

## Supplementary material

**Table S1:** Description of packages used in R

Name	Maintainer	Brief description	Link
simmer: Discrete-Event Simulation for R	Iñaki Ucar	A process-oriented and trajectory-based Discrete-Event Simulation (DES) package for R.	<a href="https://CRAN.R-project.org/package=simmer">https://CRAN.R-project.org/package=simmer</a>
Rfast: A Collection of Efficient and Extremely Fast R Functions	Manos Papadakis	A collection of fast (utility) functions for data analysis.	<a href="https://CRAN.R-project.org/package=Rfast">https://CRAN.R-project.org/package=Rfast</a>
Runuran: R Interface to the 'UNU.RAN' Random Variate Generators	Josef Leydold	Interface to the 'UNU.RAN' library for Universal Non-Uniform RANdom variate generators.	<a href="https://CRAN.R-project.org/package=Runuran">https://CRAN.R-project.org/package=Runuran</a>
extraDistr: Additional Univariate and Multivariate Distributions	Tymoteusz Wolodzko	Density, distribution function, quantile function and random generation for a number of univariate and multivariate distributions.	<a href="https://CRAN.R-project.org/package=extraDistr">https://CRAN.R-project.org/package=extraDistr</a>
EnvStats: Package for Environmental Statistics, Including US EPA Guidance	Alexander Kowarik	Graphical and statistical analyses of environmental data, with focus on analyzing chemical concentrations and physical parameters, usually in the context of mandated environmental monitoring.	<a href="https://CRAN.R-project.org/package=EnvStats">https://CRAN.R-project.org/package=EnvStats</a>
Rcpp: Seamless R and C++ Integration	Dirk Eddelbuettel	The 'Rcpp' package provides R functions as well as C++ classes which offer a seamless integration of R and C++.	<a href="https://CRAN.R-project.org/package=Rcpp">https://CRAN.R-project.org/package=Rcpp</a>
dplyr: A Grammar of Data Manipulation	Hadley Wickham	A fast, consistent tool for working with data frame like objects, both in memory and out of memory.	<a href="https://CRAN.R-project.org/package=dplyr">https://CRAN.R-project.org/package=dplyr</a>
purrr: Functional Programming Tools	Lionel Henry	A complete and consistent functional programming toolkit for R.	<a href="https://CRAN.R-project.org/package=purrr">https://CRAN.R-project.org/package=purrr</a>

stringr: Simple, Consistent Wrappers for Common String Operations	Hadley Wickham	A consistent, simple and easy to use set of wrappers around the fantastic 'stringi' package.	<a href="https://CRAN.R-project.org/package=stringr">https://CRAN.R-project.org/package=stringr;</a>
svMisc: 'SciViews' - Miscellaneous Functions	Philippe Grosjean	Miscellaneous functions for 'SciViews' or general use: manage a temporary environment attached to the search path for temporary variables you do not want to save() or load().	<a href="https://CRAN.R-project.org/package=svMisc">https://CRAN.R-project.org/package=svMisc</a>
ggpubr: 'ggplot2' Based Publication Ready Plots	Alboukadel Kassambara	'ggpubr' provides some easy-to-use functions for creating and customizing 'ggplot2'- based publication ready plots.	<a href="https://CRAN.R-project.org/package=ggpubr">https://CRAN.R-project.org/package=ggpubr</a>
survival: Survival Analysis	Terry M Therneau	Contains the core survival analysis routines, including definition of Surv objects, Kaplan-Meier and Aalen-Johansen (multi-state) curves, Cox models, and parametric accelerated failure time models.	<a href="https://CRAN.R-project.org/package=survival">https://CRAN.R-project.org/package=survival</a>
survminer: Drawing Survival Curves using 'ggplot2'	Alboukadel Kassambara	Contains the function 'ggsurvplot()' for drawing easily beautiful and 'ready-to-publish' survival curves with the 'number at risk' table and 'censoring count plot'.	<a href="https://CRAN.R-project.org/package=survminer">https://CRAN.R-project.org/package=survminer</a>

