## **Appendix**

Respondents completed a total of six choice tasks and six associated PTO tasks across three similarly structured modules, thus completing two choice tasks and two PTO tasks in each module. Before completing the first choice task in a module, we assigned respondents to a choice set in which the attributes and levels represented a "small" difference of 30 points in QOL loss and/or 30 years in age between the patient groups. Based on this difference and given the contingency that both groups consisted of 100 patients, we asked respondents to state a preference for reimbursing treatment for patient group A or B, or, in case of indifference, for neither of the groups. We then presented the same choice set to respondents and explained that the groups now differed in size. We set respondents' patient group of preference in the preceding choice task (or, in case of no preference, a randomly selected group) as reference group and explained that this group again consisted of 100 patients. We then asked respondents to complete a PTO task in which they could state in four iterative steps (see Figure 1 for a graphical representation of the iterative PTO process, including the steps taken and the intervals between the steps) of how many patients (between 100 and 1 000 000) the other group should consist in order for them to be indifferent. Subsequently, we assigned respondents to a second choice set in which the attributes and levels represented a "large" difference of 60 points in QOL loss and/or 60 years between the patient groups, based on which we asked them to complete a second choice task and PTO task, similar in set up as the first.

### **Example choice task**

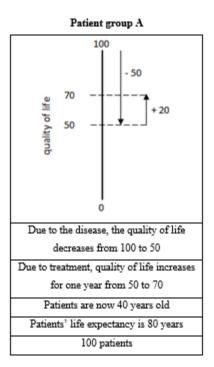
The disease-related loss in quality of life can differ between patients. In the graph below, you see two patient groups that would have had a life expectancy of 80 years in full health had they not become ill. Both patient groups have become ill at the age of 40. The disease lasts for one year and leads to a lower quality of life during this year.

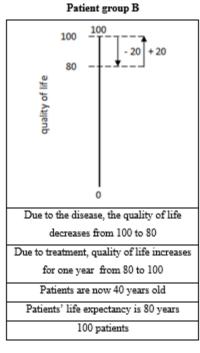
Due to the disease, the quality of life of patients in group A decreases from 100 to 50 and in group B from 100 to 80 on a scale from 0 (the worst health you can imagine) to 100 (the best health you can imagine). Treatment can reduce the effects of the disease. As a result, the quality of life in both groups during the year is 20 points higher than without treatment. In group A, the quality of life will increase from 50 to 70 and in group B from 80 to 100. After this year, all patients will regain their full health.

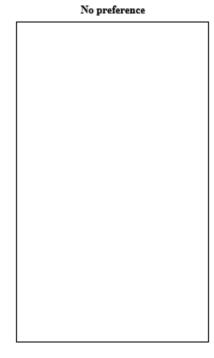
There are no other differences between the two patient groups. The treatments and costs are also the same.

Imagine that the treatment of only one of the two patient groups can be reimbursed from the public health insurance package and that you could advise health policy makers on what would be the optimal way of allocating the healthcare budget.

If both patient groups consist of 100 patients, for which patient group, do you think, should the treatment be reimbursed?







I choose...

Patient group A	Patient group B	No preference

In the example of the PTO task below, we assume that the respondent has stated a preference for patient group A in the preceding choice task, and hence the subsequent PTO task is set at 100 patients for patient group A.

# **Example PTO task**

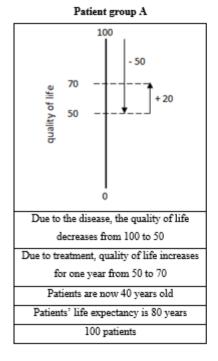
The disease-related loss in quality of life can differ between patients. In the graph below, you see the same two patient groups that would have had a life expectancy of 80 years in full health had they not become ill. Both patient groups have become ill at the age of 40. The disease lasts for one year and leads to a lower quality of life during this year.

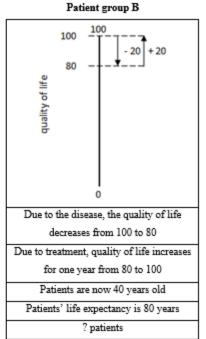
Due to the disease, the quality of life of patients in group A decreases from 100 to 50 and in group B from 100 to 80 on a scale from 0 (the worst health you can imagine) to 100 (the best health you can imagine). Treatment can reduce the effects of the disease. As a result, the quality of life in both groups during the year is 20 points higher than without treatment. In group A, the quality of life will increase from 50 to 70 and in group B from 80 to 100. After this year, all patients will regain their full health.

There are no other differences between the two patient groups. The treatments and costs are also the same.

Imagine that the treatment of only one of the two patient groups can be reimbursed from the public health insurance package and that you could advise health policy makers on what would be the optimal way of allocating the healthcare budget.

You have stated a preference for reimbursing treatment for patient group A if both groups consisted of 100 patients. Now, suppose that the two patient groups differ with regard to the number of patients in each group.





In the four steps below, we assume that the respondent expressed a preference for reimbursing treatment for patient group A in the choice task, for patient group A in step one, for patient group B in step two, and again for patient group B in step three of the PTO process.

#### Step one

Suppose that group A consists of 100 patients and group B of **200 patients**. For which patient group, do you think, the treatment should be reimbursed?

- ☑ Patient group A
- ☐ Patient group B

### Step two

Suppose that group A consists of 100 patients and group B of **250 patients**. For which patient group, do you think, the treatment should be reimbursed?

- ☐ Patient group A
- ☑ Patient group B

# Step three

Suppose that group A consists of 100 patients and group B of **225 patients**. For which patient group, do you think, the treatment should be reimbursed?

☐ Patient group A

☑ Patient group B

## **Step four**

You have stated a preference for reimbursing the treatment for patient group A if group A consists of **100 patients** and group B of **200 patients**, but your preference shifts to patient group B if group A consists of **100 patients** and group B of **225 patients**.

Of how many patients should group B consist (more than 200 and less than 225) in order for your preference for patient group A and B to be equally strong?

<open question, with range 201-224 patients>

Note: For respondents with a consistent preference for one of the patient groups, the range in step four was restricted to a maximum of 1 000 000 patients.