All Panelists

The following document presents the group's median and range of ratings. Each cell is color coded. Cells in yellow are ones where the group disagreed (≥ 2 panelists gave that cell a rating of 1-3 and ≥ 2 panelists gave that cell a rating of 7-9); cells in blue are ones where the group agreed, with the darker blues representing higher medians, as shown in the key on the right.

neulan (nunge	Median	(Range
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Yellow: Disagreement (≥2 ratings of 1-3 and ≥2 ratings of 7	-9
Blue 1: Median ≥7-9 without disagreement	

- Blue 2: Median ≥4-<7, without disagreement
- Blue 3: Median 1-<4 without disagreement

SECTION 1

TABLE 1. SOLID ORGAN CANCERS

Please enter a rating in each yellow cell, where								Imagine an annual hypothetical sci cancer you are being asked to rate	reening blood test for patients ≥50 ye Assume this test cannot differentia	ears of age that is 100% sensitive ar te between higher and lower risk car	nd 100% specific for the stage of acers.
each cell represents a cancer or cancer stage.							Q3: How long does it take this	If all cancers of this type were diag extent would	nosed no later than the stage [4] ind	icated by the row heading, to what	Now consider what medical practice might be like in 2030 [5] with cure
If there is heterogeneity within a category, do your best to imagine a typical patient.	Q1: What is the likelif cancer at this stage to <u>treatment</u> [2]?	nood that patients diagn oday will be cured [1] wi	osed with this th <u>typical</u>	Q2: What is the likeli II of this cancer will p lifetime?	ihood that untreated p progress to stage III or I	atients with stage I o IV disease over their	cancer to progress from the beginning of this stage [3] to the beginning of the next stage in undiagnosed patients (natural history of disease)?	Q4: life expectancy increase in all patients with this cancer, relative to life expectancy without the screening test [6]?	cure rates increase in all patier rates without the screening test?	ts with this cancer, relative to cure	Q7: If all cancers of this type were diagnosed no later than this stage, to what extent would cure rates increase with <u>typical treatment</u> in
								Assume patients are receiving typical treatment.	Q5: Assume patients are receiving typical treatment.	Q6: Assume patients are receiving best available treatment [7].	all patients with this cancer, relative to 2030 cure rates without the screening test?
	For columns A throu 1 =Extremely unlikely 3 =Somewhat unlikely 5 =Neutral, neither lik 7 =Somewhat likely 9 =Extremely likely	gh F, enter a rating of , ely nor unlikely	1 through 9, where	9;			For column G, enter a rating of 1 through 9, where: 1 = Less than 1 year 5 = 5 years 9 = 9 or more years	For columns H through K, enter (e.g., life expectancy in Q4 and cu 1 =Not at all 3 = Slightly 5 =Moderately 7 =Considerably 9 =A great deal, doubling the outco	a rating of 1 through 9, where your a re rates in Q5, Q6, Q7) would increa ome of interest	nswer reflects your judgement about se:	how much the outcome of interest
	Lower risk [8]	Higher risk [9]	Overall	Lower risk	Higher risk	Overall	Overall	Overall	Overall	Overall	Overall
	A	B	С	D	E	F	G	Н		J	К
Prostate 1				3.5 (1 - 8)	7.0 (5 – 9)	6.0 (3 - 7					
Stage I 2	9.0 (9 - 9)	8.0 (5 - 9)	8.5 (7 – 9))			7.0 (5 – 9) 3.0 (1 – 8) 3.0 (1 - 8) 3.5 (1 – 8) 3.5 (1 - 8)
Stage II 3	9.0 (8 - 9)	7.0 (5 - 9)	8.0 (7 – 9				5.0 (4 - 7) 3.5 (2 - 6) 3.0 (2 - 6) 3.0 (2 - 6) 4.5 (2 - 6)
Stage III 4	7.0 (3 - 9)	3.5 (3 - 8)	5.5 (3 – 8)			3.0 (2 – 5) 3.0 (1 – 5) 2.5 (1 – 5) 3.0 (1 - 6) 4.5 (2 - 6)
Stage IV 5	1.0 (1 – 7)	1.0 (1 - 4)	1.0 (1 – 5								
Breast 6	i			6.0 (2 - 8)	8.0 (5 – 9)	7.0 (4 - 8)				
Stage I 7	9.0 (8 - 9)	8.0 (6 - 9)	9.0 (7 – 9)			3.0 (2 - 9) 7.0 (3 - 8) 6.5 (3 - 8) 6.5 (3 - 8) 7.5 (3 - 9)
Stage II 8	8.0 (8 - 9)	6.5 (4 - 8)	7.5 (6 – 9)			2.0 (1 - 6) 5.5 (3 - 7) 5.5 (2 - 7) 5.5 (3 - 7) 6.0 (4 - 7)
Stage III 9	6.5 (3 - 9)	4.0 (3 - 5)	5.5 (3 – 9)			1.5 (1 – 3) 3.0 (2 - 6) 3.0 (1 - 6) 3.0 (1 - 6) 5.5 (2 - 7)
Stage IV 10	1.5 (1 – 5)	1.0 (1 – 1)	1.0 (1 – 3)							
Lung 11	1			7.0 (3 – 9)	9.0 (2 – 9	8.0 (2 - 9)				
Stage I 12	2 7.5 (7 - 9)	6.0(3-7)	7.0 (5 - 9				2.0(1-9)) 8.0 (7 - 9) 8.0 (5 - 9) 8.0 (6 - 9) 8.5 (3 - 9)
Stage II 1	$\frac{3}{50}$ ($\frac{3}{8}$)	4.5 (1 - 6)	5.0 (3 - 8				1.0(1-7)) 6.0 (5 - 8)) 6.0 (4 - 8)) 7.0 (5 - 8) 7.5 (4 - 9)
Stage III 14	4 3.0 (1 - 6)	2.5(1-4)	3.0 (1-5				1.0 (1 – 3) 3.5 (3 - 7) 3.0 (1 – 5) 4.0 (1 - 6) 5.0 (2 - 7)
Stage IV 1	5 1.0 (1 – 2)	1.0 (1 – 1)	1.0 (1 – 2)								