**Table S2:** Parameters for modeling the time of occurrence of simulated events

Parameters	Probability distribution	Values	Sensitivity analysis	Source
Occurrence of IC	Exponential	rate = 0.021	Exponential parameter varied by $\pm 20\%$ with uniform distribution	[1]
Occurrence of CLI (PAD to CLI)	exponential	rate = 0.004	Exponential parameter varied by $\pm 20\%$ with uniform distribution	[1]
Occurrence of CLI (IC to CLI)	exponential	rate = 0.064	Exponential parameter varied by $\pm 20\%$ with uniform distribution	[1]
Occurrence of amputation (Fontaine IIa, IIb)	Weibull	shape=0.40, scale=2010		[2]
Occurrence of amputation (Fontaine III, IV)	Weibull	shape=0.46, scale=73.44	Varying only scale parameter	[2]
Time to death (female)	Weibull	shape=3.52, scale=31.98	Variation of the scale parameter; uniform distribution within $\pm 20\%$ interval	[3]
Time to death (male)	Weibull	shape=2.64, scale=36.84		[3]
Death after amputation	Weibull	shape=0.61, scale=5.48		[4]
<i>Vessel patency</i>				
Primary PTA (IC)	Weibull	shape = 0.87 scale= 28.13		
Primary PTA (CLI)	Weibull	shape = 0.93 scale = 10.17		
Primary PTA/S (IC)	Weibull	shape = 0.80 scale = 28.19		
Primary PTA/S (CLI)	Weibull	shape = 0.88 scale = 9.37		
Primary (autologous; IC)	Weibull	shape = 1.04 scale = 31.37		
Primary (autologous ;CLI)	Weibull	shape = 1.16 scale = 11.66		
Primary (graft; IC)	Weibull	shape = 1.22 scale = 20.78		
Primary (graft; CLI)	Weibull	shape = 1.42 scale = 9.01	Variation of the scale parameter; uniform distribution within $\pm 20\%$ interval	
Secondary PTA (IC)	Weibull	shape = 0.79 scale = 67.10		[5–8]
Secondary PTA (CLI)	Weibull	shape = 0.82 scale = 21.74		
Secondary PTA/S (IC)	Weibull	shape = 0.83 scale = 47.21		
Secondary PTA/S (CLI)	Weibull	shape = 0.87 scale = 16.09		
Secondary (autologous; IC)	Weibull	shape = 0.96 scale = 56.49		
Secondary (autologous; CLI)	Weibull	shape = 1.01 scale = 21.96		
Sekundární (graft; IC)	Weibull	shape = 0.97 scale = 33.00		
Sekundární (graft; CLI)	Weibull	shape = 1.21 scale = 14.38		
<i>Time to next examination</i>				

Time to next preventive examination	Uniform	Min=1,8 Max= 2,2	Fixed	
Time of effect exercise therapy	Triangular	Min= 1,5 Mode= 2 Max = 2,5	Fixed	[9]
Time between followed diagnostic	-	1 year	Uniform distribution (min = 0.8, max = 1.2)	

Primary and secondary patency for endovascular interventions were simulated based on a study Vossen et al. [5]. No statistically significant effect of Fontaine classification was found in the study for primary patency. A significant effect was found for secondary patency, but the value of the effect was not reported in the study. In other studies, the effect of CLI on primary patency was reported, e.g., Nishibe et al. [6] reports an HR of 2.5 (95% CI 1.08-5.83). Probability distribution values for primary patency obtained from the analysis of published Kaplan-Meier curves from the study of Vossen et al. [5] were adjusted based on simulations, so that an HR between IC and CLI was required to be 2.5. An overview of the probability distribution settings simulated for IC and CLI based on the data of the study by Vossen et al. [5] can be seen in Table S1.

Primary bypass patency was derived from PTA data. A study by Antoniou et al. [7] (comparison of bypass and PTA) shows an odds ratio of 1.44 for IC and 0.95 for CLI (for 4-year primary patency). The OR values were converted to RR, and therefore a value of 1.11 is considered for IC and a value of 0.98 for CLI. The difference of autologous and artificial bypasses was simulated based on Cochrane's systematic search by Ambler and Twine [8]. The size of the effect was based on the data from a comparison of 5-year primary patency, and the OR of 0.47 was recalculated to an RR of 0.62. In the Ambler and Twine study [8], the data were not published separately for IC and CLI, and therefore the considered RR is the same for IC and CLI.

