1 APPENDIX E1. MCLI (NOT ANNUAL, NO REGAIN, 100 MILLION)

1.1 EPIDEMIOLOGY DATA

Bulgaria

Table 1 present the cumulative incidence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of incidence cases per 100,000 compared to baseline for all disease by 2050.

Table 2 present the prevalence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of prevalence cases per 100,000 compared to baseline for all diseases.

	Year	CHD	Hypertension	Pre-diabetes	Diabetes	Stroke
MCLI	2015	1 [+-1]	1 [+-3]	0 [+-3]	0 [+-1]	0 [+-1]
	2020	6 [+-4]	5 [+-6]	2 [+-6]	5 [+-4]	-1 [+-4]
	2025	8 [+-7]	1 [+-7]	2 [+-8]	7 [+-6]	1 [+-6]
	2030	10 [+-8]	2 [+-8]	-1 [+-10]	8 [+-7]	-1 [+-7]
	2035	10 [+-10]	3 [+-10]	-3 [+-11]	9 [+-8]	2 [+-8]
	2040	15 [+-11]	-2 [+-11]	-2 [+-13]	12 [+-10]	4 [+-8]
	2045	8 [+-13]	-1 [+-13]	-1 [+-14]	14 [+-10]	1 [+-10]
	2050	7 [+-14]	-4 [+-14]	1 [+-16]	12 [+-11]	2 [+-11]

Table 1: cumulative incidence cases avoided for MCLI relative to baseline, per 100,000 for Bulgaria

	Year	CHD	Hypertension	Pre-diabetes	Diabetes	Stroke
MCLI	2015	4 [+-7]	1 [+-11]	1 [+-4]	3 [+-7]	0 [+-3]
	2020	8 [+-7]	7 [+-11]	0 [+-4]	3 [+-7]	-2 [+-3]
	2025	12 [+-7]	3 [+-11]	1 [+-4]	6 [+-8]	4 [+-4]
	2030	11 [+-8]	1 [+-11]	-2 [+-4]	6 [+-8]	-1 [+-4]
	2035	7 [+-8]	2 [+-11]	-1 [+-4]	4 [+-8]	1 [+-4]
	2040	9 [+-8]	-5 [+-13]	0 [+-4]	4 [+-8]	3 [+-4]
	2045	2 [+-8]	-5 [+-13]	1 [+-4]	3 [+-8]	-3 [+-4]
	2050	-3 [+-10]	-4 [+-13]	1 [+-4]	2 [+-10]	3 [+-4]

Table 2: prevalence cases avoided for MCLI relative to baseline, per 100,000 for Bulgaria

Finland

Table 3 present the cumulative incidence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in significant number of incidence cases per 100,000 compared to baseline for CHD (30 [+-8] /100,000) by 2050, hypertension (21 [+-11] /100,000), prediabetes (18 [+-11] /100,000 and diabetes(11 [+-7] /100,000).

Table 4 present the prevalence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of prevalence cases per 100,000 compared to baseline for all diseases.

	Year	CHD	Hypertension	Pre-diabetes	Diabetes	Stroke
MCLI	2015	0 [+-1]	2 [+-1]	1 [+-1]	0 [+-1]	1 [+-1]
	2020	5 [+-3]	11 [+-4]	8 [+-4]	1 [+-3]	5 [+-3]
	2025	12 [+-4]	14 [+-6]	12 [+-7]	5 [+-4]	3 [+-4]
	2030	17 [+-6]	18 [+-7]	15 [+-8]	6 [+-4]	3 [+-6]
	2035	20 [+-6]	20 [+-8]	15 [+-8]	8 [+-6]	2 [+-7]
	2040	24 [+-7]	21 [+-8]	19 [+-10]	11 [+-6]	4 [+-7]
	2045	25 [+-8]	23 [+-10]	19 [+-11]	11 [+-7]	5 [+-8]
	2050	30 [+-8]	21 [+-11]	18 [+-11]	11 [+-7]	3 [+-8]

Table 3: cumulative incidence cases avoided for MCLI relative to baseline, per 100,000 for Finland

