

## **APPENDIX**

### **Supplementary Figure 1.** Survey provided to urologists.

#### **Demographics**

1. What is your age?
2. Where do you practice?
3. Which of the following aligns closest to your practice centre:
  - ☐ Academic centre that provides SNM implantation/care
  - ☐ Academic centre that does not provide SNM implantation/care
  - ☐ Community centre that provides SNM implantation/care
  - ☐ Community centre that does not provide SNM implantation/care
4. Which of the following best describes your practice setting?
  - ☐ Solo practice
  - ☐ Small group practice (2-5 urologists)
  - ☐ Large group practice (>5 urologists)
5. Since finishing residency, how many years have you been in practice?

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6. Which of the following best describes your experience with SNM?

- ☐ I have not heard of SNM and have no experience with it.
- ☐ I am aware of SNM but have no experience with it.
- ☐ I am aware of SNM and have observed implantation or care of patients with implanted SNM devices.
- ☐ I am aware of SNM and have cared for patients with it.
- ☐ I am aware of SNM and have actively referred patients for consideration of SNM.
- ☐ I implant sacral neuromodulators in my practice.

**Survey Items**

1. Do you believe SNM is:

- ☐ Underutilized
- ☐ Overutilized
- ☐ Adequately Utilized
- ☐ Do not know

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2. How strongly do you agree or disagree with the following statements:

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	Strongly disagree	Somewhat disagree	Undecided or Not Applicable	Somewhat agree	Strongly agree
A I feel confident to be able to accurately recommend SNM to patients appropriately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B I feel confident to be able to accurately manage patient care and issues related to SNM devices after implantation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C I have had patients that needed SNM therapy but decided against it due to distance from the providing center.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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D I have had patients that have needed SNM therapy but decided against it due to the waitlist times from the providing center.



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3. How strongly do you agree or disagree with the following statements:

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	Strongly disagree	Somewhat disagree	Undecided or Not Applicable	Somewhat agree	Strongly agree
A I believe the literature reported efficacy is achievable in my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B My patients mostly have a positive experience after having SNM implantation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C My patients mostly have a good clinical outcome after having SNM implantation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D My patients have negative side effects after having SNM implantation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E I believe that the use of sacral neuromodulation is overly invasive for OAB.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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F In my group practice there are other urologists that refer patients for SNM for OAB.

☐☐☐☐☐

G In my group practice there are other urologists that refer patients for intravesical Onabotulinum-A toxin injections for OAB.

☐☐☐☐☐

4. Does your current practice provide intravesical Onabotulinum-A toxin injections for medically refractory OAB?

☐ No

☐ Yes



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5. How strongly do you agree or disagree with the following statements:

	Strongly disagree	Somewhat disagree	Undecided or Not Applicable	Somewhat agree	Strongly agree
A When considering offering or referring for SNM therapy for medically refractory OAB patients, I am concerned about loss of income from lack of patient follow-up and intravesical Onabotulinum-A toxin injections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B I believe that my frequency of offering SNM compared to intravesical Onabotulinum-A toxin injection for medically refractory OAB has changed over time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C I have had patients that needed SNM therapy, but I was unable to connect them to the appropriate care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D I have had patients that have needed SNM therapy but could not offer it due to lack of governmental support funding implantation and treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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6. How frequently do you have thoughts of increasing your offering of SNM when deciding between treatment options for eligible patients?

	Never	Very Rarely	Rarely	Occasionally	Frequently	Always
Frequency	7.	8.	9.	10.	11.	12.

7. What are the most important barriers that you foresee in implementing or expanding current SNM implantation capability?
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**Supplementary Figure 2.** Case vignette provided to respondent urologists.

**Case presentation:**

*You are seeing a 52-year-old female patient in clinic after following them for overactive bladder (OAB) over the past year. She has frequent episodes of urinary incontinence (>10 episodes/day). Previously, you have counselled her on behavioural therapies and lifestyle modifications which were ineffective in managing her symptoms. More recently she has failed dual oral therapy with antimuscarinics and mirabegron. She had urodynamics performed which confirms urgency urinary incontinence with no evidence of stress urinary incontinence.*

Which of the following would you offer this patient? (Select one)

- 13. Continued observation.
- 14. Modification of antimuscarinic therapy - differing dose, agent or combination therapy
- 15. Intravesical OnabotulinumA Toxin Injection.
- 16. Percutaneous Tibial Nerve Stimulation.
- 17. Sacral Neuromodulation.

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Are there reasons why you would not consider SNM in this context? Please list all:

- ☐ Lack of availability
- ☐ Lack of funding
- ☐ Lack of expertise
- ☐ Remuneration considerations
- ☐ Other: \_\_\_\_\_
- ☐ Do not know