The same process was used for secondary throughput data. As a suitable study evaluating the effect of CLI on secondary patency versus IC was not found, the same magnitude of effect as reported by Nishibe et al. [6] for primary patency was used (HR 2.5 (95% CI 1.08-5.83)). The secondary bypass patency was again derived from PTA data. In a study by Antoniou et al. [7], an OR 0.9 (for 4-year secondary patency) without distinguishing between area of intervention and disease severity (IC vs. CLI) was used. The OR values were converted to RR, and the considered value was 0.97. Input parameters for autologous and artificial bypasses were again based on Cochrane's systematic search by Ambler and Twine [8]. The size of the effect was based on comparison of 5-year secondary patency and the OR 0.41 was recalculated to 0.59 RR.

**Table S3:** Parameters and assumptions used in the model

Parameters	Value	Sensitivity analysis	Source
Time to death with PAD	RR = 1,6 relative to úmrtí	Fixed	[10]
Time to death with IC	RR = 3,1 relative to úmrtí	Fixed	[11]
Time to death with CLI	RR = 2,0 relative to IC	Fixed	[12]
Effect of pharmacological treatment	HR = 0,75	Fixed	[13,14]
Vein for bypass	60 % autologous 65 % regularly	beta(39.4, 26.27)	
Preventive examination	25 % irregularly 10 % do not attend	Fixed	[15]
Irregular check-ups – prob. of attending	50 %	beta(12, 12)	
Fontaine class distribution in occurrence of IC	IIa: 66,8 % IIb: 33,2 %	IIa: beta (32.53, 16.17)	[16]
Fontaine class distribution in occurrence oCLI	III 66,7 % IV 33,3 %	III: beta (32.63, 16.29)	[16]
Exercise effect	21,8 % worsening 36,7 % unchanged 41,6 % improvement	worsening: beta (77.98, 280) improvement: beta (57.98, 81.40)	[17]
Efekt bez cvičení	19,4 % worsening 48,1 % unchanged 32,5 % improvement	worsening: beta(80.41, 334) improvement: beta(67.18, 140)	[17]
Type of amputation	BKA = 68,3 % AKA = 31,7 %	BKA: beta(31.02, 14.40)	[18]
30-day mortality PTA	IC = 0,2 % CLI = 2,8 %	IC: beta(99.80, 49799) CLI: beta(97.17, 3373)	[18] [19]
30-day mortality PTA/S	IC = 0,4 % CLI = 2,8 %	IC: beta(99.60, 24799) CLI: beta(97.17, 3373)	[20] [19]
30-day mortality bypass	IC = 0,7 % CLI = 3,3 %	IC: beta(99.29, 14085) CLI: beta(96.67, 2833)	[20] [19]
30-day mortality amputation	BKA = 8,9 % AKA = 27,7 %	BKA: beta(91.01, 932) AKA: beta(72.02, 188)	[4] [4]
30-day morbidity PTA	IC = 3,8 % CLI = 35,8 %	IC: beta(96.16, 2434) CLI: beta(63.84, 114.49)	[7]
30-day morbidity PTA/S	IC = 2,5 % CLI = 35,8 %	IC: beta(97.48, 3802) CLI: beta(63.84, 114.49)	[20] [7]
30-day morbidity bypass	IC = 9,5 % CLI = 46,3 %	IC: beta(90.41, 861) CLI: beta(53.24, 61.75)	[7]
Distribution of complication for bypass according DRG	Mild:qa 43 % Severe: 57 %	CC=2-3: beta(56.57, 74.99)	[21]
Reoperation possible	IC = 95 % CLI = 98,45 %	IC: beta(4.05, 0.21) CLI: beta(0.57, 0.009)	[18,22]
DM	Male 13,34 % Female 9,84 %	Male: beta(86.53, 562.10) Female: beta(90.06, 825.20)	[23]
Hypertension	Male 21,89 % Female 22,26 %	Male: beta(183.42, 23.13) Female: beta(77.52, 270.72)	[24]
Dyslipidemia	88,8 %	beta(10.31, 1.30)	[23]
Smoking status	Male 35,2 % Female 27,2 %	Male: beta(64.45, 118.64) Female: beta(72.53, 194.12)	[25]
Technical success PTA	86,5 %	beta(15.16, 2.89)	[26]
Technical success PTA/S	95 %	beta(10.38, 1.69)	[27]
Technical success Bypass	100 %	Fixed	[28]
Amputation in CVSP	Yes = 46,32 %	beta(53.22, 61.67)	[10]