	Year	CHD	Hypertension	Pre-diabetes	Diabetes	Stroke
MCLI	2015	0 [+-1]	4 [+-10]	0 [+-6]	-1 [+-6]	2 [+-4]
	2020	3 [+-3]	13 [+-10]	4 [+-6]	-2 [+-6]	5 [+-4]
	2025	5 [+-3]	15 [+-10]	6 [+-6]	1 [+-6]	4 [+-4]
	2030	5 [+-3]	16 [+-10]	7 [+-6]	-1 [+-6]	1 [+-4]
	2035	1 [+-3]	12 [+-10]	7 [+-6]	1 [+-6]	-1 [+-4]
	2040	2 [+-3]	11 [+-10]	5 [+-7]	1 [+-6]	0 [+-4]
	2045	0 [+-3]	11 [+-11]	0 [+-7]	1 [+-6]	-2 [+-4]
	2050	1 [+-3]	9 [+-11]	0 [+-7]	0 [+-6]	1 [+-4]

Table 4: prevalence cases avoided for MCLI relative to baseline, per 100,000 for Finland

Greece

Table 5 present the cumulative incidence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of incidence cases per 100,000 compared to baseline for all disease but CHD (26 [+-14] /100,000) by 2050.

Table 6 present the prevalence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of prevalence cases per 100,000 compared to baseline for all diseases but CHD (22 [+-14] /100,000) by 2050.

	Year	CHD	Hypertension	Pre-diabetes	Diabetes	Stroke
MCLI	2015	2 [+-1]	2 [+-3]	1 [+-3]	2 [+-1]	-1 [+-1]
	2020	10 [+-6]	6 [+-6]	5 [+-6]	7 [+-6]	-1 [+-4]
	2025	12 [+-7]	10 [+-8]	3 [+-7]	9 [+-7]	4 [+-6]
	2030	13 [+-8]	12 [+-10]	2 [+-10]	12 [+-8]	3 [+-8]
	2035	16 [+-10]	9 [+-11]	4 [+-11]	8 [+-10]	4 [+-8]
	2040	19 [+-11]	11 [+-13]	3 [+-13]	14 [+-11]	3 [+-10]
	2045	23 [+-13]	16 [+-14]	-1 [+-14]	14 [+-13]	3 [+-11]
	2050	26 [+-14]	14 [+-16]	6 [+-14]	13 [+-14]	3 [+-13]

Table 5: cumulative incidence cases avoided for MCLI relative to baseline, per 100,000 for Greece

	Year	CHD	Hypertension	Pre-diabetes	Diabetes	Stroke
MCLI	2015	5 [+-7]	4 [+-10]	2 [+-6]	-2 [+-10]	2 [+-6]
	2020	12 [+-7]	4 [+-10]	2 [+-6]	6 [+-10]	1 [+-6]
	2025	16 [+-8]	9 [+-11]	-1 [+-6]	8 [+-10]	8 [+-6]
	2030	15 [+-8]	11 [+-11]	0 [+-6]	11 [+-10]	3 [+-6]
	2035	15 [+-10]	7 [+-13]	5 [+-6]	9 [+-11]	4 [+-7]
	2040	19 [+-10]	14 [+-13]	-2 [+-6]	16 [+-11]	3 [+-7]
	2045	20 [+-10]	16 [+-13]	-2 [+-7]	13 [+-13]	4 [+-7]
	2050	22 [+-11]	12 [+-14]	4 [+-7]	13 [+-13]	4 [+-8]

Table 6: prevalence cases avoided for MCLI relative to baseline, per 100,000 for Greece

Lithuania

Table 7 present the cumulative incidence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of incidence cases per 100,000 compared to baseline for all disease except CHD (20 [+-13]/100,000) by 2050.

Table 8 present the prevalence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of prevalence cases per 100,000 compared to baseline for all diseases by 2050.

