

Uptake rates of risk-reducing surgeries for women at increased risk of hereditary breast and ovarian cancer applied to cost-effectiveness analyses

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File S1. Search Strategy

Search term for literature search (PUBMED):

((costs and cost analysis[Mesh] OR decision support techniques*[Mesh] OR cost-effectiveness[TIAB] OR cost-utility[TIAB] OR cost-benefit[TIAB])) AND ((breast neoplasms[Mesh]) OR (ovarian neoplasms[Mesh]) OR (breast-ovarian[TIAB]) OR population-based[TIAB] OR (mammary cancer[TIAB]) OR (mammalian carcinoma)) AND (early detection of cancer[Mesh] OR genetic testing[Mesh] OR mutation*[TIAB] OR BRCA[TIAB] OR PALB2[TIAB] OR RAD51c/d[TIAB] OR TP53[TIAB] OR SNP[TIAB] OR ATM[TIAB])

Search term for literature search in the CRD Database, NHS EED, HTA, DARE and CEA Registry:

((breast cancer OR ovarian cancer OR BRCA) AND (cost effectiveness OR cost utility OR cost benefit) AND (genetic testing OR gene analysis OR multigene assay))

Table S1. Input parameters for the German model included in the value of information analysis (reproduction from Müller et al [1]).

Parameter Set	Input parameters	Value (SD)	Distributions
Uptake rates	Uptake of RRM	0.06 (0.02)	Beta
	Uptake of RRSO	0.42 (0.04)	Beta
	Uptake of both RRSO	0.45 (0.04)	Beta
	Uptake of intensified surveillance	0.07 (0.02)	Beta
Incidence of cancer in BRCA carriers	Incidence of Breast Cancer Carriers	35–39: 0.031 (0.002), 40–44: 0.021 (0.002), 45–49: 0.023 (0.002), 50–54: 0.027 (0.002), ≥ 55: 0.033 (0.002)	Beta
	Incidence of Ovarian Cancer Carriers	0.039 (0.005)	Beta

	Incidence of contralateral breast cancer Carriers	0.067 (0.008)	beta
Risk reduction due to preventive surgery	Risk reduction of breast cancer after RRM	0.08 (0.01)	Log-normal
	Risk reduction of breast cancer after RRM and RRSO	0.05 (0.03)	Log-normal
	Risk reduction of ovarian cancer after RRSO	0.28 (0.01)	Log-normal
	Risk reduction of ovarian cancer after RRM and RRSO	0.14 (0.01)	Log-normal
	Risk reduction of contralateral breast cancer after RRM	0.05 (0.01)	Log-normal
	Risk reduction of contralateral breast cancer after RRM and RRSO	0.59 (0.02)	Log-normal
Health related quality of life	Health related quality of life in stage well	0.920 (0.002)	Beta
	Health related quality of life in stage well with positive test result	0.890 (0.02)	Beta
	Health related quality of life after RRSO	0.850 (0.24),	Beta
	Health related quality of life after RRM and RRSO	0.830 (0.24),	Beta
	Health related quality of life in stage breast cancer	0.780 (0.25)	Beta
	Health related quality of life in stage metastatic breast cancer	0.679 (0.031)	Beta
	Health related quality of life in stage ovarian cancer	0.629 (0.045)	Beta
	Health related quality of life in end stage ovarian cancer	0.52 (0.050)	Beta
		0.160 (0.250)	Beta

Table S2. Input parameters for the German model not included in the value of information analysis (reproduction from Müller et al [1]).