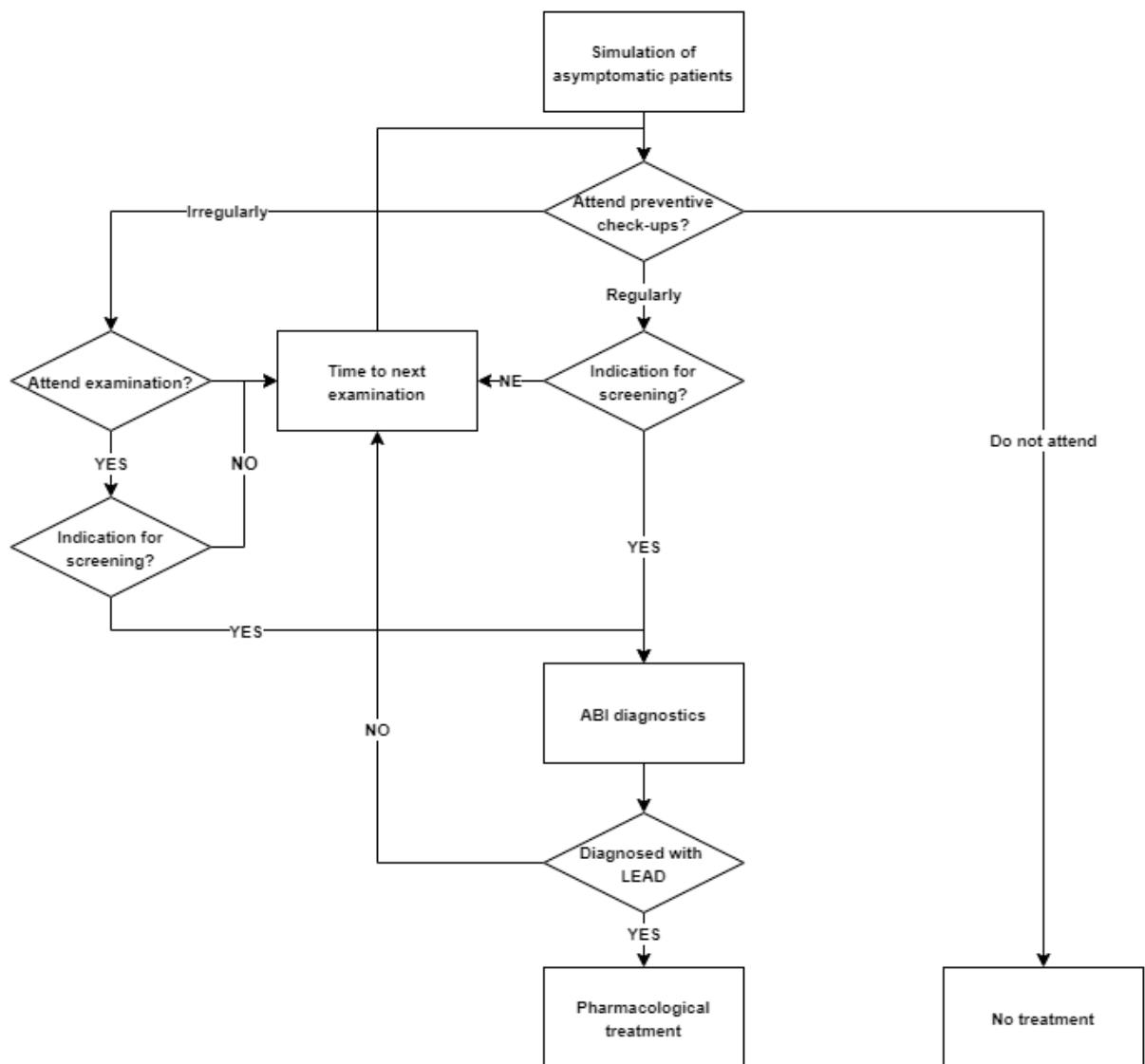