[1] Curability is the extent to which a patient diagnosed with cancer is more likely to die of something else. If a cancer is completely curable, no one will die of cancer.

[2] Includes active treatment or surveillance.

[3] For example, to answer 2G, consider the time from the beginning of stage II to the beginning of stage II. For 3G, consider the time from the beginning of stage II. Similarly, for 4G, consider the time from the beginning of stage IV.

[4] For stage I, assume all stage II-IV cancers are detected during those stages. For the stage II, assume that all stage III and IV cancers are detected by stage II; any cancers that had been detected in stage I or II would still be detected during those stages. For the stage III, assume all stage IV cancers were diagnosed during stage II; any cancers that had been detected in stage I or II would still be detected during those stages. For the stage III, assume all stage IV cancers were diagnosed during stage II; any cancers that had been detected in stage I or II would still be detected during those stages.

[5] If there are many treatment advancements, cure rates may increase, and if treatment remains unchanged, cure rates are unlikely to change.

[6] A patient who is not cured could have increased life expectancy (e.g. still die of this cancer).

[7] Treatment consistent with NCCN guidelines.

[8] Please refer to the table above for examples of lower risk cancers.

[9] Please refer to the table above for examples of higher risk cancers.

Please enter a rating in each yellow cell, where each cell represents a cancer or cancer stage. If there is heterogeneity within a category, do your best to imagine a typical patient.	Q1: What is the likelii cancer at this stage t <u>treatment</u> [2]?	hood that patients diagr oday will be cured [1] w	nosed with this ith <u>typical</u>	Q2: What is the likeli II of this cancer will p lifetime?	nood that untreated p rogress to stage III or I	atients with stage I or IV disease over their	Q3: How long does it take this cancer to progress from the beginning of this stage [3] to the beginning of the next stage in undiagnosed patients (natural history of disease)?	ars of age that is 100% sensitive and e between higher and lower risk cand cated by the row heading, to what is with this cancer, relative to cure Q6: Assume patients are receiving best available treatment [7].	Now consider what medical practic might be like in 2030 [5] with cure rates higher than today's. Q7: If all cancers of this type were diagnosed no later than this stage, to what extent would cure rates increase with <u>typical treatment</u> in g all patients with this cancer, relativ to 2030 cure rates without the screening test?		
	For columns A throu 1 =Extremely unlikely 3 =Somewhat unlikely 5 =Neutral, neither lik 7 =Somewhat likely 9 =Extremely likely	igh F , enter a rating of y ely nor unlikely	1 through 9, when	e:			For column G, enter a rating of 1 through 9, where: 1=Less than 1 year 5=5 years 9=9 or more years	For columns H through K, enter (e.g., life expectancy in Q4 and cui 1 =Not at all 3 =Slightly 5 =Moderately 7 =Considerably 9 =A great deal, doubling the outco	a rating of 1 through 9, where your an e rates in Q5, Q6, Q7) would increas me of interest	iswer reflects your judgement about i re:	how much the outcome of interest