	Year	Hypertension	CHD	Pre-diabetes	Diabetes	Stroke
MCLI	2015	0 [+-3]	1 [+-1]	0 [+-1]	1 [+-1]	0 [+-1]
	2020	2 [+-6]	7 [+-4]	2 [+-4]	1 [+-3]	5 [+-4]
	2025	0 [+-7]	12 [+-7]	5 [+-7]	3 [+-4]	7 [+-6]
	2030	0 [+-8]	14 [+-8]	8 [+-8]	5 [+-4]	7 [+-7]
	2035	4 [+-10]	18 [+-10]	9 [+-10]	4 [+-6]	8 [+-7]
	2040	9 [+-11]	19 [+-11]	12 [+-10]	7 [+-7]	6 [+-8]
	2045	14 [+-13]	21 [+-11]	9 [+-11]	8 [+-7]	-1 [+-10]
	2050	13 [+-14]	20 [+-13]	11 [+-13]	6 [+-8]	-1 [+-11]

Table 7: cumulative incidence cases avoided for MCLI relative to baseline, per 100,000 for Lithuania

	Year	Hypertension	CHD	Pre-diabetes	Diabetes	Stroke
MCLI	2015	-6 [+-11]	0 [+-6]	-1 [+-7]	-3 [+-6]	-2 [+-4]
	2020	-4 [+-11]	6 [+-6]	3 [+-7]	-5 [+-6]	0 [+-4]
	2025	-5 [+-11]	8 [+-6]	4 [+-7]	0 [+-6]	1 [+-4]
	2030	-4 [+-11]	11 [+-7]	5 [+-7]	-1 [+-6]	1 [+-4]
	2035	-5 [+-13]	9 [+-7]	2 [+-7]	-2 [+-6]	2 [+-4]
	2040	1 [+-13]	6 [+-7]	-2 [+-7]	3 [+-6]	1 [+-4]
	2045	5 [+-13]	4 [+-7]	-7 [+-7]	4 [+-6]	-3 [+-6]
	2050	4 [+-13]	1 [+-7]	-3 [+-7]	4 [+-6]	-3 [+-6]

Table 8: prevalence cases avoided for MCLI relative to baseline, per 100,000 for Lithuania

Netherlands

Table 9 present the cumulative incidence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of incidence cases per 100,000 compared to baseline for all disease by 2050.

Table 10 present the prevalence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of prevalence cases per 100,000 compared to baseline for all diseases by 2050.

	Year	CHD	Hypertension	Stroke	Pre-diabetes	Diabetes
MCLI	2015	3 [+-1]	4 [+-4]	0 [+-1]	2 [+-3]	0 [+-0]
	2020	9 [+-6]	13 [+-8]	1 [+-3]	9 [+-7]	3 [+-3]
	2025	15 [+-7]	14 [+-10]	-1 [+-4]	14 [+-10]	7 [+-4]
	2030	20 [+-8]	13 [+-11]	0 [+-6]	12 [+-11]	9 [+-6]
	2035	19 [+-10]	9 [+-13]	2 [+-7]	3 [+-13]	6 [+-6]
	2040	23 [+-10]	3 [+-14]	2 [+-7]	3 [+-13]	6 [+-7]
	2045	23 [+-11]	7 [+-14]	2 [+-8]	0 [+-14]	3 [+-8]
	2050	26 [+-13]	10 [+-14]	3 [+-10]	1 [+-14]	5 [+-8]

Table 9: cumulative incidence cases avoided for MCLI relative to baseline, per 100,000 for Netherlands

	Year	CHD	Hypertension	Stroke	Pre-diabetes	Diabetes
MCLI	2015	2 [+-1]	4 [+-4]	0 [+-1]	2 [+-3]	1 [+-0]
	2020	8 [+-4]	13 [+-8]	1 [+-3]	7 [+-7]	4 [+-3]
	2025	14 [+-6]	13 [+-10]	-1 [+-3]	8 [+-7]	7 [+-4]
	2030	18 [+-7]	11 [+-11]	-1 [+-4]	-2 [+-8]	8 [+-4]
	2035	12 [+-7]	7 [+-13]	2 [+-4]	-7 [+-8]	4 [+-6]
	2040	14 [+-8]	0 [+-13]	2 [+-4]	-3 [+-8]	3 [+-6]
	2045	7 [+-8]	3 [+-13]	2 [+-4]	-7 [+-8]	0 [+-7]
	2050	1 [+-8]	1 [+-14]	1 [+-6]	-1 [+-8]	-2 [+-7]

Table 10: prevalence cases avoided for MCLI relative to baseline, per 100,000 for Netherlands

Portugal

Table 11 present the cumulative incidence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of incidence cases per 100,000 compared to baseline for all disease by 2050.

