Figure 1: Decision tree and Markov model structures

a. Tree used to estimate universal screening outcomes for each alternative Outcomes were modelled separately for the FH-positive and FH-negative individuals in each cohort, according to the probabilities and formulae described in Table 1 and Supplementary File 2, respectively. 'Reflex' testing (i.e. of samples already collected) applied where possible to minimize test requirements.

FH: familial hypercholesterolaemia; TC: total cholesterol



1

b. Markov model health states and connections NB. 'Post-event' states accessible from associated event states only CVD: cardiovascular disease; MI: myocardial infarction; TIA: transient ischaemic attack; CHD: coronary heart disease

Entry state	Well (no existing CVD)
Potential first transition states	Stable angina Unstable angina MI TIA Stroke
Potential second transition states	Post-stable anginaPost- anginaPost- MIPost-
Potential third (and subsequent) transition states	Post-unstable anginaPost- MIUnstable anginaMIStroke
Dead states accessible from any other state:	CHD Non- CHD CVD death CVD death

Table 1: Probabilities applied in calculation of decision tree outcomes ^a1/250 = estimated FH prevalence; 0.95 = estimated proportion of those mutation-positive with total cholesterol ≥95th percentile (Wald et al., 2007, Wald et al., 2016); ^{a,b}Estimated prevalence figures recalculated for threshold analyses; ^cfull references in Supplementary File 9 FH: familial hypercholesterolaemia; TC: total cholesterol; US: universal screening

Probability	Notation	Value	Calculation/rationale	References ^c
All scenarios				
FH-positive (undiagnosed) ^{a,b}	p(FH+)	0.0034	85% of estimated FH prevalence	(Akioyamen et al., 2017, Nordestgaard et al., 2013)(Pedersen et al., 2010)
FH-negative ^b	p(FH-)	0.9966	1 – p(FH+)	
Mutation-positive given FH+	p(M+ FH+)	0.45	Probabilities reported from UK studies = 40.7% and 47.0%, within the range of values reported internationally (38.5-57.0%).	(Futema et al., Graham et al., Damgaard et al. Klančar et al., 2015, Civeira et al., 2008)
Mutation-negative given FH+	p(M- FH+)	0.55	1 - p(M+ FH+)	
Mutation-positive	p(M+)	0.0019	(1/250)*p(M+ FH+)/0.95	-
Mutation-positive given FH-	p(M+ FH-)	9.51*10 ⁻⁵	p(M+) – (1/250)*p(M+ FH+)/p(FH-) (based on meta-analysis results indicative that ≥95% of M+ infants exhibit hypercholesterolaemia.	(Wald et al., 2007, Wald et al., 2016)
Mutation-negative given FH-	p(M- FH-)	1 - 9.51*10 ⁻⁵	1 – p(M+ FH-)	
First appointment attendance	p(A1)	0.92	2015-16 UK 24-month vaccination coverage	NHS Immunisation Statistics
First test participation	p(P1)	0.94	As per recent UK US study	(Wald et al., 2016)
Second appointment attendance	p(A2)	0.92	2015-16 UK 24-month vaccination coverage	NHS Immunisation Statistics
Second test participation	p(P2)	0.94	Willingness to participate in further screening reported in UK US study	(Wald et al., 2016)
Second elevated TC test following elevated first test	p(TC2+ TC1+)	0.935	Pre-diagnosis duplication of elevated measurement recommended, in view of biological and analytical test variability	(Nordestgaard et al., 2013, Watts et al., 2015)(NICE CG71, Neil, 1996)
Cholesterol-only screening so	enario			
Positive TC tests given FH+	p(TC+ FH+)	0.88	This threshold applied as post-test	(Wald et al., 2007)
Positive TC tests given FH-	p(TC+ FH-)	0.001	probability (=0.78) reasonably low (and 0.43 at next lowest threshold for which test performance figures described)	
Sequential genetic-TC and pa	rallel TC-genetic	screening sce	narios	
Positive TC tests given FH+	p(TC+ FH+)	1	By definition	_
Positive TC tests given FH-	p(TC+ FH-)	0	By definition	_
Negative TC tests among FH-	p(TC- FH-)	1	By definition	_
Sequential TC-genetic screen	ing scenario			
Positive TC tests among FH+	p(TC+ FH+)	0.96	Lowest threshold for which test performance described. Found by UK US study to be above general population 95 th percentile.	(Wald et al., 2007, Wald et al., 2016)
Positive TC tests among FH- ^a	p(TC+ FH-)	0.045	0.05 – (1/250)	

Table 2: Base case screening, treatment and health state costs

1

Post-unstable angina

Myocardial infarction

Stroke

Post-stroke

Post-myocardial infarction

Transient ischaemic attack

Post-transient ischaemic attack

^aStaff time costed using 2017-18 band midpoint salaries plus oncosts, assuming full-time working with 80% (nursing, phlebotomy) and 90% (administration) clinical time (NHS Staff Council, 2017; HMRC, 2017; NHS Business Services Authority, 2017); ^bOriginally calculated based on guideline-recommended management; interim updates have been few, the main update being extension of stroke thrombolysis window from 3 to 4.5 hrs (NICE CG68); ^cfull references in Supplementary File 9

US: universal screening; (R)CT: (reverse) cascade testing; NGS: next generation sequencing; LMT: lipid modification therapy; GDG: guideline development group; CPI: consumer price index; FH: familial hypercholesterolaemia; NICE: National Institute for Health and Care Excellence; MFF: market forces factor; GP: general practitioner; PSSRU: Personal Social Services Research Unit