	Lower risk [8]	Higher risk [9]	Overall	Lower risk	Higher risk	Overall	Overall	Overall	Overall	Overall	Overall
Colon/Postum 16	A	В	U				G		-	J	K
Stage 17	00 (8 0	00/8 0) 00 (8 0	1.0 (0 - 9)	0.0 (0 - 9)	0.0 (0 - 9	35 (2 7)	75 (6 9	70 (6 9)	80 (6 9)	80 (3 0)
Stage II 18	<u> </u>	7 - 3.0 (- 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	3.0(0-3)	/ \			30(2-7)	1.5(0-3)	60(5-8)	65(5-8)	70(4-9)
Stage III 10	60(3-9)	50(2-7)	50(3-7)	/ \			10(1-2)	50(1 - 7)	$\frac{1}{1} \frac{1}{1} \frac{1}$	50(1-7)	1.0(4-3)
Stage IV 20		10(12)	15(1-3)	/ \			1.0 (1 - 2)	3.0 (1 - 1	/ 4.3 (1 – 1)	3.0 (1 - 7)	0.0 (2 - 3)
Molanoma 21	1.5 (1 = 4) 1.0 (1 = 2	/ 1.5 (1 = 5		80 (6 0)	70 (6 0)					
Stage 22	00 (8 0	00/70) 00 (8 0	1.0 (4 - 9)	0.0 (0 - 9)	1 1.0 (0 - 9)		70 (2 9	65 (2 9)	70 (2 9)	70 (2 9)
Stage II 22	9.0 (0 - 9) 9.0(7 - 9)) 9.0(6-9)	<u>/</u>			3.0(1-5)	7.0(2-9)	50(3-9)	7.0(2-9)	1.0(2-9)
Stage III 24	50(7-8)	$\frac{1}{35}$	1.0(0-8)	<u>/</u>				35(3-7)	30(3-6)	3.0(3-6)	0.0(5-9)
Stage IV 25	3.0(3-7)	10(1 3)	1 4.5 (3-0)	<u>/</u>			1.0 (1 - 3)	3.5 (5 - 7	3.0(2-1)	4.0 (2 - 1)	0.5 (5 - 6)
Kidnov 26	2.0 (1 - 4) 1.0 (1 = 3) 1.5 (1 - 5		<u> </u>	70 (5 0)	N				
Stage 27	00/00) 00 (7 0	5.5 (4 - 9)	0.0 (4 - 9)	1 1.0 (5 - 9)	50 (1 7)	70 / 2 0	70 (5 0)	70 (5 0)	70 (2 0)
Stage II 28	9.0 (0 - 9) 9.0(4-9)	9.0(7-9)	<u>)</u>			30(1-7)	55 (4 9	$\frac{1}{10} \left(\frac{3}{5} - \frac{9}{9} \right)$	1 - 1.0 (- 3 9)	1.0(5-9)
Stane III 20	60(3-7)	45(2 - 7)	55(3-7)				3.0(1-5)	45 (3 - 7	50(2-7)	50(2-8)	60(3-8)
Stage IV 30	20(1-3)	10(1-2)	15(1-2)				2.0 (1 - 2)	T.0 (0 - 1	0.0 (2 - 1)	0.0 (2 - 0)	0.0 (0 - 0)
Head and Neck 31	2.0 (1 - 3	1.0 (1 - 2	1.5 (1=2	75(5-9)	85 (4 - 9)	80 (4 - 9					
Stage I 32	85 (7 - 9	90(5-9)	90(6-9))	0.0 (4 - 0)	0.0 (4 - 0)	30(2-6)	70 (4 - 9	65(3-9)	70 (3 - 9)	70(3-9)
Stage II 33	8.0 (6 - 9	7.0(4-8)	7.5(5-9)				2.0(1-4)	5.5(3 - 8)	55(2-8)	6.0(2 - 8)	6.0(2-9)
Stage III 34	6.5(3-9)	4.5(3-7)) 5.0 (3 - 8)				1.0(1-2)	3.0 (2 - 7	3.0(1-7)	4.5 (1 - 7)	5.5 (1 - 8)
Stage IV 35	4.0 (1 - 8	2.0(1-6)) 3.0 (1-8))					,		
Uterus 36			1	6.5(3-9)	8.0 (6 - 9)	7.0 (5 – 9					
Stage I 37	9.0 (8 - 9) 8.5 (7 - 9) 9.0 (8 – 9)			4.0 (3 - 6)	6.0 (2 - 9	6.5(2-9)	7.0 (2 - 9)	7.0 (2 - 9)
Stage II 38	8.0 (7 - 9) 7.0 (5 - 9) 8.0 (7 – 9)			3.0 (1 - 5)	5.0 (3 - 8	5.0(3-8)	5.0 (4 - 9)	6.0 (4 - 9)
Stage III 39	6.0 (5 - 9) 5.0 (4 - 8) 5.5 (5 – 8)			1.5 (1 - 3)	4.0 (3 - 7	4.5 (2 - 7)	4.0 (2 - 7)	5.0 (3 - 8)
Stage IV 40	1.5 (1 – 4) 1.0 (1 – 2) 1.0 (1-3)							
Pancreas 41						9.0 (2 - 9					
Stage I 42			4.0 (2-7)			1.0 (1 – 2)	5.5 (5 - 9) 5.0 (3 - 9)	5.5 (4 - 9)	6.5 (4 - 9)
Stage II 43			2.5 (1-5)			1.0 (1 – 2)	4.0 (2 - 9	3.0 (1 – 9)	3.0 (2 - 9)	5.5 (2 - 9)
Stage III 44			1.0 (1-3)			1.0 (1 – 1)	2.0 (1 - 9) 1.5 (1 – 9)	2.0 (1 - 9)	3.5 (1 - 9)
Stage IV 45			1.0 (1 – 1)							