Table 12 present the prevalence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of prevalence cases per 100,000 compared to baseline for all diseases by 2050.

	Year	CHD	Hypertension	Pre-diabetes	Diabetes	Stroke
MCLI	2015	2 [+-1]	4 [+-4]	0 [+-1]	2 [+-3]	1 [+-0]
	2020	8 [+-4]	13 [+-8]	1 [+-3]	7 [+-7]	4 [+-3]
	2025	14 [+-6]	13 [+-10]	-1 [+-3]	8 [+-7]	7 [+-4]
	2030	18 [+-7]	11 [+-11]	-1 [+-4]	-2 [+-8]	8 [+-4]
	2035	12 [+-7]	7 [+-13]	2 [+-4]	-7 [+-8]	4 [+-6]
	2040	14 [+-8]	0 [+-13]	2 [+-4]	-3 [+-8]	3 [+-6]
	2045	7 [+-8]	3 [+-13]	2 [+-4]	-7 [+-8]	0 [+-7]
	2050	1 [+-8]	1 [+-14]	1 [+-6]	-1 [+-8]	-2 [+-7]

Table 11: cumulative incidence cases avoided for MCLI relative to baseline, per 100,000 for Portugal

	Year	CHD	Hypertension	Pre-diabetes	Diabetes	Stroke
MCLI	2015	1 [+-6]	-1 [+-10]	-9 [+-8]	-1 [+-10]	-4 [+-4]
	2020	1 [+-7]	1 [+-10]	-6 [+-8]	2 [+-10]	-2 [+-4]
	2025	2 [+-7]	1 [+-11]	1 [+-10]	-1 [+-10]	0 [+-4]
	2030	3 [+-7]	3 [+-11]	-4 [+-10]	-3 [+-11]	1 [+-4]
	2035	9 [+-7]	-1 [+-11]	0 [+-10]	-4 [+-11]	3 [+-4]
	2040	8 [+-8]	-7 [+-11]	-5 [+-10]	-7 [+-11]	5 [+-6]
	2045	5 [+-8]	-3 [+-13]	1 [+-10]	-2 [+-13]	-2 [+-6]
	2050	8 [+-8]	-1 [+-13]	0 [+-10]	-3 [+-13]	-2 [+-6]

Table 12: prevalence cases avoided for MCLI relative to baseline, per 100,000 for Portugal

Poland

Table 13 present the cumulative incidence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of incidence cases per 100,000 compared to baseline for all disease but CHD (21 [+-13] /100,000) and pre-diabetes (17 [+-14] /100,000) by 2050.

Table 14 present the prevalence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of prevalence cases per 100,000 compared to baseline for all diseases by 2050.

	Year	CHD	Hypertension	Pre-diabetes	Diabetes	Stroke
MCLI	2015	-2 [+-1]	3 [+-3]	3 [+-3]	1 [+-3]	-2 [+-1]
	2020	2 [+-4]	3 [+-6]	7 [+-7]	1 [+-6]	-2 [+-3]
	2025	4 [+-6]	5 [+-7]	12 [+-10]	3 [+-7]	-1 [+-4]
	2030	7 [+-8]	9 [+-8]	9 [+-11]	1 [+-8]	0 [+-6]
	2035	13 [+-8]	8 [+-10]	12 [+-13]	-1 [+-10]	1 [+-7]
	2040	15 [+-10]	-1 [+-11]	11 [+-14]	-3 [+-11]	1 [+-8]
	2045	17 [+-11]	4 [+-13]	18 [+-16]	-1 [+-13]	-3 [+-10]
	2050	21 [+-13]	4 [+-14]	17 [+-14]	-5 [+-14]	-2 [+-10]

Table 13: cumulative incidence cases avoided for MCLI relative to baseline, per 100,000 for Poland

