**Supplementary Table S10:** Efficient surveillance strategies among HL Survivors (entire cohort not stratified by treatment, sensitivity analysis no. 8).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surveillance strategies** | **Outcomes per 1,000 HL survivors free of CRC diagnosis and aged 35 years in 2019 (3%)\*** | | | | | | | | | | | | **Reductions:** | | **ICER**  **(\*1,000)** |
| **FITs** | **Scr.**  **COLs** | **Diag.**  **COLs** | **Surv.**  **COLs** | **Total COLs** | **Compl.** | **CRCs**† | **CRC deaths**† | **CRC care** | **LYG**‡ | **Total costs** | **Net costs**‡ | **Incidence**  **(%)**‡ | **Mortality**  **(%)**‡ |
| No Surveillance | 0 | 0 | 33 | 0 | 33 | 0 | 73 | 26 | 214 | 0 | 966 | 0 | 0 | 0 | 0 |
| FIT47, 50-70, 2 years | 3421 | 0 | 207 | 161 | 368 | 2 | 61 | 11 | 267 | 39 | 1156 | 190 | 17 | 56 | 5 |
| FIT20, 50-70, 2 years | 3293 | 0 | 272 | 211 | 483 | 3 | 55 | 10 | 249 | 42 | 1182 | 216 | 25 | 61 | 8 |
| FIT47, 45-70, 2 years | 4892 | 0 | 263 | 217 | 481 | 2 | 58 | 10 | 264 | 47 | 1220 | 255 | 21 | 61 | 8 |
| FIT20, 45-70, 2 years | 4719 | 0 | 353 | 283 | 636 | 3 | 51 | 9 | 243 | 51 | 1269 | 304 | 30 | 66 | 13 |
| FIT47, 45-70, 1 years | 8840 | 0 | 418 | 316 | 734 | 3 | 49 | 8 | 244 | 56 | 1371 | 406 | 33 | 71 | 20 |
| FIT47, 40-70, 1 years | 12361 | 0 | 547 | 386 | 932 | 3 | 47 | 7 | 236 | 62 | 1537 | 571 | 36 | 73 | 29 |
| FIT20, 40-70, 1 years | 11826 | 0 | 751 | 474 | 1225 | 4 | 41 | 6 | 209 | 65 | 1685 | 720 | 44 | 76 | 54 |
| FIT20, 35-70, 1 years | 16097 | 0 | 987 | 537 | 1524 | 4 | 40 | 6 | 203 | 68 | 1948 | 982 | 45 | 77 | 77 |
| FIT20, 35-75, 1 years | 16454 | 0 | 1008 | 538 | 1546 | 4 | 40 | 6 | 204 | 68 | 1971 | 1005 | 45 | 78 | 97 |
| FIT10, 35-70, 1 years | 15301 | 0 | 1501 | 661 | 2162 | 5 | 35 | 5 | 178 | 71 | 2346 | 1381 | 51 | 80 | 139 |
| FIT10, 35-75, 1 years | 15647 | 0 | 1534 | 661 | 2195 | 5 | 35 | 5 | 178 | 71 | 2377 | 1411 | 51 | 81 | 155 |
| COL, 35-70, 3 years | 0 | 4864 | 3 | 1956 | 6822 | 9 | 22 | 3 | 112 | 80 | 5337 | 4371 | 70 | 88 | 330 |
| COL, 35-75, 3 years | 0 | 5003 | 2 | 1956 | 6960 | 9 | 21 | 3 | 112 | 80 | 5437 | 4471 | 71 | 89 | 439 |

HL=Hodgkin Lymphoma; Entire cohort= all HL survivors treated with procarbazine-containing chemotherapy and/or infradiaphragmatic radiotherapy; LYG= life years gained; COLs = colonoscopies; ICER = Incremental cost-effectiveness ratio (Δcosts/ΔLYs gained compared to the previous less costly efficient strategy); † CRC cases and CRC death were not discounted; ‡ Compared with no surveillance. \* Full participation in surveillance and post-colonoscopy surveillance was assumed.