Please enter a rating in each yellow cell, where each cell represents a cancer or cancer stage. If there is heterogeneity within a category, do your best to imagine a typical patient.	Q1: What is the likelih cancer at this stage to <u>treatment</u> [2]?	nood that patients diagn aday will be cured [1] wi	uosed with this ith <u>typical</u>	Q2: What is the likeli II of this cancer will p lifetime?	hood that untreated p rogress to stage III or I	atients with stage I or V disease over their	Q3: How long does it take this cancer to progress from the beginning of this stage [3] to the beginning of the next stage in undiagnosed patients (natural history of disease)?	Imagine an annual hypothetical sci cancer you are being asked to rate If all cancers of this type were diag extent would Q4:Iffe expectancy increase in all patients with this cancer, relative to life expectancy without the screening test [6]? Assume patients are receiving typical treatment.	eening blood test for patients ≥50 ye . Assume this test cannot differentiate nosed no later than the stage [4] india cure rates increase in all patient rates without the screening test? Q5: Assume patients are receiving <u>typical treatment</u> .	ars of age that is 100% sensitive an a between higher and lower risk can cated by the row heading, to what s with this cancer, relative to cure Q6: Assume patients are receiving best available treatment [7].	 100% specific for the stage of zers. Now consider what medical practice might be like in 2030 [5] with cure rates higher than today's. Q7: If all cancers of this type were diagnosed no later than this stage, to what extent would cure rates increase with <u>typical treatment</u> in all patients with this cancer, relative to 2030 cure rates without the screening test?
	For columns A throu, 1 =Extremely unlikely 3 =Somewhat unlikely 5 =Neutral, neither likely 7 =Somewhat likely 9 =Extremely likely	gh F, enter a rating of , ely nor unlikely	1 through 9, where	2:			For column G, enter a rating of 1 through 9, where: 1=Less than 1 year 5=5 years 9=9 or more years	For columns H through K, enter (e.g., life expectancy in Q4 and cui 1 =Not at all 3 =Slightly 5 =Moderately 7 =Considerately 9 =A great deal, doubling the outco	a rating of 1 through 9, where your an re rates in Q5, Q6, Q7) would increas me of interest	swer reflects your judgement about e:	how much the outcome of interest
	Lower risk [8]	Higher risk [9]	Overall	Lower risk	Higher risk	Overall	Overall	Overall	Overall	Overall	Overall
Thumada	A	В	C				G	H		J	ĸ
Stage I 40	00 (0 0)	65 (1 0)		4.0 (1 - 9)	1.5 (0 - 9)	5.0 (2 - 0	60 / 4 9	20 (1 7		20 (1 7	20 (1 7)
Stage II 48	9.0(3-9)	50(1-9)	3.0(0-3)					30(1-7)	30(1-7)		30(1-7)
Stage III 49	85(4-9)	30(1-9)	70(4-9)				40(2-5)	30(2 - 5)	30(1-5)	30(1-5)	30(2 - 6)
Stage IV 50	60(1-9)	10(1-5)	50(1-7)				4.0 (2 0)	0.0 (2 0	/ 0.0 (1 0)	0.0 (1 0	0.0 (2 0)
Bladder 51	0.0 (1 0)					75 (5 - 9					
Stage I 52			85 (7-9)	1		1.0 (0 0	30(2-5)	60(5-8)	60(5-8)	60 (5 - 8	70(5-9)
Stage II 53			6.5(6-8)				2.0 (1 - 5)	5.0 (4 - 7)	4.5(3-7)	5.0 (4 - 7)	6.0(4-8)
Stage III 54			4.0(3-5)					3.0(2 - 7)	3.0(2-5)	3.0 (2 - 5	4.0(3 - 8)
Stage IV 55			1.0(1-2)						,,,,, ,		
Liver/Intrahepatic Bile-duct 56				7.5 (3 - 9)	8.0 (2 - 9)	7.5 (2 - 9)					
Stage I 57	5.0 (3 - 8)	3.5 (1 - 7)	4.0 (2-8))			2.0 (1 - 4)	7.0 (3 - 7	6.0 (3 - 7)	6.5 (3 - 7)	7.0 (5 - 8)
Stage II 58	3.5 (2 - 7)	2.5 (1 - 7)	3.0 (2-7)				1.0 (1 – 2)	5.0 (2 - 7) 5.0 (2 - 7)	5.0 (2 - 7	6.0 (4 - 8)
Stage III 59	2.0 (1 - 5)	1.0 (1 - 5)	1.5 (1-5))			1.0 (1 – 2)) 2.5 (1 – 7) 2.5 (1 – 7)	2.5 (1 - 7)	4.0 (2 - 8)
Stage IV 60	1.0 (1 - 1)	1.0 (1 - 1)	1.0 (1-1)								
Ovary 61				7.0 (5 – 9)	8.0 (3 - 9)	8.0 (4 - 9					
Stage I 62	9.0 (6 - 9)	8.0 (3 - 8)	8.0 (6 - 9)				3.0 (1 - 4)	7.5 (6 - 9) 7.0 (5 - 9)	7.0 (6 - 9	8.0 (6 - 9)
Stage II 63	8.0 (4 - 9)	6.0(3-7)	7.0 (4 - 8)				2.0(1-3)	6.5 (5 - 9	5.5(4-8)	6.0 (5 - 8	7.0 (6 - 9)
Stage III 64	6.5(1-9)	2.0(1-4)	3.0(1-5)				1.0 (1 - 2)) 3.0 (1 - 7) 3.0 (1 - 7)	3.0 (1 - 7	5.0 (3 - 8)
Stage IV 00	4.0 (1 - 9)	1.0 (1 - 2)) 1.0 (1 – 3)	75 (4 0)	00 (0 0 0						
Stomacn 00	<u> </u>	70 (4 7)	70 (5 9)	1.5 (4 - 9)	9.0 (2 - 9)	8.0 (2 - 9)	20 (2 5)	75 (5 0		70 (5 0)	80 (6 0)
Stage II 68	50(0-9)	1.0(4 - 7)	1.0(3-0)				3.0(2-3)	50(4-9)	50(3-9)	7.0(3-9)	60(5-9)
Stage III 69	30(1-6)	20(1-4)	20(1-5)				10 (1 - 2)	30(2 - 9)	30(1-9)	30(2 - 9)	40(2-9)
Stage IV 70	10(1-2)	10(1-1)	10(1-1)						/ 0.0 (1 0 /	0.0 (2 0	
Esophagus 71				7.5 (4 - 9)	9.0 (2 - 9)	8.0 (2 - 9)				
Stage I 72	7.5 (4 - 9)	6.0 (4 - 7)	7.0 (4-8)				2.0 (2 - 5)	7.0 (5 - 9	7.0 (4 - 9)	7.0 (5 - 9	7.5 (6 - 9)
Stage II 73	4.5 (2 - 7)	3.5 (3 - 6)	4.0 (3-7)				1.0 (1 - 2	5.0 (4 - 9) 5.0 (3 - 9)	5.0 (4 - 9	5.5 (5 - 9)
Stage III 74	2.5 (1 - 6)	2.0 (1 - 4)	2.0 (1-5)				1.0 (1 - 2)	2.5 (2 - 9) 2.5 (1 - 9)	3.0 (1 - 9	4.0 (2 - 9)
Stage IV 75	1.0 (1 - 2)	1.0 (1 - 1)	1.0 (1-1)								