	Cost/item (as listed)	Details and references ^c	
Screening			
Nursing time:			
- first US appointment	£17.07	first US appointment 15 min for second: 45	ited for
 second US appointment 	£8.54	RCT consultation with index case, 30 m	nin for
- index case consultation for CT	£25.61	consultation with relatives. Time costed for I	band 7
- initial relative CT appointment	£17.07	nurse specialist.ª	
NGS screen	£263	2017-18 local laboratory NHS costs (Bristol	
Genetic testscreen for known mutation	£79	Genetics Laboratory, 2017)	
Lipid profile test	£3	2014 CG181 GDG estimate (in keeping with recently published values)	
Results/appointment invitation letter	£1.09	CPI-uplifted 2009 NICE FH costing template v	/alues
Administrator time per letter	£4.92	Time costed for band 5 administrator ^a	
Initial specialist review (paediatric)	£316.70	2017-18 National Tariff first endocrinology	
Initial specialist review (adult)	£239.96	outpatient review*mean MFF (NHS England)	
Treatment			
Average annual LMT (8-9 years)	£10.31		
Average annual LMT (10-17 years)	£17.14	September 2017 Drug Fariff (NHS Business Services Authority)	
Average annual LMT (adult)	£204.11		
Lipid profile test	£3		
Liver function tests	£1	recently published values)	g with
Creatine kinase test	£2		
Blood sampling appointment (paediatric)	£5.01	20 min (paediatric) or 15 min (adult) of band	
Blood sampling appointment (adult)	£3.76	phlebotomist time ^a	
Secondary care follow-up (paediatric)	£156.73	2017-18 National Tariff follow-up endocrinolog	ду
Secondary care follow-up (adult)	£100.52	outpatient review*mean MFF (NHS England)	
Primary care follow-up (adult)	£36.89	CPI-adjusted 2016 face-to-face GP consultation cost (PSSRU)	on
Health state costs (annual)			
Well and dead states	£0		
Stable angina	£8280		
Post-stable angina	£252.95		
Unstable angina	£3694.70		

£405.78

£3932.37

£830.53

£674.54

£130.69

£4394.53

£163.37

CPI-adjusted CG181 estimates ^b

Table 3: Summary of deterministic sensitivity analyses

^aIt was assumed that transition probabilities reverted to untreated values immediately on treatment discontinuation – likely conservative in view of treatment legacy effects. (Ford et al., 2016); ^bCurrent costs of simvastatin regimes with equivalent LDL-C-reducing potency used to estimate off-patent rosuvastatin costs. Off-patent ezetimibe cost estimated using value recently predicted by Kerr *et al* (10% of current cost); ^c80% of secondary prevention patients, and 20, 30, 40 and 50% of those that reached 40, 50, 60 and 70 years, respectively, were treated (regardless of diagnosed/undiagnosed status); ^dfull references in Supplementary File 9; DSA: deterministic sensitivity analysis; M+: mutation-positive; (R)CT: (reverse) cascade testing; LMT: lipid modifying therapy; LDL-C: low density lipoprotein cholesterol; CVD: cardiovascular disease; US: universal screening; NICE: National Institute for Health and Care Excellence; TC: total cholesterol

DSA-specific adjustment	Rationale	References ^d	
All M+ defined as FH+	Both extent and duration of raised LDL-C influence CVD risk; hence M+ status associated with relatively high risk for given current LDL-C	(Khera et al., 2016, Damgaard et al., 2005)	
RCT case yield/index = 0.5	Reflective of current CT achievement	(Hadfield et al., 2009, Kerr al., 2017, Marks, 2006)	et
RCT case yield/index = 6.1	Theoretical maximum achievable under current UK approach to CT.	(Morris et al., 2012)	
RCT case yield/index = 8.6; probability relative M+ = 0.21	Achieved in The Netherlands; theoretical maximum achievable in UK If first- to third- degree relatives	(Umans-Eckenhausen, 200 Morris et al., 2012))1,
RCT case yield/index = 8.6; probability relative M+ = 0.31	screened unconditionally. Cases (n=2.5) identified with probability of second- versus third- degree relatives unclear, therefore analysed assuming all second-degree, repeated assuming all third-degree.		
100% of diagnosed adults treated			
100% of diagnosed treated from 8 years			
15% discontinue LMT at 10 years	Potential LMT discontinuation/reduced adherence (reportedly, 84%+ treated, with ≥80% regime- adherent, at 10 years, but rates may fall over time) ^a	(Kusters et al., 2014) (Galema-Boers et al., 2014	l)
50% LDL-C reduction achieved with LMT	NICE CG71 recommendation		
Estimated off-patent LMT costs applied	Patents protecting rosuvastatin and ezetimibe due to expire this year ^b	September 2017 Drug Tari (NHS Business Services Authority)(Kerr et al., 2017)	ff)
Discount rate = 1.5%			
Discount rate = 5.0%			
CVD risks 90% of base case estimates	It has not been possible to obtain unbiased estimates of untreated secondary event risks since	(Bhatnagar et al., 2016)	
CVD risks 80% of base case estimates	LMT introduction. General population CVD risk has fallen in the meantime, and a continuing downward trajectory is predicted.		
Undiagnosed cases treated at background rate	Treatment prior to diagnosis plausible ^c	(Nanchen et al., 2015, Carr et al., 2012, O'Keeffe et al. 2016, Fleetcroft et al., 2014	ey , 4)
Cholesterol test sensitivity in sequential cholesterol-genetic US strategy = 62.5%	Recent finding detection rates with LDL-C threshold at approx. general population 95^{th} percentile could be as low as 62.5% (lower using TC) (NB. n=6 mutation-positive children identified in study)	(Futema et al., 2017)	
Time for first US appointment 40 min	Expert clinician suggestion		

Table 4: Case yields, costs per diagnosis and cost-effectiveness of screening alternatives

US: universal screening; RCT: reverse cascade testing; QALY: quality adjusted life year; ICER: incremental cost-effectiveness ratio; RCS: reverse cascade screening; SD: strongly dominated

	FH cases identified per 10,000 screened		Screening costs per diagnosis (£)				ICER (£/QALY)				
	US	RCT	total	US	RCT	total	QALYs	′s Costs (£)	versus no screening	versus next lowest cost	versus relevant alternative
No screening	0	0	0	n/a	n/a	n/a	992.2	225,834	-	-	-
Cholesterol-only screening	22.38	0	22.38	11,788	n/a	11,788	1,009.5	560,929	19,410	19,410	ED
Sequential cholesterol-genetic screening	24.41	0	24.41	13,785	n/a	13,785	1,011.0	640,147	21,999	50,476	ED
Sequential cholesterol-genetic screening plus RCT	24.41	15.38	39.79	13,785	1,110	8,886	1,027.7	672,309	12,562	1,925	12,562
Sequential genetic-cholesterol screening	11.44	0	11.44	217,036	n/a	217,036	1,001.0	2,745,746	285,445	SD	SD
Sequential genetic-cholesterol screening plus RCT	11.44	19.67	31.11	217,036	1,110	80,519	1,022.4	2,786,887	84,799	SD	SD
Parallel cholesterol-genetic screening	25.43	0	25.43	98,959	n/a	98,959	1,011.8	2,823,202	132,399	SD	SD
Parallel cholesterol-genetic screening plus RCT	25.43	19.67	45.10	98,959	1,110	56,279	1,033.2	2,864,342	64,368	402,285	402,285

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Supplementary File 1: Systematic literature search - summary and example database search strategy

Search terms were chosen with the aim of identifying information related to FH screening, diagnostics, treatment, and CVD and mortality outcomes, as well as previous economic evaluations of FH screening. Results were limited to those published since 1999, and to systematic reviews and meta-analyses, clinical trials, observational studies, other evaluations including economic evaluations, case series, registry data, guidelines, government publications and technical reports, published in English. Reference lists of included papers were also searched and further searches were carried out using the names of authors active in the field.

