

Supplementary Material

Supplementary Table 3 Estimated Incremental QALY required if the current Incremental cost were based on a \$50000 WTP threshold

		Incremental cost	USD	current Incremental QALY	Required incremental QALY for cost effective	Disease risk decrease with PA
Freew et al 2014	Basce case analysis (5 years) Be active versus no scheme	24	38	0,06	0,00076	0.004(0.003,0.005)
	Time horizon 2 years, be active versus no scheme	92	146	0,05	0,00292	
	Reduction physical activity over time be active versus no scheme	63	100	0,03	0,00126	
Bos et al 2011	Low fat dietary intervention women with high with high risk of breast cancer with fat intake $\geq 32\%$, versus usual diet, start age 50y	1003	1003	0,095	0,02016**	Cumulative Hasard ratio (HH) Year 8 0,778 (p<0.01)
	Low fat dietary intervention women with high fat intake at baseline >36.8% versus usual diet, start age 50y	1111	1111	0,086	0,0222**	
	Low fat dietary intervention women with high with high risk of breast cancer with fat intake $\geq 32\%$, versus usual diet, start age 55y	991	991	0,083	0,01982**	
	Low fat dietary intervention women with high fat intake at baseline >36.8% versus usual diet, start age 55y	1160	1160	0,075	0,0232**	
	Low fat dietary intervention women with high with high risk of breast cancer with fat intake $\geq 32\%$, versus usual diet, start age 60y	1100	1100	0,07	0,022**	
Roux et al 2008	An eight-week community intervention for walking (Wheeling Walks) / NO	700	700	0,049	0,014	BC incidence decrease 15 to 58 per 100,000
Peels et al 2014	Computer -tailored PA intervention:Basic printed versus usual care, lifetime	33E+07*	4,59E+08	44380*	9174	0,003
	Computer -tailored PA intervention:Web-based basic versus usual care, lifetime	9E+07*	1,25E+08	9150*	2502	

* cumulative lifetime

**Incremental QALYs estimated by for breast cancer alone (Bos 2019, personal communication) were above the minimum required for \$50,000.