	Year	CHD	Hypertension	Pre-diabetes	Diabetes	Stroke
MCLI	2015	1 [+-6]	-1 [+-10]	-9 [+-8]	-1 [+-10]	-4 [+-4]
	2020	1 [+-7]	1 [+-10]	-6 [+-8]	2 [+-10]	-2 [+-4]
	2025	2 [+-7]	1 [+-11]	1 [+-10]	-1 [+-10]	0 [+-4]
	2030	3 [+-7]	3 [+-11]	-4 [+-10]	-3 [+-11]	1 [+-4]
	2035	9 [+-7]	-1 [+-11]	0 [+-10]	-4 [+-11]	3 [+-4]
	2040	8 [+-8]	-7 [+-11]	-5 [+-10]	-7 [+-11]	5 [+-6]
	2045	5 [+-8]	-3 [+-13]	1 [+-10]	-2 [+-13]	-2 [+-6]
	2050	8 [+-8]	-1 [+-13]	0 [+-10]	-3 [+-13]	-2 [+-6]

Table 14: prevalence cases avoided for MCLI relative to baseline, per 100,000 for Poland

United Kingdom

Table 15 present the cumulative incidence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of incidence cases per 100,000 compared to baseline for all disease except CHD, diabetes and hypertension by 2050.

Table 16 present the prevalence cases avoided for MCLI relative to baseline, per 100,000. It shows that MCLI would result in no significant number of prevalence cases per 100,000 compared to baseline for all diseases by 2050.

	Year	CHD	Hypertension	Stroke	Pre-diabetes	Diabetes
MCLI	2015	0 [+-1]	1 [+-3]	-1 [+-1]	1 [+-3]	1 [+-1]
	2020	2 [+-3]	9 [+-6]	2 [+-3]	2 [+-6]	6 [+-4]
	2025	3 [+-4]	14 [+-8]	1 [+-3]	1 [+-8]	12 [+-6]
	2030	4 [+-4]	16 [+-10]	2 [+-4]	-4 [+-10]	15 [+-7]
	2035	5 [+-6]	17 [+-11]	2 [+-4]	-6 [+-11]	18 [+-8]
	2040	6 [+-6]	18 [+-11]	3 [+-6]	-7 [+-11]	18 [+-8]
	2045	8 [+-7]	18 [+-13]	4 [+-6]	-4 [+-13]	17 [+-10]
	2050	9 [+-7]	16 [+-13]	2 [+-7]	-4 [+-13]	18 [+-10]

Table 15: cumulative incidence cases avoided for MCLI relative to baseline, per 100,000 for the UK

	Year	CHD	Hypertension	Stroke	Pre-diabetes	Diabetes
MCLI	2015	-1 [+-3]	1 [+-11]	-1 [+-3]	5 [+-7]	1 [+-8]
	2020	1 [+-3]	11 [+-11]	0 [+-3]	3 [+-7]	10 [+-8]
	2025	0 [+-4]	18 [+-11]	1 [+-3]	3 [+-7]	14 [+-8]
	2030	3 [+-4]	18 [+-13]	0 [+-3]	-5 [+-7]	15 [+-8]
	2035	2 [+-4]	20 [+-13]	0 [+-3]	-4 [+-7]	15 [+-8]
	2040	2 [+-4]	16 [+-13]	0 [+-3]	-3 [+-7]	14 [+-8]
	2045	4 [+-4]	19 [+-13]	0 [+-3]	2 [+-7]	15 [+-8]
	2050	6 [+-4]	15 [+-13]	-1 [+-3]	1 [+-7]	15 [+-10]

Table 16: prevalence cases avoided for MCLI relative to baseline, per 100,000 for the UK

1.2 ICERs

From Figure 1, Figure 2, Figure 3, Figure 4, Figure 5, Figure 6, Figure 7 and Figure 8, the ICER analysis demonstrate that MCLI (non boosted, no regain) is either not cost-effective (ICER>>threshold) or dominated by the baseline which can be explained by the negative QALY values and high standard deviations of QALY.