The Medline (via Pubmed), Embase (via Ovid), Cochrane Library, Health Management Information Consortium, NICE Evidence, Cost-Effectiveness Analysis Registry, Paediatric Economic Database Evaluation, and Centre for Reviews and Dissemination Database of Abstracts of Reviews of Effect, NHS Economic Evaluation Database, and Health Technology Assessment databases were searched on 08/08/2017.

	Keyword	Additional terms
Population	Familial hypercholesterolaemia	Fredrickson hyperlipoproteinaemia, type IIa; Hyperbetalipoproteinaemia; Hyperlipidaemia, group A; Low-density-lipoprotein-type hyperlipoproteinaemia
Intervention	Mass screening[mesh]	Case-finding
Outcomes	Diagnostic tests, routine[mesh]	Symptom assessment[mesh]; Physical examination[mesh]; Medical history taking[mesh]; Clinical laboratory techniques[mesh]; Diagnostic errors[mesh]; Clinical decision-making[mesh]
	Genetic techniques[mesh]	Genotype[mesh]; Phenotype[mesh]; Genetic heterogeneity[mesh]; Mutation[mesh]; Polymorphism, genetic[mesh]; Genetic Counseling[mesh]
	CVD, mortality	Myocardial ischaemia[mesh]; cerebrovascular disorders[mesh]; peripheral arterial disease[mesh]; vital statistics[mesh]; death[mesh]
	Anticholesteremic agents[mesh]	Treatment outcome[mesh]

Keywords and additional terms used to generate database search strategies:

Example search strategy:

Terms and filters used to search the Medline database via Pubmed

1. familial hypercholesterolaemia[Title/Abstract] OR familial hypercholesterolemia[Title/Abstract]

- cost and cost analysis[MeSH Terms] OR mass screening[MeSH Terms] OR diagnostic tests, routine[MeSH Terms] OR clinical chemistry tests[MeSH Terms] OR genetic testing[MeSH Terms] OR genotype[MeSH Terms] OR phenotype[MeSH Terms] OR genetic heterogeneity[MeSH Terms] OR mutation[MeSH Terms] OR polymorphism, genetic[MeSH Terms] OR genetic counseling[MeSH Terms] OR myocardial ischemia[MeSH Terms] OR cerebrovascular disorders[MeSH Terms] OR peripheral arterial disease[MeSH Terms] OR life expectancy[MeSH Terms] OR life tables[MeSH Terms] OR mortality[MeSH Terms] OR death[MeSH Terms] OR anticholesteremic agents[MeSH Terms] OR treatment outcome[MeSH Terms]
- 3. 1 AND 2

Filters applied:

- 1. Dates: 1999 present
- Article types: Clinical study, clinical trial (all phases), comparative study, consensus development conference, dataset, evaluation studies, government publications, guidelines, meta-analysis, multicenter study, observational study, practice guideline, pragmatic clinical trial, randomised controlled trial, systematic review, technical report, twin study, validation study

Supplementary File 2: Formulae applied in decision tree calculations

Formulae presented only for outcomes not equal to zero

FH+: familial hypercholesterolaemia (FH)-positive, as per base case definition FH-: FH-negative, as per base case definition

- M+: FH mutation-positive
- M-: FH mutation-negative
- TC+: total cholesterol test results positive
- TC-: total cholesterol test results negative
- A1: first screening appointment attendance
- P1: screening participation at first appointment
- A2: second screening appointment attendance
- P2: screening participation at second appointment

Branch 1: No screening

Mutation status	Mutation status determined	Formula
False nega	atives	
M+	No	p(FH+)*p(M+ FH+)
M-	No	p(FH+)*p(M- FH+)
True nega	tives	
M+	No	p(FH-)*p(M+ FH-)
M-	No	p(FH-)*p(M- FH-)

Branch 2: cholesterol-only screening

Mutation status	Mutation status determined	Formula
True positiv	/es	
M+	No	p(FH+)*p(M+ FH+)*p(A1)*p(P1)*p(TC+ FH+)*p(A2)*p(P2)
M-	No	p(FH+)*p(M- FH+)*p(A1)*p(P1)*p(TC+ FH+)*p(A2)*p(P2)
False nega	tives	
M+	No	p(FH+)*p(M+ FH+) - p(true positive, M+ status undetermined)
M-	No	p(FH+)*p(M- FH+) - p(true positive, M- status undetermined)
True negat	ives	
M+	No	p(FH-)*p(M+ FH-) - p(false positive, M+ status undetermined)
M-	No	p(FH-)*p(M- FH-) - p(false positive, M- status undetermined)
False posit	ives	
M+	No	p(FH-)*p(M+ FH-)*p(A1)*p(P1)*p(TC+ FH-)*p(A2)*p(P2)
M-	No	p(FH-)*p(M- FH-)*p(A1)*p(P1)*p(TC+ FH-)*p(A2)*p(P2)

Branch 3: genetic-only screening

Mutation status	Mutation status determined	Formula
True positiv	/es	
M+	Yes	p(FH+)*p(A1)*p(P1)*p(M+ FH+)*p(TC+ FH+)*p(A2)*p(P2)
False nega	tives	
M+	Yes	p(FH+)*p(A1)*p(P1)*p(M+ FH+) - p(true positive, M+ status determined)

M+	No	p(FH+)*p(M+ FH+) - p (true positive, M+ status determined) - p(false negative, M+ status determined)
M-	Yes	p(FH+)*p(A1)*p(P1)*p(M- FH+)
M-	No	p(FH+)*p(M- FH+) - p(false negative, M- status determined)
True negative	S	
M+	Yes	p(FH-)*p(M+ FH-) - p(true negative, M+ status undetermined)
M+	No	p(FH-)*p(M+ FH-)*(1-p(A1)) + p(FH-)*p(M+ FH-)*p(A1)*(1-p(P1)) + p(FH-)*p(A1)*p(P1)*p(M+ FH-)*p(TC+ FH-)*(1-p(A2)) + p(FH-)*p(A1)*p(P1)*p(M+ FH-)*p(TC+ FH-)*p(A2)*(1-p(P2))
M-	Yes	p(FH-)*p(A1)*p(P1)*p(M- FH-)
M-	No	p(FH-)*p(M- FH-) - p(true negative, M- status determined)