Please enter a rating in									Imagine an annual hypothetical sc	reening blood test for patients ≥50 ye	ars of age that is 100% sensitive an	d 100% specific for the stage of
each yellow cell, where									cancer you are being asked to rate	 Assume this test cannot differentiat 	e between higher and lower risk can	cers.
each ceil represents a									If all cancers of this type were diag	nosed no later than the stage [4] indi	cated by the row heading, to what	Now consider what medical practice
cancer or cancer stage.								Q3: How long does it take this	extent would			might be like in 2030 [5] with cure
lf there is between entity								cancer to progress from the				rates higher than today's.
in there is neterogeneity		Q1: What is the likelih	ood that patients diagn	osed with this	Q2: What is the likeli	nood that untreated pa	tients with stage I o	beginning of this stage [3] to the	ell potiente with this concer	euro retes increase in all nation	to with this same relative to ours	
boot to imagino o tunior		cancer at this stage to	day will be cured [1] wi	th typical	If of this cancer will p	rogress to stage III or I	V disease over their	beginning of the next stage in	relative to life expectancy without	rates without the screening test?	is with this cancer, relative to cure	Q7: If all cancers of this type were
pationt	" <u> </u>	treatment [2]?			lifetime?			undiagnosed patients (natural	the screening test [6]?	Tates without the screening test?		diagnosed no later than this stage,
patient.								history of disease)?	the screening test [0]?			to what extent would cure rates
												increase with typical treatment in
									Assume patients are receiving	Q5: Assume patients are receiving	Q6: Assume patients are receiving	all patients with this cancer, relative
									typical treatment.	typical treatment.	best available treatment [7].	to 2030 cure rates without the
												screening test?
		Far ashuman A throw	ala 🗖 antas a satisar af	1 through 0 where					For columns H through K, enter	a rating of 1 through 9, where your a	nswer reflects your judgement about	how much the outcome of interest
	(for columns A unoug	gn F, enter a rating or	r unougn 9, when	e.			For column G, enter a rating of 1	(e.g., life expectancy in Q4 and cu	re rates in Q5, Q6, Q7) would increas	se:	
		1 - Extremely uninkery						through 9, where:	1 =Not at all			
		5-Somewhat uninkely	alu par uplikalu					1 =Less than 1 year	3=Slightly			
		7 =Somowhot likely	ay nor uninkery					5=5 years	5=Moderately			
		0-Extromoly likely						9 =9 or more years	7 =Considerably			
	- [9 = A great deal, doubling the outco	ome of interest		
	Ī	Lower risk [8]	Higher risk [9]	Overall	Lower risk	Higher risk	Overall	Overall	Overall	Overall	Overall	Overall
		А	В	C	D	E	F	G	H	I	J	К
Gallbladder	76						9.0 (2 - 9					
Stage I	77			5.0 (4 – 8)			2.0 (1 – 3) 7.0 (4 – 9) 6.5 (4 - 9	6.5 (5 - 9)	7.0 (5 – 9)
Stage II	78			3.0 (2-6)			1.0 (1 – 1	4.5 (3 - 9) 4.5 (2 - 8	5.0 (2 - 8)	5.0 (4 - 9)
Stage III	79			2.0 (1-3)			1.0 (1 – 1) 2.5 (1 – 5) 2.5 (1 – 5	2.5 (1 - 5)	3.0 (2 - 8)
Stage IV	80			1.0 (1 – 1)							
Cervix	81						8.5 (6 - 9)				
Stage I	82			9.0 (8 – 9)			4.0 (1 – 5) 7.0 (5 – 9) 7.0 (5 – 9) 7.0 (6 – 9)	7.0 (5 – 9)
Stage II	83			7.0 (4 – 9)			2.5 (1 - 4) 5.0 (4 - 7) 6.0 (4 - 7	6.5 (5 - 7	6.5 (5 - 8)
Stage III	84			5.0 (3-6)			1.0 (1 - 2) 3.0 (3 - 6) 3.0 (2 - 6	4.0 (2 - 6	4.5 (3 - 7)
Stage IV	85			1.0 (1 – 3)							
Sarcoma	86				6.5 (3 - 9)	8.5 (3 - 9)	7.5 (4 – 9)				
Stage I	87	8.5 (7 - 9)	7.0 (5 - 8)	8.0 (6 – 8)			3.5 (1 - 5) 7.0 (5 - 9) 7.0 (5 - 9) 7.0 (5 - 9	8.0 (5 - 9)
Stage II	88	7.0(3-9)	6.0(4-7)	6.5(3-7))			2.0(1-4)) 5.0 (3 - 9)) 5.5 (3 - 9)	6.0(4-9)	6.0(5-9)
Stage III	89	4.5(1-6)	3.0(1-4)	3.5 (1-5)			1.0 (1 - 2) 3.0 (2 - 7) 3.0 (2 - 8	3.5 (2 - 8	4.5 (3 - 9)
Stage IV	90	1.0 (1 - 3)	1.0 (1 - 1)	1.0 (1 – 2)		95 (/ 0	N				
Stage I	91 02			80 (6 . 0	N		0.0 (4 - 9	30 (2 7	70 (5 9) 70 (5 9	70 / 5 9	70 (5 9)
Stage II	92			55(5-8)	/ \			3.0(2 - 7)	50(5-9)	$\frac{1}{50}(3-8)$	50(3-8)	55(4-8)
Stage III	94			45(3-5)				10 (1 - 3	30(2-7)	30(2-7)	30(2-7)	35(3-8)
Stage IV	95			15(1-3)				1.0 (1 - 0	0.0 (2 - 1	0.0 2 - 1	0.0 (2 1 1	0.0 (0 0)
Anus	96			1.0 (1 - 0			80 (6 - 9)				
Stage I	97			9.0 (8 - 9)		0.0 (0 . 0	3.0 (2 - 7	5.5(3-8)	5.5(3 - 8)	6.0(3 - 8)	7.0(5-8)
Stage II	98			8.0 (7 - 8				2.0(1-5)	5.0 (3 - 7)	5.0(3 - 8)	5.0(3 - 8)	5.0(5-8)
Stage III	99			5.5 (5 – 7				1.0 (1 - 3	3.5 (2 - 5)	3.0 (2 - 7)	3.5(2 - 8)	4.0(3 - 8)
Stage IV 1	100			1.0 (1-3)					/		