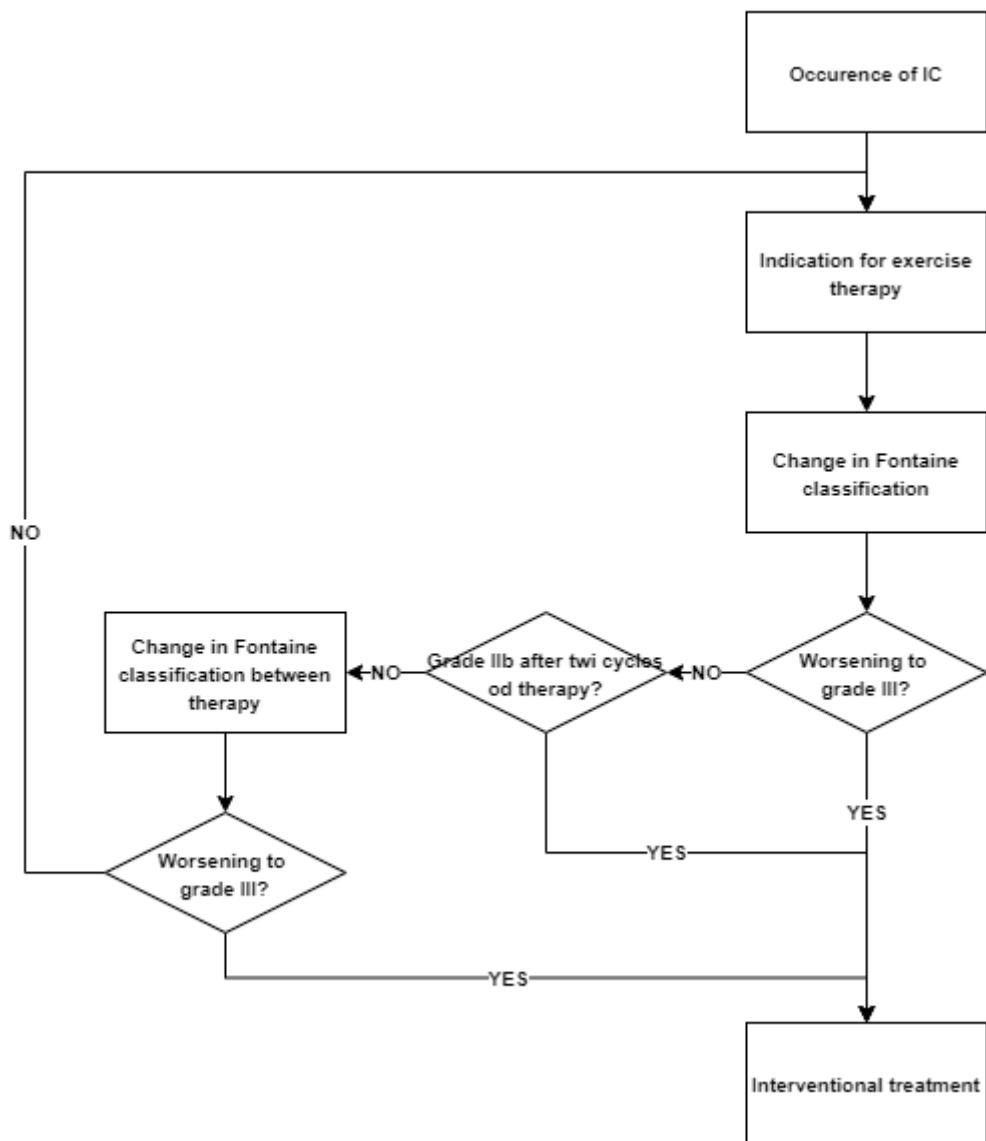