Branch 4: sequential cholesterol-genetic screening

Mutation status	Mutation status determined	Formula
True positiv	ves	
M+	Yes	p(FH+)*p(A1)*p(P1)*p(TC+ FH+)*p(A2)*p(P2)*p(M+ FH+)
M-	Yes	p(FH+)*p(A1)*p(P1)*p(TC+ FH+)*p(A2)*p(P2)*p(M- FH+)
False nega	itives	
M+	No	p(FH+)*p(M+ FH+) - p(true positive, M+ status determined)
M-	No	p(FH+)*p(M- FH+) - p(true positive, M- status determined)
True negat	ives	
M+	No	p(FH-)*p(M+ FH-)
M-	Yes	p(FH-)*p(A1)*p(P1)*p(TC+ FH-)*p(A2)*p(P2)*p(M- TC+)
M-	No	p(FH-)*p(M- FH-) - p(true negative, M- status determined)

Branch 5: parallel cholesterol-genetic screening

Mutation status	Mutation status determined	Formula
True positiv	ves	
M+	Yes	p(FH+)*p(A1)*p(P1)*p(M+ FH+)*p(TC+ FH+)*p(A2)*p(P2)
M-	Yes	p(FH+)*p(A1)*p(P1)*p(M- FH+)*p(TC+ FH+)*p(A2)*p(P2)
False nega	itives	
M+	Yes	p(FH+)*p(A1)*p(P1)*(M+ FH+) - p(true positive, M+ status determined)
M+	No	p(FH+)*p(M+ FH+) - p(true positive, M+ status determined) - p(false negative, M+ status determined)
M-	Yes	p(FH+)*p(A1)*p(P1)*p(M- FH+) - p(true positive, M- status determined)
M-	No	p(FH+)*p(M- FH+) - p(true positive, M- status determined) - p(false negative, M- status determined)
True negat	ives	
M+	Yes	p(FH-)*p(A1)*p(P1)*p(M+ FH-)*p(TC- FH-)
M+	No	p(FH-)*p(M+ FH-) - p(true negative, M+ status determined)
M-	Yes	p(FH-)*p(A1)*p(P1)*p(M- FH-)
M-	No	p(FH-)*p(M- FH-) - p(true negative, M- status determined)

Supplementary File 3: Formulae applied to calculate annual probabilities from 10-year cardiovascular disease risk estimates

10-year risks ($P_{10-year}$) were converted to rates using the formula:

rate (r) = $(-\ln(1-P_{10-year}))/10$

The calculated rates were converted into annual risks (P_{annual}) using the formula:

 $P_{annual} = 1 - e^{-r}$

Supplementary File 4: Details of modeled treatment

*40mg/day atorvastatin substituted for 80mg/day simvastatin regimes observed in audit on which modelled treatment based (Pedersen et al, 2010), given recent Medicines and Healthcare products Regulatory Agency guidance to limit use of 80mg/day simvastatin (MHRA, 2010).

	Proportions of treated persons using therapy							
Daily therapy	≥18 years	10-17 years	8-9 years					
Atorvastatin 10 mg	0.08	0.366	0					
Atorvastatin 20 mg	0.112	0.113	0					
Atorvastatin 40 mg*	0.32	0.038	0					
Atorvastatin 80 mg	0.288	0.013	0					
Rosuvastatin 5 mg	0.014	0.029	0					
Rosuvastatin 10 mg	0.025	0	0					
Rosuvastatin 20 mg	0.031	0	0					
Rosuvastatin 40 mg	0.03	0	0					
Simvastatin 10 mg	0.008	0.162	0					
Simvastatin 20 mg	0.017	0.054	0					
Simvastatin 40 mg	0.075	0	0					
Simvastatin 80 mg*	0	0	0					
Pravastatin 10 mg	0	0.169	1.0					
Pravastatin 20 mg	0	0.056	0					
Pravastatin 40 mg	0	0	0					
Ezetimibe 10 mg	0.463	0	0					

Supplementary File 5: Probability distributions assigned to sampled parameters and associated statistics ^aStandard errors estimated as 10% of the point estimate, as per previous models (NICE CG181; Ward et al, 2005); ^bNormal distribution was assigned to pre-treatment LDL-C estimates, as studies indicate such distribution,(Starr et al., 2008, Wald et al., 2007) and CI limits were sufficiently high to avoid risk of impossible negative values; SE: standard error; MI: myocardial infarction; TIA: transient ischaemic attack; FH: familial hypercholesterolaemia; CHD: coronary heart disease; LDL-C: low density lipoprotein cholesterol; LL: lower limit; UL: upper limit; CI: confidence interval; SB: Simon Broome

Parameter	Distribution		References				
		Point estimate (E)	SE	Alpha	Beta		
Transition probabilities	Beta	As per text	0.1*annual risk ^a	E*(E*(1-E)/ (SE ²)-1)	(alpha/E) - alp	oha	
Health states							
Well		1	-	-	-		
(Post) stable angina		0.808	0.038	86.00	20.44		
Unstable angina		0.770	0.038	93.67	27.98		
Post-unstable angina		0.880	0.018	285.93	38.99		NICE CG181
MI	Beta	0.760	0.018	427.09	134.87		
Post-MI		0.880	0.018	285.93	38.99		
TIA/post-TIA		0.900	0.025	128.70	14.30		
Stroke/post-stroke		0.628	0.040	91.07	53.94		
Dead states		0	-	-	-		
FH-associated relative risk 0	CHD		LL 95% CI	UL 95% CI	Ln(mean)	Ln(SE))
<39 years	l og pormal	84.3	33.8	173.3	4.43	0.42	(SB Register
40-59 years	Log-normal	5.3	2.7	9.2	1.67	0.31	Group, 1991)
Relative risk of outcome per	mM LDL-C reductio	n					
Non-fatal CHD		0.74	0.69	0.78	-0.30	0.03	
Ischaemic stroke	Log-normal	0.8	0.73	0.88	-0.22	0.05	(CTT, 2010)
Fatal CHD		0.8	0.73	0.86	-0.22	0.04	
Pre-treatment LDL-C (mM)			LL 95% CI	UL 95% CI	SE		
0 -19 years		5.82	5.56	6.08	0.13		
20-24 years		6.36	5.54	7.18	0.42		(Korr at al
25-34 years	Normal ^b	6.9	6.45	7.35	0.23		(Nell et al.,
35-44 years	noma	7.51	6.88	8.15	0.32		2017)
45-54 years		7.57	6.71	8.42	0.44		
55+ years		8.3	7.35	9.25	0.48		

