

Table 3. Frequency of best and worst selections across scenarios.

Attribute	Level	Best	Worst	Best- Worst
Frequency (and setting) of physical (and larynx/pharynx endoscopic) investigations	Every 2-3 months for 3 years (primary care-based follow-up for 2 more years)	109	194	-85
	Every 2-3 months for 2 years, every 5-6 months for 3 more years	345	14	331
	Every 2-3 months for 5 years	278	35	243
Frequency of MRI/CT scans	Only at the occurrence of new symptoms	64	120	-56
	One examination only at the beginning of follow-up (later only at occurrence of new symptoms)	61	111	-50
	Once or twice a year	182	16	166
Frequency (and eligibility) of PET scans	No PET scan during follow-up	7	167	-160
	Yearly PET scan only for high-risk patients (≥ 50 years and heavy smokers)	74	78	-4
	Yearly PET scan for all patients	103	84	19
Telephone calls to monitor occurrence of new symptoms	No inter-visit calls from the hospital	9	172	-163
	Inter-visit calls by the nurse	21	185	-164
	Inter-visit calls by the oncologist	34	111	-77

CT: computed tomography; MRI: magnetic resonance imaging; PET: positron emission tomography.