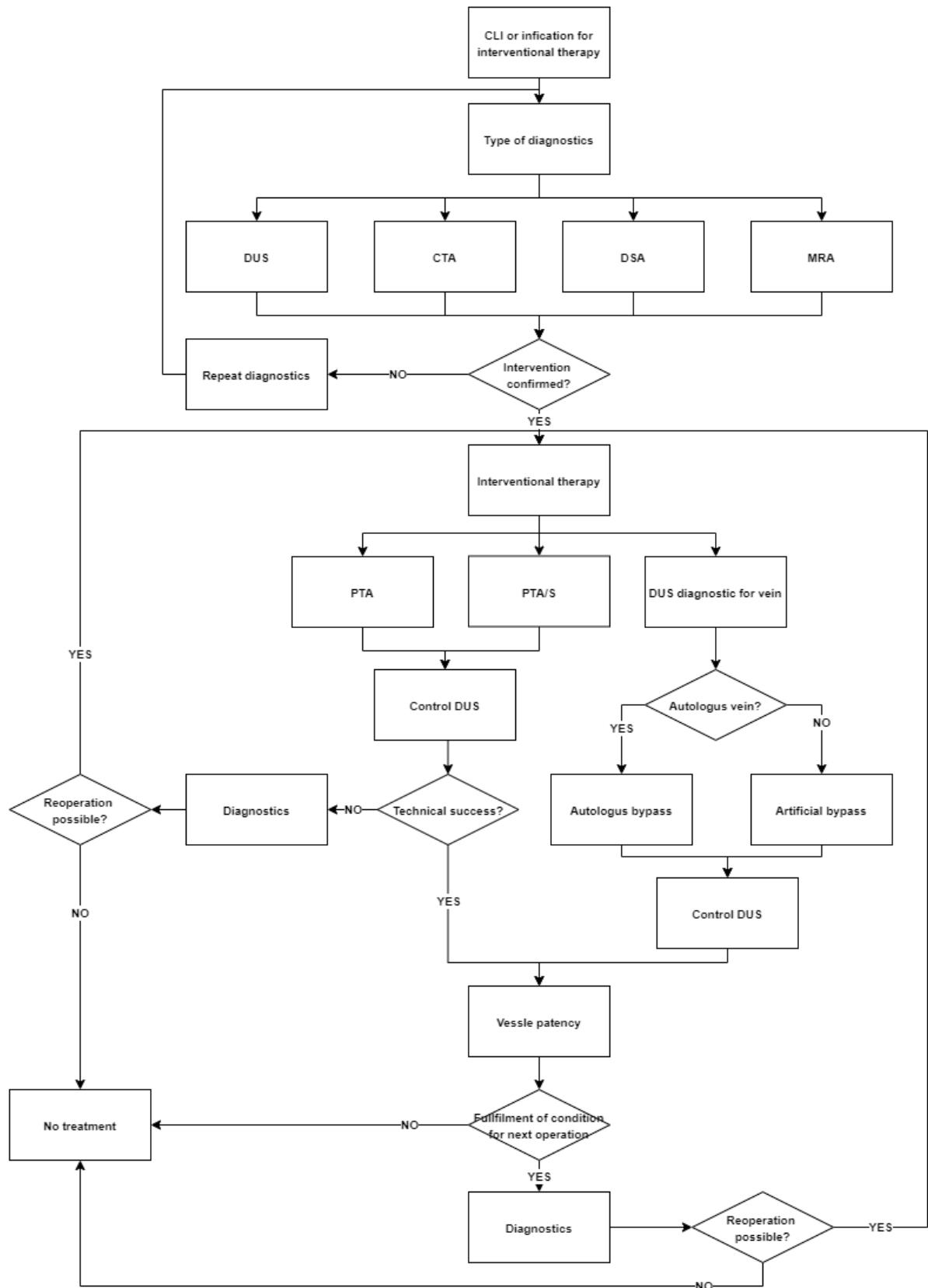