**Supplementary Table S11:** Efficient surveillance strategies among HL Survivors (with procarbazine chemotherapy without infradiaphragmatic radiotherapy, sensitivity analysis no. 8).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surveillance strategies** | **Outcomes per 1,000 HL survivors free of CRC diagnosis and aged 35 years in 2019 (3%)\*** | | | | | | | | | | | | **Reductions:** | | **ICER**  **(\*1,000)** |
| **FITs** | **Scr.**  **COLs** | **Diag.**  **COLs** | **Surv.**  **COLs** | **Total COLs** | **Compl.** | **CRCs**† | **CRC deaths**† | **CRC care** | **LYG**‡ | **Total costs** | **Net costs**‡ | **Incidence**  **(%)**‡ | **Mortality**  **(%)**‡ |
| No Surveillance | 0 | 0 | 22 | 0 | 22 | 0 | 49 | 17 | 141 | 0 | 637 | 0 | 0 | 0 | 0 |
| FIT47, 50-70, 2 years | 3541 | 0 | 189 | 119 | 308 | 2 | 42 | 8 | 180 | 24 | 846 | 209 | 14 | 54 | 9 |
| FIT47, 45-70, 2 years | 5042 | 0 | 247 | 161 | 407 | 2 | 40 | 7 | 178 | 29 | 917 | 279 | 18 | 58 | 15 |
| FIT20, 45-70, 2 years | 4898 | 0 | 340 | 212 | 552 | 2 | 36 | 6 | 164 | 31 | 979 | 341 | 27 | 63 | 24 |
| FIT47, 45-70, 1 years | 9249 | 0 | 410 | 238 | 648 | 2 | 34 | 5 | 165 | 35 | 1092 | 455 | 31 | 69 | 30 |
| FIT47, 40-70, 1 years | 12861 | 0 | 543 | 291 | 835 | 3 | 33 | 5 | 160 | 39 | 1260 | 622 | 34 | 72 | 45 |
| FIT47, 40-75, 1 years | 13257 | 0 | 559 | 292 | 851 | 3 | 33 | 5 | 162 | 39 | 1281 | 644 | 33 | 74 | 77 |
| FIT20, 40-70, 1 years | 12408 | 0 | 763 | 363 | 1125 | 3 | 28 | 4 | 142 | 41 | 1423 | 786 | 42 | 75 | 88 |
| FIT47, 35-75, 1 years | 17671 | 0 | 722 | 333 | 1055 | 3 | 32 | 4 | 159 | 41 | 1482 | 845 | 34 | 75 | 94 |
| FIT20, 35-70, 1 years | 16762 | 0 | 1005 | 413 | 1418 | 3 | 28 | 4 | 138 | 43 | 1686 | 1049 | 44 | 76 | 116 |
| FIT20, 35-75, 1 years | 17146 | 0 | 1028 | 413 | 1441 | 3 | 28 | 4 | 139 | 43 | 1710 | 1073 | 43 | 78 | 116 |
| FIT10, 35-70, 1 years | 16090 | 0 | 1558 | 515 | 2073 | 4 | 24 | 4 | 120 | 46 | 2109 | 1472 | 51 | 79 | 190 |
| FIT10, 35-75, 1 years | 16463 | 0 | 1594 | 515 | 2109 | 4 | 24 | 3 | 120 | 46 | 2141 | 1504 | 51 | 80 | 199 |
| COL, 35-70, 3 years | 0 | 5209 | 2 | 1611 | 6822 | 7 | 14 | 2 | 73 | 52 | 5176 | 4539 | 72 | 88 | 500 |
| COL, 35-75, 3 years | 0 | 5359 | 1 | 1611 | 6972 | 8 | 14 | 2 | 73 | 52 | 5284 | 4647 | 72 | 90 | 623 |

HL=Hodgkin Lymphoma; PRO=treated with procarbazine without IRT; LYG= life years gained; COLs = colonoscopies; ICER = Incremental cost-effectiveness ratio (Δcosts/ΔLYs gained compared to the previous less costly efficient strategy); † CRC cases and CRC death were not discounted; ‡ Compared with no surveillance. \* Full participation in surveillance and post-colonoscopy surveillance was assumed.

