+melphalan	9
Daratumumab+pomalidomide	7
Bendamustine+lenalidomide	6
Bortezomib+cyclophosphamide+thalidomide	6
Cyclophosphamide+ixazomib	6
Cyclophosphamide+carfilzomib+lenalidomide	5
Bortezomib+lenalidomide+thalidomide	5
Cyclophosphamide+daratumumab	5
Bortezomib+daratumumab+pomalidomide	5
Ixazomib+thalidomide	5
Bendamustine+thalidomide	4
Cyclophosphamide+doxorbicin	4
Daratumumab+Carfilzomib+lenalidomide	4
Etoposide	4
Daratumumab+melphalan	4
Bendamustine+pomalidomide	4
Carfilzomib+pomalidomide	4
Bortezomib+lenalidomide+melphalan	4
Daratumumab+carfilzomib+pomalidomide	3
Total	193

**Table S2.** Most common SACT drug combinations not recommended in

**guidelines.** Only combinations used by 3 or more patients are shown. One patient could have received more than one combination.

## Figure S1. Definition of ASCT lines

Interventions were considered to belong to the (same) ASCT line if:

- Multiple ASCT events occurred within 365 days
- SACT was given within 180 days before the first ASCT event and/or within 180 days after the last ASCT event

SACT treatment that was started within 180 days after the last ASCT (maintenance treatment) will extend the line until a new drug is added or treatment is interrupted for 90 days.

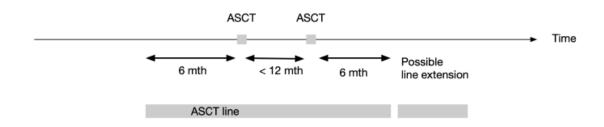


Figure S2. Treatment regimens used in 1L multiple myeloma during 2017-2021.

Number and percentage of patients receiving either of the 27 treatment regimens identified among the 1078 patients included in our dataset. Regimens are displayed from highest to lowest total use (all lines), except for the "not in guidelines" figure that is displayed furthest to the right in the graph.