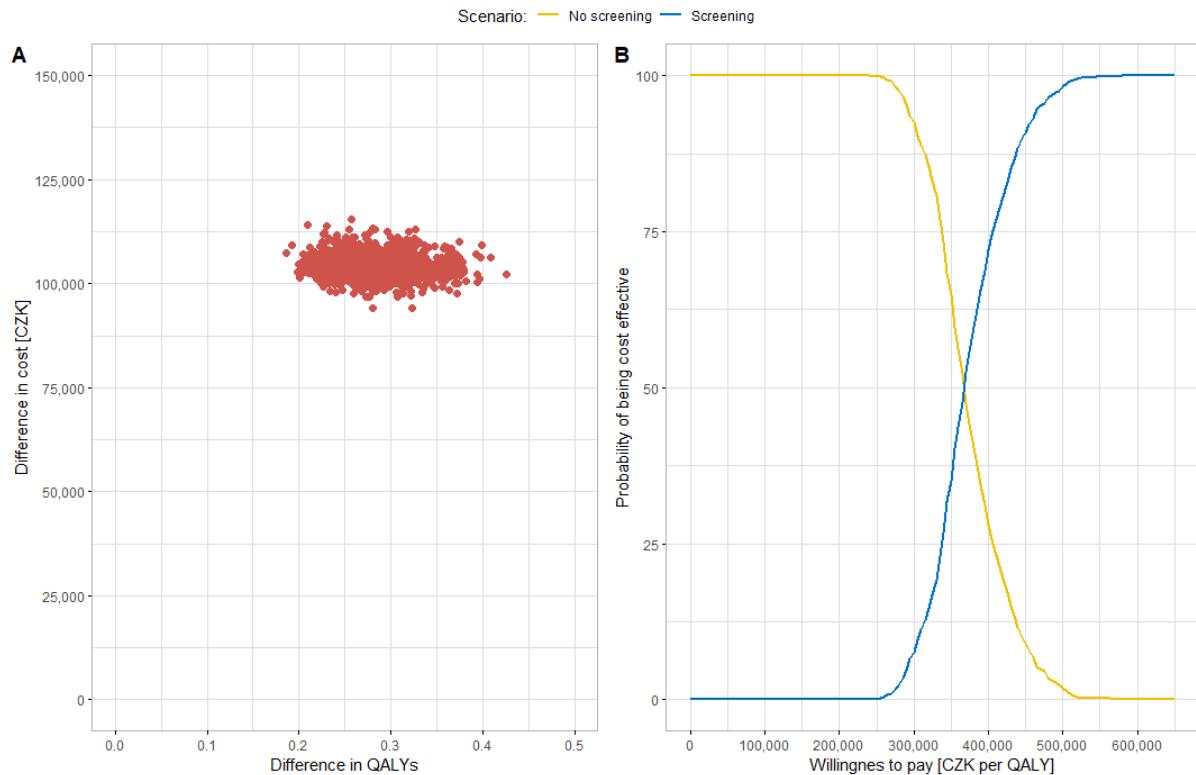
Figure S1: Model logic diagram – screening with ABI



**Figure S2:** Model logic diagram – Exercise therapy for Fontaine classification IIa and IIb



**Figure S3:** Model logic diagram – Interventional therapy decision



**Figure S4:** Cost-effectiveness scatter plane using different pseudo-random numbers; **B:** Cost-effectiveness acceptability curve for probabilistic analysis using different pseudo-random numbers.

The cost-effectiveness scatter plane in Figure S1 in Part A shows the resulting ICER values obtained using different pseudorandom numbers for each iteration. All results (red dots in figure S4) are again in the upper right quadrant, where screening is a more costly, while more effective, intervention. The ICER values were below the WTP for all iterations in this case as well, and therefore screening is a cost-effective intervention in all simulation iterations. The average mean value of the cost difference and the effect difference at a discount rate of 3% was CZK 104,304 and 0.29, respectively, and the resulting ICER value was CZK 363,642 per QALY. In part B Figure S1, it can be seen that from a WTP greater than CZK 550,000, that the ICER of all iterations are cost-effective.

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