Supplementary File 6: Familial hypercholesterolaemia case yields and costs per diagnosis under each screening strategy, as modelled in deterministic sensitivity analyses

Results are presented for all scenarios where screening outcomes differ from the base case scenario

US: universal screening; RCT: reverse cascade testing

a. DSA adjustment: All M+ defined as FH+

	FH cases identified per 10,000 screened in US			Screening costs per diagnosis (£)		
	US	RCT	total	US	RCT	total
No screening	0	0	0	n/a	n/a	n/a
Cholesterol-only screening	22.38	0	22.38	11,788	n/a	11,788
Sequential genetic-cholesterol screening	14.05	0	14.05	176,742	n/a	176,742
Sequential cholesterol-genetic screening	24.41	0	24.41	13,785	n/a	13,785
Parallel cholesterol-genetic screening	28.04	0	28.04	89,751	n/a	89,751
Sequential genetic-cholesterol screening plus RCT	14.05	28.10	42.15	176,742	777	59,432
Sequential cholesterol-genetic screening plus RCT	24.41	21.97	46.38	13,785	777	7,624
Parallel cholesterol-genetic screening plus RCT	28.04	28.10	56.14	89,751	777	45,212

b. DSA adjustment: RCT case yield/index = 0.5

	FH cases identified per 10,000 screened		Screening costs per diagnosis (£)			
-	US	RCT	total	US	RCT	total
No screening	0	0	0	n/a	n/a	n/a
Cholesterol-only screening	22.38	0	22.38	11,788	n/a	11,788
Sequential genetic-cholesterol screening	11.44	0	11.44	217,036	n/a	217,036
Sequential cholesterol-genetic screening	24.41	0	24.41	13,785	n/a	13,785
Parallel cholesterol-genetic screening	25.43	0	25.43	98,959	n/a	98,959
Sequential genetic-cholesterol screening plus RCT	11.44	4.92	16.36	217,036	1,165	152,146
Sequential cholesterol-genetic screening plus RCT	24.41	3.84	28.26	13,785	1,165	12,068
Parallel cholesterol-genetic screening plus RCT	25.43	4.92	30.35	98,959	1,165	83,110

c. DSA adjustment: RCT case yield/index = 6.1

	FH cases identified per 10,000 screened			Screening costs per diagnosis (£)		
	US	RCT	total	US	RCT	total
No screening	0	0	0	n/a	n/a	n/a
Cholesterol-only screening	22.38	0	22.38	11,788	n/a	11,788
Sequential genetic-cholesterol screening	11.44	0	11.44	217,036	n/a	217,036
Sequential cholesterol-genetic screening	24.41	0	24.41	13,785	n/a	13,785
Parallel cholesterol-genetic screening	25.43	0	25.43	98,959	n/a	98,959
Sequential genetic-cholesterol screening plus RCT	11.44	60.00	71.44	217,036	1,098	35,684
Sequential cholesterol-genetic screening plus RCT	24.41	46.91	71.32	13,785	1,098	5,441
Parallel cholesterol-genetic screening plus RCT	25.43	60.00	85.43	98,959	1,098	30,227

d. DSA adjustment: RCT case yield/index = 8.6; probability relative M+ = 0.31

	FH cases identified per 10,000 screened in US			Screening costs per diagnosis (£)		
	US	RCT	total	US	RCT	total
No screening	0	0	0	n/a	n/a	n/a
Cholesterol-only screening	22.38	0	22.38	11,788	n/a	11,788
Sequential genetic-cholesterol screening	11.44	0	11.44	217,036	n/a	217,036
Sequential cholesterol-genetic screening	24.41	0	24.41	13,785	n/a	13,785
Parallel cholesterol-genetic screening	25.43	0	25.43	98,959	n/a	98,959
Sequential genetic-cholesterol screening plus RCT	11.44	84.59	96.03	217,036	1,414	27,106
Sequential cholesterol-genetic screening plus RCT	24.41	66.13	90.54	13,785	1,414	4,749
Parallel cholesterol-genetic screening plus RCT	25.43	84.59	110.02	98,959	1,414	23,959

	FH cases identified per 10,000 screened in US			Screening costs per diagnosis (£)		
	US	RCT	total	US	RCT	total
No screening	0	0	0	n/a	n/a	n/a
Cholesterol-only screening	22.38	0	22.38	11,788	n/a	11,788
Sequential genetic-cholesterol screening	11.44	0	11.44	217,036	n/a	217,036
Sequential cholesterol-genetic screening	24.41	0	24.41	13,785	n/a	13,785
Parallel cholesterol-genetic screening	25.43	0	25.43	98,959	n/a	98,959
Sequential genetic-cholesterol screening plus RCT	11.44	84.59	96.03	217,036	2.049	27,666
Sequential cholesterol-genetic screening plus RCT	24.41	66.13	90.54	13,785	2.049	5,213
Parallel cholesterol-genetic screening plus RCT	25.43	84.59	110.02	98,959	2.049	24,448

e. DSA adjustment: RCT case yield/index = 8.6; probability relative M+ = 0.21

f. DSA adjustment: Cholesterol test true positive rate for sequential cholesterol-genetic US strategy = 62.5%

*NB. Cholesterol-only cholesterol threshold not adjusted in DSA as not clear that performance would be acceptable even using thresholds of highest described post-test probability (=0.53) in recent analysis, and not of concern as strategy dominated even at base case performance for this strategy (see Supplementary File 7, Table r)

	FH cases identified per 10,000 screened in US			Screening costs per diagnosis (£)		
	US	RCT	total	US	RCT	total
No screening	0	0	0	n/a	n/a	n/a
Cholesterol-only screening*	22.38	0	22.38	11,788	n/a	11,788
Sequential genetic-cholesterol screening	11.44	0	11.44	217,036	n/a	217,036
Sequential cholesterol-genetic screening	15.89	0	15.89	21,023	n/a	21,023
Parallel cholesterol-genetic screening	25.43	0	25.43	98,959	n/a	98,959
Sequential genetic-cholesterol screening plus RCT	11.44	19.67	31.11	217,036	1,110	80,519
Sequential cholesterol-genetic screening plus RCT	15.89	10.01	25.90	21,023	1,110	13,327
Parallel cholesterol-genetic screening plus RCT	25.43	19.67	45.10	98,959	1,110	56,279

