

Characteristic	FHCC	Erasmus	UMICH	Cambridge
Model type	State-transition Microsimulation	State-transition Microsimulation	State-transition Analytic	State-transition Analytic and microsimulation
Natural history				
Main states	Healthy, preclinical, clinical	Healthy, preclinical, clinical	Healthy, preclinical, clinical	Healthy, preclinical, clinical, death
PSA	Mixed effects model • PSA velocity increases at onset	PSA not currently modeled	PSA not currently modeled	Frailty model, time-varying PSA incorporated into multistate model
Onset	Risk increases with age Min age of onset 35	Risk increases with age Min age of onset 40	Risk increases with age Min age of onset 35	Risk increases with age Min age of onset 40
Stages	Localized, metastatic Progression risk ↑ with PSA	Localized, regional, distant	Localized, metastatic	Stage not currently modeled
Grades	Low, moderate, high Grade ↑ with age at onset No grade progression	Low, moderate, high Grade progression	Low, moderate, high Grade progression	Early (Gleason score <7) and late (Gleason score ≥ 7) preclinical and clinical states. Early to late state progression
Calibration				
Target	US incidence 1975-2000 by age, year, stage, grade	ERSPC-Rotterdam and then US incidence 1980-2000 by age, stage, year, grade	US incidence 1975-2000 by age, year, stage, grade	Flexible. Simulation based on MSM-based estimated transition parameters
Method	Simulated Poisson maximum likelihood	Nelder-Mead least squares optimization	Maximum likelihood	Maximum likelihood
Survival				
Baseline	SEER diagnoses 1980-1986	SEER diagnoses 1980-1986	SEER diagnoses 1980-1986	Control arm of screening trial
Intermediate states post diagnosis	Not currently modeled	Not currently modeled	Metastasis	Not currently modeled
Screening benefit				
Mechanism	Stage shift, cure rate, hazard ratio	Stage shift, cure rate, hazard ratio	Stage shift, cure rate, hazard ratio	Cancer mortality reduction Other outcomes: interval cancers, overdiagnoses
When applied	Post lead time	Post lead time	Post lead time	Sojourn time
Treatment benefit				
Primary treatment	Hazard ratio based on clinical trials/comparative effectiveness studies	Hazard ratio based on clinical trials/comparative effectiveness studies	Hazard ratio based on clinical trials/comparative effectiveness studies	Cancer death
Salvage treatment	No	No	No	No

FHCC = Fred Hutchinson Cancer Center, Erasmus = Erasmus University Medical Center, UMICH = University of Michigan, Cambridge = University of Cambridge