SECTION 2

TABLE 2. HEMATOLOGIC CANCERS: LYMPHOMA

Please enter a rating in each yellow cell, when	n re								Imagine an annual hypothetical scr cancer you are being asked to rate	eening blood test for patients ≥50 ye . Assume this test cannot differentiate	ears of age that is 100% sensitive and e between higher and lower risk can	d 100% specific for the stage of cers.
each cell represents a cancer or cancer stage	e.							Q3: How long does it take this	If all cancers of this type were diag extent would	nosed no later than the stage [13] ind	dicated by the row heading, to what	Now consider what medical practice might be like in 2030 [14] with cure
If there is heterogeneit within a category, do y best to imagine a typic patient.	ty (/our (cal (Q1: What is the likeling cancer at this stage to treatment [11]?	ood that patients diagno day will be cured [10] w	osed with this vith <u>typical</u>	Q2: What is the likeli II of this cancer will p lifetime?	hood that untreated pa progress to stage III or I	atients with stage I or V disease over their	cancer to progress from the beginning of this stage [12] to the beginning of the next stage in undiagnosed patients (natural history of disease)?	Q4:life expectancy increase in all patients with this cancer, relative to life expectancy without the screening test [15]?	cure rates increase in all patient rates without the screening test?	ts with this cancer, relative to cure	Q7: If all cancers of this type were diagnosed no later than this stage, to what extent would cure rates
									Assume patients are receiving typical treatment.	Q5: Assume patients are receiving typical treatment.	Q6: Assume patients are receiving best available treatment [16].	Increase with <u>typical treatment</u> in all patients with this cancer, relative to 2030 cure rates without the screening test?
		For columns A throug 1 =Extremely unlikely 3 =Somewhat unlikely 5 =Neutral, neither like 7 =Somewhat likely	yh F, enter a rating of 1 ely nor unlikely	1 through 9, when	9:			For column G, enter a rating of 1 through 9, where: 1 =Less than 1 year 5 =5 years	For columns H through K, enter a (e.g., life expectancy in Q4 and cur 1 =Not at all 3 =Slightly 5=Moderately	a rating of 1 through 9, where your an e rates in Q5, Q6, Q7) would increas	nswer reflects your judgement about se:	how much the outcome of interest
		9 =Extremely likely						9 =9 or more years	7 =Considerably 9 =A great deal, doubling the outco	me of interest		
	ļ	Lower risk [17]	Higher risk [18]	Overall	Lower risk	Higher risk	Overall	Overall	Overall	Overall	Overall	Overall
Lymphoma	101	A	В	U	50 (3 9)		F 70 (6 9	6	H		J	ĸ
Stage I	102	9.0 (7 - 9)	8.0 (5 - 9)	8.0 (7 – 9)	3.0 (4 - 3)	1.0 (0 - 3	4.0 (2 - 7	4.5 (2 - 8	4.0 (1 - 9)) 5.0 (2 - 9)	7.0 (3 - 9)
Stage II	103	8.0 (6 - 9)	7.0 (3 - 8)	8.0 (5 – 8				2.5 (1 - 5) 4.0 (2 - 8	4.0 (2 - 9)	4.5 (2 - 9	6.0 (3 - 9)
Stage III	104	7.0 (3 - 9)	5.5 (1 - 7)	6.0 (2 – 8				2.0 (1 - 3) 3.0 (1 - 7	3.0 (1 – 8)) 3.5 (1 - 8)) 5.0 (3 - 9)
Stage IV	105	6.0 (2 - 9)	4.5 (1 - 6)	5.0 (1-6								

[10] Curability is the extent to which a patient diagnosed with cancer is more likely to die of something else. If a cancer is completely curable, no one will die of cancer.