	FH cases identified per 10,000 screened in US			Screening costs per diagnosis (£)		
	US	RCT	total	US	RCT	total
No screening	0	0	0	n/a	n/a	n/a
Cholesterol-only screening	22.38	0	22.38	14,127	n/a	14,127
Sequential genetic-cholesterol screening	11.44	0	11.44	221,611	n/a	221,611
Sequential cholesterol-genetic screening	24.41	0	24.41	15,930	n/a	15,930
Parallel cholesterol-genetic screening	25.43	0	25.43	101,018	n/a	101,018
Sequential genetic-cholesterol screening plus RCT	11.44	19.67	31.11	221,611	1,110	82,201
Sequential cholesterol-genetic screening plus RCT	24.41	15.38	39.79	15,930	1,110	10,202
Parallel cholesterol-genetic screening plus RCT	25.43	19.67	45.10	101,018	1,110	57,439

g. DSA adjustment: Universal screening appointment duration = 40 minutes

Supplementary File 7: Deterministic sensitivity analysis incremental cost effectiveness ratio comparisons QALY: quality adjusted life year; ICER: incremental cost-effectiveness ratio; RCT: reverse cascade testing; SD: strongly dominated

a. DSA adjustment: Costs for treatment of false positives included

				ICER (£/QAI	_Y)
	QALYs	Costs (£)	versus no screening	versus next lowest cost	versus relevant alternative
No screening	992.2	225,834	-	-	-
Cholesterol-only screening	1,009.5	601,028	21,733	21,733	ED
Sequential cholesterol-genetic screening	1,011.0	640,147	21,999	24,926	ED
Sequential cholesterol-genetic screening plus RCT	1,027.7	672,309	12,562	1,925	12,562
Sequential genetic-cholesterol screening	1,001.0	2,745,746	285,445	SD	SD
Sequential genetic-cholesterol screening plus RCT	1,022.4	2,786,887	84,799	SD	SD
Parallel cholesterol-genetic screening	1,011.8	2,823,202	132,399	SD	SD
Parallel cholesterol-genetic screening plus RCT	1,033.2	2,864,342	64,368	402,285	402,285

b. DSA adjustment: All M+ defined as FH+

			ICER (L/QALT)			
	QALYs	Costs (£)	versus no screening	versus next lowest cost	versus relevant alternative	
No screening	1,215.4	284,695	-	-	-	
Cholesterol-only screening	1,231.7	622,603	20,733	20,733	ED	
Sequential cholesterol-genetic screening	1,233.2	702,077	23,475	53,638	ED	
Sequential cholesterol-genetic screening plus RCT	1,256.0	743,929	11,327	1,839	11,327	
Sequential genetic-cholesterol screening	1,225.7	2,814,688	247,203	SD	SD	
Sequential genetic-cholesterol screening plus RCT	1,254. 8	2,868,223	65,649	SD	SD	
Parallel cholesterol-genetic screening	1,235.8	2,893,902	127,771	SD	SD	
Parallel cholesterol-genetic screening plus RCT	1,265.0	2,947,437	53,749	244,955	244,955	

c. DSA adjustment: RCT case yield/index = 0.5

				ICER (£/QAL	Y)
	QALYs	Costs (£)	versus no screening	versus next lowest cost	versus relevant alternative
No screening	715.2	136,036	-	-	-
Cholesterol-only screening	732.5	471,131	19,410	19,410	ED
Sequential cholesterol- genetic screening	734.0	550,349	21,999	50,476	ED
Sequential cholesterol- genetic screening plus RCT	738.2	558,600	18,364	1,975	18,364
Sequential genetic- cholesterol screening	724.0	2,655,948	285,445	SD	SD
Sequential genetic- cholesterol screening plus RCT	729.4	2,666,503	178,563	SD	SD
Parallel cholesterol-genetic screening	734.8	2,733,403	132,399	SD	SD
Parallel cholesterol-genetic screening plus RCT	740.2	2,743,958	104,479	1,120,252	1,120,252

d. DSA adjustment: RCT case yield/index = 6.1

	QALYs	Costs (£)	ICER (£/QALY)				
			versus no screening	versus next lowest cost	versus relevant alternative		
No screening	1,749.3	471,283	-	-	-		
Cholesterol-only screening	1,766.6	806,378	19,410	19,410	ED		
Sequential cholesterol-genetic screening	1,768.1	885,596	21,999	50,476	ED		
Sequential cholesterol-genetic screening plus RCT	1,819.1	983,114	7,333	1,914	7,333		
Sequential genetic-cholesterol screening	1,758.1	2,991,195	285,445	SD	SD		
Parallel cholesterol-genetic screening	1,768.9	3,068,651	132,399	SD	SD		
Sequential genetic-cholesterol screening plus RCT	1,823.3	3,115,936	35,731	505,301	ED		
Parallel cholesterol-genetic screening plus RCT	1,834.1	3,193,391	32,098	7,179	147,247		

e.	DSA	adjustment	RCT ca	ase yiel	d/index =	= 8.6;	probability	relative	M+	= 0.31

				ICER (£/QAL	Y)
	QALYs	Costs (£)	versus no screening	versus next lowest cost	versus relevant alternative
No screening	2,210.9	620,947	-	-	-
Cholesterol-only screening	2,228.2	956,042	19,410	19,410	ED
Sequential cholesterol-genetic screening	2,229.8	1,035,260	21,999	50,476	ED
Sequential cholesterol-genetic screening plus RCT	2,301.6	1,193,623	6,315	2,204	6,315
Sequential genetic-cholesterol screening	2,219.8	3,140,859	285,445	SD	SD
Parallel cholesterol-genetic screening	2,230.6	3,218,314	132,399	SD	SD
Sequential genetic-cholesterol screening plus RCT	2,311.7	3,343,430	27,027	213,885	ED
Parallel cholesterol-genetic screening plus RCT	2,322.5	3420,885	25,106	7,179	106,869