Parameter Set	Input parameters	Value (SD)	Distributions
Other transition probabilities	Genetic testing positive	0.24 (0.003)	Beta
	Incidence of Breast Cancer non Carriers	35–39: 0.004 (0.001), 40–44: 0.007 (0.001), 45–49: 0.008 (0.001), 50–54: 0.012 (0.002), ≥ 55: 0 (0.001)	Beta
	Incidence of Ovarian Cancer non Carriers	0.002 (0.001)	Beta
	Incidence of contralateral breast cancer non Carriers	0.015 (0.003)	Beta
	Mortality of all causes	Age and gender specific	Beta
	Breast cancer mortality	35–39: 0.00 (0.000), 40–49: 0.001 (0.000), 50–59: 0.002 (0.000), 60–69: 0.004 (0.000),	Beta

		70–79: 0.007 (0.000), 80–89: 0.028 (0.001), 90–99: 0.139 (0.001), ≥ 100: 0.404 (0.002)	
	Ovarian cancer mortality	0.015 (0.005)	Beta
	Incidence ovarian cancer in previous breast cancer patients	0.015 (0.005)	Beta
	Probability of developing metastasis in breast cancer patients	All ages: 0.0267 (0.0055)	Beta
Cost parameters	Variable	Value in € (SD)	
Diagnosis and monitoring			Gamma
	Ongoing high-risk screening / monitoring	560 (224)	Gamma
Surgical options			
	Prophylactic mastectomy	8317 (3327)	Gamma
	Prophylactic oophorectomy	2854 (1142)	
	Prophylactic mastectomy + oophorectomy	11,171 (4468)	
	Prophylactic oophorectomy in case of BC	2854 (1142)	
	Prophylactic mastectomy in case of OC	4783 (1913)	
	Therapeutic mastectomy	6556 (2622)	Gamma
	Breast-conserving surgery	4318 (1727)	Gamma
	Therapeutic oophorectomy	2854 (1142)	Gamma
Medication BC			
	Chemotherapy BC (year 1, proportion in hormone receptor subgroups)		Gamma
	Triple – (0.60)	6371 (2548)	
	Her2neu (0.10)	26,537 (10,615)	
	HR + (0.30)	6371 (2548)	
	Chemotherapy metastatic BC	19,488 (7795)	
	Triple – (0.60)	48,775 (19,510)	
	Her2neu (0.10)	12,201 (4880)	
	HR + (0.30)		
	Endocrine therapy (Her2neu/HR) BC, year 1/year 2-5 metastatic BC	1120 (448) / 320 (128) / 1120 (448)	Gamma
	Neutropenic sepsis	5782 (2313)	Gamma
	Neulasta (Pegfilgrastim)	9852 (3941)	Gamma
	Antiemetics	495 (198)	Gamma
	Bisphosphonates	421 (168)	Gamma
Other treatment BC			
	Adjuvant radiotherapy	1791 (716)	Gamma
	Local surgeries	8381 (3328)	Gamma

	Psychological treatment in case of cancer diagnosis [EBM, Consortium]	1231 (492)	Gamma
	Lymphatic drainage / physiotherapy (BC)	1480 (592)	Gamma
Medication OC			
	Not advanced	10,387 (4155)	Gamma
	Advanced	30,080 (12,032)	
	Recurrence (in advanced Ca)		Gamma
	Platin-resistant	5408 (2163)	
	Platin-sensitive	30,080 (12,032)	
Palliative care			
	End of life treatment in metastatic BC or OC	11,145 (4458)	Gamma

Table S3. Excluded studies

Study/year	Main reason for exclusion
Balmana 2005 [2]	Risk reducing surgeries not considered
Gamble 2017 [3]	Populational testing
Patel 2018 [4]	Populational testing
Rubinstein 2009 [5]	Populational testing
Manchanda 2015 [6]	Risk reducing surgeries for sporadic cancer (not BRCA mutation carriers)
Manchanda 2016 [7]	Risk reducing surgeries for sporadic cancer (not BRCA mutation carriers)
Manchanda 2017 [8]	Populational testing
Manchanda 2018 [9]	Populational testing
Zhang 2019 [10]	Populational testing
Norum 2018 [11]	Insufficient reporting of the uptake rates of risk-reducing surgeries
Hoskins 2019 [12]	Choice of uptake rates was based on assumed perfect adherence
Tengs 2000 [13]	Choice of uptake rates was based on assumed perfect adherence

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