[11] Includes active treatment or surveillance.

[12] For example, to answer 2G, consider the time from the beginning of stage I to the beginning of stage III. For 3G, consider the time from the beginning of stage III to the beginning of stage III.

[13] For stage I, assume all stage II-IV cancers are detected during stage I. For stage II, assume that all stage III and IV cancers are detected by stage II, any cancers that had been detected in stage I or II would still be detected during those stages. For the stage III, assume all stage IV cancers were diagnosed during stage III; any cancers that had been detected in stage I or II would still be detected during those stages. For the stage III, assume all stage III and IV cancers are detected by stage III; any cancers that had been detected in stage I or II would still be detected during those stages.

[14] If there are many treatment advancements, cure rates may increase, and if treatment remains unchanged, cure rates are unlikely to change.

[15] A patient who is not cured could have increased life expectancy (e.g. still die of this cancer).

[16] Treatment consistent with NCCN guidelines.

[17] Please refer to the table above for examples of lower risk cancers.

[18] Please refer to the table above for examples of higher risk cancers.

TABLE 3. OTHER HEMATOLOGIC CANCERS

Please enter a rating in each yellow cell, where each cell represents a cancer type. If there is heterogeneity within a category, do your patient.	20% specific for the cancer you be consider what medical actice might be like in 2030 [22] th cure rates higher than today's. 3: If all cancers of this type were agnosed earlier in their disease urse, to what extent would cure tes increase with typical
each yellow cell, where each cell represents a cancer type. If there is heterogeneity within a category, do your patient.	ow consider what medical actice might be like in 2030 [22] th cure rates higher than today's. 5: If all cancers of this type were agnosed earlier in their disease urse, to what extent would cure tes increase with <u>typical</u>
each cell represents a cancer type. If there is heterogeneity within a category, do your bet to imagine a typical treatment [20]? Patient. If there is heterogeneity will be cured [19] with <u>typical treatment</u> [20]? Patient. If all cancers of this type were diagnosed earlier [21] in their disease course, to what extent would No pra with all patients with this cancer, relative to cure the ikelihood that patients diagnosed with this cancer, relative to cure the interval of their disease course with this cancer, relative to cure the screening test [23]? Assume patients are receiving to trained treatment to the trained treatment to the	ow consider what medical actice might be like in 2030 [22] th cure rates higher than today's. 5: If all cancers of this type were agnosed earlier in their disease rurse, to what extent would cure tes increase with typical
cancer type. If there is heterogeneity within a category, do your patient. (1) What is the likelihood that patients diagnosed with this cancer today will be cured [19] with <u>typical treatment</u> [20]? (2): What is the likelihood that <u>untreated patients</u> early [21] in their disease course with this cancer, will progress and require treatment? (2): What is the likelihood that <u>untreated patients</u> early [21] in their disease course with this cancer, relative to the screening test? (2): What is the likelihood that <u>untreated patients</u> early [21] in their disease course with this cancer, relative to the screening test? (2): Assume patients are receiving best available treatment in the screening test in the sc	ow consider what medical actice might be like in 2030 [22] th cure rates higher than today's. 3: If all cancers of this type were agnosed earlier in their disease urse, to what extent would cure tes increase with typical
If there is heterogeneity within a category, do your patient. 1: What is the likelihood that patients diagnosed with this cancer today will be cured [19] with <u>typical treatment</u> [20]? 2: What is the likelihood that <u>untreated patients</u> early [21] in their disease course with this cancer, will progress and require treatment? 2: What is the likelihood that <u>untreated patients</u> early [21] in their disease course with this cancer, relative to the treatment? C2: What is the likelihood that <u>untreated patients</u> early [21] in their disease course with this cancer, relative to cure treatment? C3: tife expectancy increase in all patients with this cancer, relative to cure relative to life expectancy without the screening test [23]? C4: Assume patients are receiving trainel treatment (24)	actice might be like in 2030 [22] ith cure rates higher than today's. 6: If all cancers of this type were agnosed earlier in their disease surse, to what extent would cure tes increase with <u>typical</u>
