Supplementary Table 1. Survey questions		
	Survey question	**Response options**
1	Consent to participate in the study	Accept/decline
2	Gender	Female/male/prefer not to disclose
3	Age	Open-ended
4	Institution type	University hospital/training and research hospital/city hospital/state hospital/private clinic
5	Academic title	Resident/specialist/assistant professor/associate professor/professor
6	Years in profession	1–5 years/6–10 years/10–20 years/over 20 years
7	Do you manage MF patients in your clinical practice?	Yes/no
8	If not, why do you not manage MF patients?	Multiple choice (e.g., lack of patients, insufficient experience, refer to another center, etc.)
9	Do you have trouble diagnosing MF?	Yes, frequently/sometimes/no
10	Do you use a diagnostic algorithm for MF?	Yes/no/not sure
11	Which diagnostic tests do you perform for MF?	Multiple choice (e.g., biopsy, immunohistochemistry, TCR rearrangement, imaging, etc.)
12	Main reasons for diagnostic difficulty	Multiple choice (e.g., nonspecific histology, lack of experienced pathologist, etc.)
13	Approach when pathology is inconclusive or not MF-compatible	Multiple choice (e.g., re-biopsy, consultation, observation, etc.)
14	Approximate number of MF patients followed annually	0–5/6–10/11–20/20+
15	How do access limitations affect your management?	Multiple choice (e.g., refer, observe, treat with available options)
16	Criteria for referral center selection	Multiple choice (e.g., proximity, expertise, infrastructure, patient preference)
17	Topical treatments available in your clinic	Multiple choice (e.g., corticosteroids, mechlorethamine, imiquimod, etc.)
18	Main barriers to accessing topical treatments	Multiple choice (e.g., not licensed, not available, not reimbursed)
19	Other topical therapies used	Open-ended
20	Is there a phototherapy unit in your institution?	Yes-active/yes-inactive/no
21	Available phototherapy types	Multiple choice (e.g., nbUVB, PUVA, UVA1, Excimer)
22	Reasons for inactive phototherapy unit	Multiple choice (e.g., device malfunction, no technician, etc.)
23	Access to PDT, TSEBT or radiotherapy	Multiple choice
24	Systemic therapies accessible in your clinic	Multiple choice (e.g., acitretin, methotrexate, interferon, etc.)
25	Main barriers to accessing systemic treatments	Multiple choice (e.g., not licensed, not reimbursed, not available, etc.)
26	Other systemic therapies used	Open-ended
27	Guidelines you primarily follow	EORTC/NCCN/BAD-UKCLG/national experience/own algorithms
28	Main factors influencing treatment decisions	Multiple choice (e.g., disease stage, patient characteristics, guideline, etc.)
29	To what extent does accessibility affect treatment decisions?	Never/sometimes/often/almost always decisive
30	Number of patients needing alternative treatment due to inaccessibility	0/1–5/6–10/11+
31	Which therapies have you replaced due to inaccessibility?	Open-ended
32	Your usual approach when required treatment is not accessible	Multiple choice (e.g., alternative therapy, referral, off-guideline options, etc.)
33	Strategies or axdaptations developed in clinical practice	Open-ended

MF: Mycosis fungoides, TCR: T-cell receptor, PUVA: Psoralen ultraviolet A, nbUVB: Narrowband ultraviolet B, EORTC: European Organisation for Research and Treatment of Cancer, NCCN: National Comprehensive Cancer Network, BAD: British Association of Dermatologists, UKCLG: United Kingdom cutaneous lymphoma group, UVA1: Ultraviolet A1