**Supplementary Table S7:** Efficient colonoscopy surveillance strategies among HL Survivors (entire cohort not stratified by treatment, base case analysis).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |
| COL, 50-70, 10 years | 0 | 864 | 9 | 495 | 1368 | 5 | 39 | 8 | 188 | 52 | 1627 | 662 | 47 | 71 | 13 |
| COL, 45-70, 10 years | 0 | 1153 | 7 | 641 | 1801 | 5 | 36 | 6 | 173 | 60 | 1897 | 932 | 51 | 75 | 31 |
| COL, 40-70, 10 years | 0 | 1591 | 6 | 716 | 2314 | 5 | 35 | 6 | 168 | 64 | 2252 | 1287 | 52 | 77 | 90 |
| COL, 35-70, 10 years | 0 | 2063 | 6 | 797 | 2866 | 5 | 34 | 6 | 163 | 67 | 2637 | 1671 | 53 | 77 | 157 |
| COL, 40-70, 3 years | 0 | 3526 | 3 | 1696 | 5225 | 8 | 23 | 4 | 122 | 76 | 4215 | 3250 | 68 | 86 | 166 |
| COL, 40-75, 3 years | 0 | 3621 | 3 | 1696 | 5320 | 9 | 22 | 3 | 123 | 76 | 4284 | 3318 | 69 | 88 | 264 |
| COL, 35-70, 3 years | 0 | 4864 | 3 | 1956 | 6822 | 9 | 22 | 3 | 112 | 80 | 5337 | 4371 | 70 | 88 | 298 |
| 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 S8:** Efficient colonoscopy surveillance strategies among HL Survivors (with procarbazine chemotherapy without infradiaphragmatic radiotherapy, base case analysis).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |
| COL, 50-70, 10 years | 0 | 903 | 6 | 394 | 1303 | 4 | 26 | 5 | 125 | 32 | 1374 | 737 | 47 | 70 | 23 |
| COL, 45-70, 10 years | 0 | 1204 | 5 | 504 | 1712 | 4 | 24 | 4 | 116 | 38 | 1641 | 1004 | 51 | 74 | 48 |
| COL, 40-70, 10 years | 0 | 1657 | 4 | 559 | 2221 | 4 | 24 | 4 | 112 | 40 | 1997 | 1360 | 52 | 75 | 162 |
| COL, 35-70, 10 years | 0 | 2132 | 4 | 627 | 2763 | 4 | 23 | 4 | 109 | 42 | 2377 | 1739 | 53 | 76 | 189 |
| COL, 40-70, 3 years | 0 | 3827 | 2 | 1405 | 5234 | 7 | 15 | 2 | 79 | 49 | 4058 | 3421 | 70 | 87 | 247 |
| COL, 40-75, 3 years | 0 | 3925 | 2 | 1405 | 5332 | 7 | 14 | 2 | 79 | 49 | 4129 | 3492 | 71 | 88 | 384 |
| COL, 35-70, 3 years | 0 | 5209 | 2 | 1611 | 6822 | 7 | 14 | 2 | 73 | 52 | 5176 | 4539 | 72 | 88 | 402 |
| 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 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 S9:** Efficient colonoscopy surveillance strategies among HL Survivors (with a combination of infradiaphragmatic radiotherapy and procarbazine chemotherapy, base case analysis).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |
| COL, 50-70, 10 years | 0 | 804 | 15 | 665 | 1484 | 6 | 68 | 13 | 351 | 100 | 2202 | 449 | 46 | 72 | 5 |
| COL, 45-70, 10 years | 0 | 1070 | 11 | 893 | 1975 | 7 | 62 | 11 | 318 | 119 | 2460 | 707 | 51 | 77 | 13 |
| COL, 40-70, 10 years | 0 | 1477 | 10 | 1027 | 2514 | 7 | 60 | 10 | 303 | 128 | 2817 | 1064 | 53 | 78 | 42 |
| COL, 35-70, 10 years | 0 | 1937 | 9 | 1139 | 3086 | 7 | 59 | 10 | 294 | 133 | 3211 | 1458 | 53 | 79 | 86 |
| COL, 40-70, 3 years | 0 | 3050 | 6 | 2143 | 5198 | 10 | 43 | 6 | 237 | 145 | 4576 | 2822 | 66 | 86 | 107 |
| COL, 35-70, 3 years | 0 | 4289 | 5 | 2516 | 6810 | 11 | 41 | 6 | 217 | 153 | 5700 | 3947 | 68 | 88 | 148 |
| 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.