**Supplementary Table S12:** Efficient surveillance strategies among HL Survivors (with a combination of radiotherapy and procarbazine chemotherapy, sensitivity analysis no. 8).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surveillance strategies** | **Outcomes per 1,000 HL survivors free of CRC diagnosis and aged 35 years in 2019 (3%)\*** | | | | | | | | | | | | **Reductions:** | | **ICER**  **(\*1,000)** |
| **FITs** | **Scr.**  **COLs** | **Diag.**  **COLs** | **Surv.**  **COLs** | **Total COLs** | **Compl.** | **CRCs**† | **CRC deaths**† | **CRC care** | **LYG**‡ | **Total costs** | **Net costs**‡ | **Incidence**  **(%)**‡ | **Mortality**  **(%)**‡ |
| No Surveillance | 0 | 0 | 59 | 0 | 59 | 1 | 127 | 47 | 392 | 0 | 1753 | 0 | 0 | 0 | 0 |
| FIT20, 50-70, 2 years | 3025 | 0 | 304 | 315 | 620 | 4 | 91 | 17 | 445 | 84 | 1848 | 95 | 28 | 63 | 1 |
| FIT20, 45-70, 2 years | 4379 | 0 | 382 | 428 | 810 | 4 | 84 | 15 | 431 | 103 | 1914 | 161 | 33 | 69 | 4 |
| FIT10, 45-70, 2 years | 4078 | 0 | 519 | 548 | 1067 | 5 | 75 | 12 | 394 | 112 | 1988 | 235 | 41 | 73 | 8 |
| FIT47, 40-70, 1 years | 11443 | 0 | 558 | 580 | 1138 | 5 | 77 | 11 | 414 | 123 | 2148 | 394 | 39 | 76 | 14 |
| FIT10, 40-70, 2 years | 5791 | 0 | 672 | 667 | 1339 | 5 | 71 | 11 | 376 | 123 | 2153 | 400 | 44 | 76 | 17 |
| FIT20, 40-70, 1 years | 10793 | 0 | 736 | 698 | 1435 | 6 | 69 | 10 | 371 | 127 | 2267 | 514 | 46 | 78 | 29 |
| FIT47, 35-70, 1 years | 15654 | 0 | 709 | 661 | 1370 | 5 | 75 | 11 | 403 | 129 | 2349 | 595 | 41 | 77 | 42 |
| FIT20, 35-70, 1 years | 14891 | 0 | 958 | 795 | 1753 | 6 | 67 | 10 | 358 | 133 | 2530 | 776 | 47 | 79 | 43 |
| FIT20, 35-75, 1 years | 15204 | 0 | 977 | 795 | 1772 | 6 | 67 | 10 | 359 | 134 | 2550 | 797 | 47 | 80 | 75 |
| FIT10, 35-70, 1 years | 13917 | 0 | 1405 | 956 | 2362 | 7 | 61 | 9 | 318 | 138 | 2884 | 1131 | 52 | 81 | 80 |
| FIT10, 35-75, 1 years | 14220 | 0 | 1434 | 957 | 2391 | 7 | 61 | 9 | 319 | 138 | 2911 | 1158 | 52 | 81 | 118 |
| COL, 35-70, 3 years | 0 | 4289 | 5 | 2516 | 6810 | 11 | 41 | 6 | 217 | 153 | 5700 | 3947 | 68 | 88 | 186 |
| COL, 35-75, 3 years | 0 | 4410 | 4 | 2516 | 6930 | 12 | 40 | 5 | 218 | 153 | 5787 | 4034 | 68 | 89 | 283 |

HL=Hodgkin Lymphoma; IRT+PRO=treated with a combination of infradiaphragmatic radiation therapy and procarbazine chemotherapy; LYG= life years gained; COLs = colonoscopies; ICER = Incremental cost-effectiveness ratio (Δcosts/ΔLYs gained compared to the previous less costly efficient strategy); † CRC cases and CRC death were not discounted; ‡ Compared with no surveillance. \* Full participation in surveillance and post-colonoscopy surveillance was assumed.