f. DSA adjustment: RCT case yield/index = 8.6; probability relative M+ = 0.21

		_		Y)	
	QALYs	Costs (£)	versus no screening	versus next lowest cost	versus relevant alternative
No screening	2,210.9	620,947	-	-	-
Cholesterol-only screening	2,228.2	956,042	19,410	19,410	ED
Sequential cholesterol-genetic screening	2,229.8	1,035,260	21,999	50,476	ED
Sequential cholesterol-genetic screening plus RCT	2,301.6	1,235,611	6,778	2,789	6,778
Sequential genetic-cholesterol screening	2,219.8	3,140,859	285,445	SD	SD
Parallel cholesterol-genetic screening	2,230.6	3,218,314	132,399	SD	SD
Sequential genetic-cholesterol screening plus RCT	2,311.7	3,397,138	27,560	215,052	ED
Parallel cholesterol-genetic screening plus RCT	2,322.5	3,474,593	25,588	7,179	107,432

g. DSA adjustment: 100% of diagnosed adults treated

			ICER (£/QALY)				
	QALYs	Costs (£)	versus no screening	versus next lowest cost	versus relevant alternative		
No screening	992.2	225,834	-	-			
Cholesterol-only screening	1,012.3	565,638	16,874	16,874	ED		
Sequential cholesterol-genetic screening	1,014.2	645,283	19,094	43,507	ED		
Sequential cholesterol-genetic screening plus RCT	1,033.8	679,458	10,904	1,741	10,904		
Sequential genetic-cholesterol screening	1,002.5	2,748,154	244,946	SD	SD		
Sequential genetic-cholesterol screening plus RCT	1,027.6	2,791,868	72,461	SD	SD		
Parallel cholesterol-genetic screening	1,015.1	2,828,552	113,739	SD	SD		
Parallel cholesterol-genetic screening plus RCT	1,040.2	2,872,267	55,136	342,833	342,833		

h. DSA adjustment: 100% of diagnosed treated from 8 years

		Costs (£)	ICER (£/QALY)				
	QALYs		versus no screening	versus next lowest cost	versus relevant alternative		
No screening	992.2	225,834	-	-	-		
Cholesterol-only screening	1,013.1	566,487	16,301	16,301	ED		
Sequential cholesterol-genetic screening	1,015.0	646,210	18,439	41,963	ED		
Sequential cholesterol-genetic screening plus RCT	1,034.7	680,410	10,688	1,733	10,688		
Sequential genetic-cholesterol screening	1,002.9	2,748,589	236,067	SD	SD		
Sequential genetic-cholesterol screening plus RCT	1,028.1	2,792,335	71,430	SD	SD		
Parallel cholesterol-genetic screening	1,016.0	2,829,518	109,638	SD	SD		
Parallel cholesterol-genetic screening plus RCT	1,041.2	2,873,264	54,038	339,512	339,512		

i. DSA adjustment: 15% discontinue LMT at 10 years

		Costs (£)	ICER (£/QALY)				
	QALYs		versus no screening	versus next lowest cost	versus relevant alternative		
No screening	992.2	225,834	-	-	-		
Cholesterol-only screening	1,007.1	558,168	22,305	22,305	ED		
Sequential cholesterol-genetic screening	1,008.5	637,135	25,304	58,299	ED		
Sequential cholesterol-genetic screening plus RCT	1,023.8	668,581	14,016	2,051	14,016		
Sequential genetic-cholesterol screening	999.8	2,744,335	330,547	SD	SD		
Sequential genetic-cholesterol screening plus RCT	1,019.4	2,784,559	93,954	SD	SD		
Parallel cholesterol-genetic screening	1,009.1	2,820,065	153,219	SD	SD		
Parallel cholesterol-genetic screening plus RCT	1,028.7	2,860,289	72,086	442,080	442,080		

j. DSA adjustment: 50% LDL-C reduction achieved with LMT

			ICER (£/QALY)				
	QALYs	Costs (£)	versus no screening	versus next lowest cost	versus relevant alternative		
No screening	992.3	225,114	-	-	-		
Cholesterol-only screening	1,017.9	539,005	12,241	12,241	ED		
Sequential cholesterol-genetic screening	1,020.3	616,295	13,984	33,155	ED		
Sequential cholesterol-genetic screening plus RCT	1,044.7	629,187	7,713	528	7,713		
Sequential genetic-cholesterol screening	1,005.4	2,734,183	191,342	SD	SD		
Sequential genetic-cholesterol screening plus RCT	1,036.6	2,750,647	56,951	SD	SD		
Parallel cholesterol-genetic screening	1,021.4	2,798,386	88,307	SD	SD		
Parallel cholesterol-genetic screening plus RCT	1,052.7	2,814,877	42,896	273,840	273,840		

k. DSA adjustment: Estimated off-patent LMT costs applied

			ICER (£/QALY)		
	QALYs	Costs (£)	versus no screening	versus next lowest cost	versus relevant alternative
No screening	992.7	224,041	-	-	
Cholesterol-only screening	1,009.9	519,499	17,275	17,275	ED
Sequential cholesterol-genetic screening	1,011.4	595,113	19,888	48,633	ED
Sequential cholesterol-genetic screening plus RCT	1,028.0	598,023	10,611	175	10,611
Sequential genetic-cholesterol screening	1,001.5	2,723,684	285,812	SD	SD
Sequential genetic-cholesterol screening plus RCT	1,022.7	2,727,407	83,553	SD	SD
Parallel cholesterol-genetic screening	1,012.2	2,776,366	131,326	SD	SD
Parallel cholesterol-genetic screening plus RCT	1,033.4	2,780,089	62,878	403,544	403,544

I. DSA adjustment: Discount rate = 1.5%

			ICER (£/QALY)				
	QALYs	Costs (£)	versus no screening	versus next lowest cost	versus relevant alternative		
No screening	1,554.0	455,562	-	-	-		
Cholesterol-only screening	1,602.2	808,339	7,330	7,330	ED		
Sequential cholesterol-genetic screening	1,606.5	889,164	8,259	18,474	ED		
Sequential cholesterol-genetic screening plus RCT	1,637.2	920,123	5,586	1,010	5,586		
Sequential genetic-cholesterol screening	1,578.6	2,984,516	102,760	SD	SD		
Sequential genetic-cholesterol screening plus RCT	1,617.9	3,024,117	40,243	SD	SD		
Parallel cholesterol-genetic screening	1,608.7	3,073,022	47,860	SD	SD		
Parallel cholesterol-genetic screening plus RCT	1,647.9	3,112,624	28,295	204,037	204,037		