patient. Une scienning test [25]? une scienning test [25]? une scienning test [25]? une scienning test [25]? une science scien	tes increase with typical
Assume patients are receiving Q4: Assume patients are receiving Q5: Assume patients are receiving tree	tes increase with <u>typical</u>
	<u>satment</u> in all patients with this incer, relative to 2030 cure rates ithout the screening test?
For columns G through J, enter a rating of 1 through 9, where your answer reflects your judgement about how	much the outcome of interest
For columns A through F, enter a rating of 1 through 9, where: (e.g., life expectancy in Q3 and cure rates in Q4, Q5, Q6) would increase:	
1 = Extremely unlikely 1 =Not at all	
5 - Somewhat unikely 3 - Slightly 3 - Slightly	
5 = return interiment metry for unintery 5 = Moderately 5 = Moderately	
0 = Suthewrite likely 7 = Considerably	
9 = A great deal, doubling the outcome of interest	
Lower risk [25] Higher risk [26] Overall Lower risk Higher risk Overall Overall Overall Overall Overall	Overall
A B C D E F G H I	J
	5.0 (1 - 8)
ALL [27] 106 5.0 (2-8) 9.0 (1-9) 3.5 (1-7) 3.0 (1-7) 3.5 (1-7)	4.5 (1 – 7)
ALL [27] 106 5.0 (2-8) 9.0 (1-9) 3.5 (1-7) 3.0 (1-7) 3.5 (1-7) CLL [28] 107 5.0 (1-9) 2.5 (1-7) 4.0 (1-8) 3.5 (1-7) 7.0 (1-9) 5.0 (1-8) 3.0 (1-5) 3.0 (1-5) 3.0 (1-6)	
ALL [27] 106 50 (2-8) 90 (1-9) 35 (1 - 7) 30 (1 - 7) 35 (1 - 7) CLL [28] 107 50 (1 - 9) 2.5 (1 - 7) 4.0 (1-8) 3.5 (1 - 9) 50 (1 - 8) 3.0 (1 - 5) 3.0 (1 - 5) 3.0 (1 - 5) 3.0 (1 - 6) 3.0 (1 - 7) 3.5 (1 - 7) 4.0 (1 - 6) 1.0 (1 - 6) 1.0 (1 - 6) 1.0 (1 - 7) 3.5 (1 - 7) 3.5 (1 - 7) 3.5 (1 - 7) 3.5 (1 - 7) 1.0 (1 - 6) 1.0 (1 - 6) 1.0 (1 - 6) 1.0 (1 - 6) 1.0 (1 - 7) 3.5 (1 - 7) 1.0 (1 - 6) 1.0 (1 - 6) 1.0 (1 - 7) 1.0 (1 - 6) 1.0 (1 - 7) 1.0 (1 - 6) 1.0 (1 - 7) 1.0 (1 - 6) 1.0 (1 - 7) 1.0 (1 - 6) 1.0 (1 - 7) 1.0 (1 - 6) 1.0 (1 - 7) 1.0 (1 - 6) 1.0 (1 - 7) 1.0 (1 - 6) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1 - 7) 1.0 (1	5 (1 – 7)
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ALL [27] 106 50 (2-8) 90 (1-9) 35 (1 - 7) 30 (1 - 7) 35 (1 - 7) 35 (1 - 7) CLL [28] 107 50 (1 - 9) 2.5 (1 - 7) 4.0 (1-8) 3.5 (1 - 9) 50 (1 - 8) 3.0 (1 - 5) 3.0 (1 - 7) 3.5 (1 - 7) 3.5 (1 - 7) Lumphoid 108 55 (3-7) 7.0 (1 - 9) 5.0 (1 - 8) 3.0 (1 - 6) 3 (1 - 7) 3.5 (1 - 7) 3.5 (1 - 7) Plasma Cell Neoplasm (Multiple 109 7.0 (4 - 9) 2.5 (1 - 5) 3.5 (2 - 5) 6.0 (2 - 7) 8.0 (6 - 9) 7.0 (6 - 8) 4.5 (3 - 6) 3.5 (2 - 6) 4.5 (2 - 6) 4.5 (2 - 6)	5 (1 – 7)
ALL [27] 106 50 (2-8) 90 (1-9) 35 (1 - 7) 30 (1 - 7) 35 (1 - 7) 35 (1 - 7) CLL [28] 107 50 (1 - 9) 2.5 (1 - 7) 4.0 (1-8) 3.5 (1 - 7) 50 (1 - 8) 3.0 (1 - 5) 3.0 (1 - 5) 3.0 (1 - 7) 3.5 (1 - 7) 3.5 (1 - 7) Lymphoid Leukemia 108 5.5 (3-7) 7.0 (1 - 9) 5.0 (2 - 8) 7.0 (3 - 9) 3 (1 - 6) 3 (1 - 7) 3.5 (1 - 7) 3.5 (1 - 7) Plasma Cell Neplasm (Multiple Myeloma) 109 7.0 (4 - 9) 2.5 (1 - 5) 3.5 (2 - 5) 6.0 (2 - 7) 8.0 (6 - 9) 7.0 (6 - 8) 4.5 (3 - 6) 3.5 (2 - 6) 4.5 (2 - 6) 4.5 (2 - 6) MAL 110 6.0 (3 - 7) 2.5 (2 - 4) 3.5 (3 - 5) 8.5 (7 - 9) 9.0 (7 - 9) 9.0 (7 - 9) 4.5 (1 - 7) 4.0 (1 - 7) 5.0 (1 - 7) 5.0 (1 - 7)	5 (1 – 7) 5.0 (3 – 7) 5.0 (1 – 8)
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[19] Curability is the extent to which a patient diagnosed with cancer is more likely to die of something else. If a cancer is completely curable, no one will die of cancer.

[20] Includes active treatment or surveillance.

[21] We define "early" as asymptomatic but already meeting the definition of cancer (e.g., not having a precursor condition).

[22] If there are many treatment advancements, cure rates may increase, and if treatment remains unchanged, cure rates are unlikely to change.

[23] A patient who is not cured could have increased life expectancy (e.g. still die of this cancer).

[24] Treatment consistent with NCCN guidelines.

[25] Please refer to the table above for examples of lower risk cancers.

[26] Please refer to the table above for examples of higher risk cancers.

[27] Acute lymphocytic (or lymphoblastic) leukemia.

[28] Chronic lymphocytic (or lymphoblastic) leukemia.

[29] Acute myeloid leukemia.

[30] Chronic myeloid leukemia.