m. DSA adjustment: Discount rate = 5.0%

			ICER (£/QALY)			
	QALYs	Costs (£)	versus no screening	versus next lowest cost	versus relevant alternative	
No screening	765.7	145,874	-	-	-	
Cholesterol-only screening	774.3	469,310	37,830	37,830	ED	
Sequential cholesterol-genetic screening	775.0	547,467	43,057	100,557	ED	
Sequential cholesterol-genetic screening plus RCT	786.4	579,142	20,932	2,785	20,932	
Sequential genetic-cholesterol screening	770.1	2,659,824	575,009	SD	SD	
Sequential genetic-cholesterol screening plus RCT	784.6	2,700,340	135,026	SD	SD	
Parallel cholesterol-genetic screening	775.4	2,729,992	265,977	SD	SD	
Parallel cholesterol-genetic screening plus RCT	790.0	2,770,508	108,179	615,027	615,027	

n. DSA adjustment: CVD risks 90% of base case estimates

			ICER		
	QALYs	Costs (£)	versus no screening	versus next lowest cost	versus relevant alternative
No screening	1,002.1	210,445	-	-	-
Cholesterol-only screening	1,018.1	547,894	20,986	20,986	ED
Sequential cholesterol-genetic screening	1,019.6	627,325	23,766	54,339	ED
Sequential cholesterol-genetic screening plus RCT	1,035.1	661,757	13,644	2,216	13,644
Sequential genetic-cholesterol screening	1,010.3	2,731,561	306,613	SD	SD
Sequential genetic-cholesterol screening plus RCT	1,030.2	2775,604	91,297	SD	SD
Parallel cholesterol-genetic screening	1,020.3	2,810,487	142,295	SD	SD
Parallel cholesterol-genetic screening plus RCT	1,040.2	2,854,531	69,314	432,665	432,665

o. DSA adjustment: CVD risks 80% of base case estimates

	QALYs	Costs (£)	ICER (£/QALY)		
			versus no screening	versus next lowest cost	versus relevant alternative
No screening	1,012.4	192,560	-	-	-
Cholesterol-only screening	1,027.1	532,932	23,052	23,052	ED
Sequential cholesterol-genetic screening	1,028.5	612,629	26,079	59,374	ED
Sequential cholesterol-genetic screening plus RCT	1,042.6	650,193	15,149	2,664	15,149
Sequential genetic-cholesterol screening	1,019.9	2,715,171	334,100	SD	SD
Sequential genetic-cholesterol screening plus RCT	1,037.9	2,763,220	100,461	SD	SD
Parallel cholesterol-genetic screening	1,029.1	2,795,924	155,158	SD	SD
Parallel cholesterol-genetic screening plus RCT	1,047.2	2,843,974	76,153	476,121	476,121

p. DSA adjustment: Undiagnosed cases treated at background rate

	QALYs	Costs (£)	ICER (£/QALY)		
			versus no screening	versus next lowest cost	versus relevant alternative
No screening	1,009.9	263,749	-	-	-
Cholesterol-only screening	1,023.2	585,152	24,159	24,159	ED
Sequential cholesterol-genetic screening	1,024.4	663,125	27,518	64,471	ED
Sequential cholesterol-genetic screening plus RCT	1,036.3	683,821	15,940	1,748	15,940
Sequential genetic-cholesterol screening	1,016.7	2,776,660	369,384	SD	SD
Sequential genetic-cholesterol screening plus RCT	1,031.9	2,803,133	115,699	SD	SD
Parallel cholesterol-genetic screening	1,025.0	2,845,558	170,780	SD	SD
Parallel cholesterol-genetic screening plus RCT	1,040.2	2,872,031	86,187	559,669	559,669

q. DSA adjustment: Cholesterol test true positive rate for sequential cholesterol-genetic US strategy = 62.5%
*NB. Cholesterol-only cholesterol threshold not adjusted in DSA as not clear that performance would be acceptable even using thresholds of highest described post-test probability (=0.53) in recent analysis, and not of concern as strategy dominated even at base concerned for this attractory. case performance for this strategy

			ICER (£/QALY)		
	QALYs	Costs (£)	versus no screening	versus next lowest cost	versus relevant alternative
No screening	992.2	225,834	-	-	-
Cholesterol-only screening*	1,009.5	560,929	19,410	19,410	ED
Sequential cholesterol-genetic screening	1,004.5	610,592	31,380	SD	SD
Sequential cholesterol-genetic screening plus RCT	1,015.3	631,531	17,533	12,016	17,533
Sequential genetic-cholesterol screening	1,001.0	2,745,746	285,445	SD	SD
Sequential genetic-cholesterol screening plus RCT	1,022.4	2,786,887	84,977	305,210	SD
Parallel cholesterol-genetic screening	1,011.8	2,823,202	132,399	SD	SD
Parallel cholesterol-genetic screening plus RCT	1,033.2	2,864,342	64,499	7,179	125,076

r. DSA adjustment: Universal screening appointment duration = 40 minutes

	QALYs	Costs (£)	ICER (£/QALY)		
			versus no screening	versus next lowest cost	versus relevant alternative
No screening	992.2	225,834	-	-	-
Cholesterol-only screening	1009.5	613,277	22,443	22,443	ED
Sequential cholesterol-genetic screening	1011.0	692,495	24,779	50,476	ED
Sequential cholesterol-genetic screening plus RCT	1027.7	724,657	14,035	1,925	14,035
Sequential genetic-cholesterol screening	1001.0	2,798,094	291,375	SD	SD
Sequential genetic-cholesterol screening plus RCT	1022.4	2,839,235	86,533	SD	SD
Parallel cholesterol-genetic screening	1011.8	2,875,550	135,067	SD	SD
Parallel cholesterol-genetic screening plus RCT	1033.2	2,916,690	65,645	402,285	402,285

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Supplementary File 8: Cost-effectiveness acceptability curves

Probability of cost-effectiveness of sequential cholesterol-genetic plus reverse cascade testing (RCT) versus no screening is displayed for the base case (black line) and deterministic sensitivity analysis scenarios that modelled a definition of familial hypercholesterolaemia that included all mutation-positive individuals (A), different RCT yields (B), off-patent drug costs (C), lower cardiovascular (CVD) risk estimates (D), alternative discount rates (E) and background lipid modifying treatment (F); *A: 6.1 relatives identified with probability = 0.4; 2.5 with probability = 0.2; B: 6.1 identified with probability = 0.4; 2.5 with probability = 0.1



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Supplementary File 9: Additional references

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