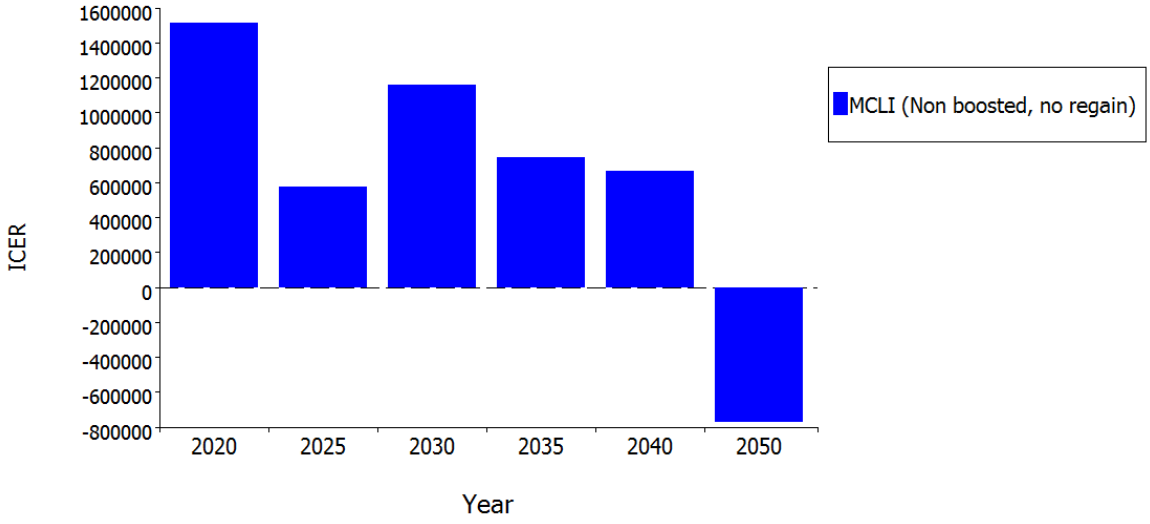

Figure 1 : ICER versus Year in Bulgaria

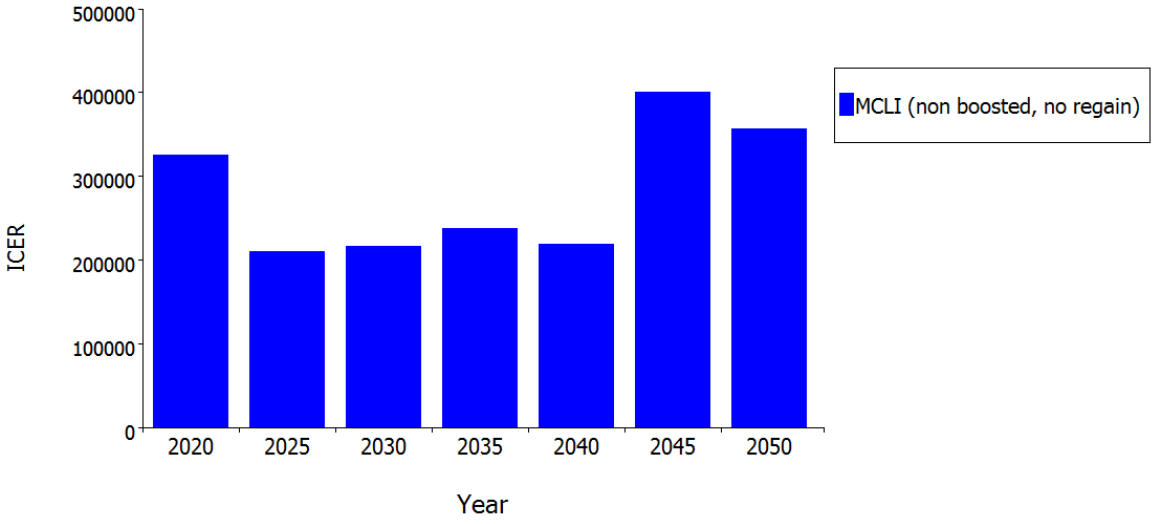

Figure 2 : ICER versus Year in Finland

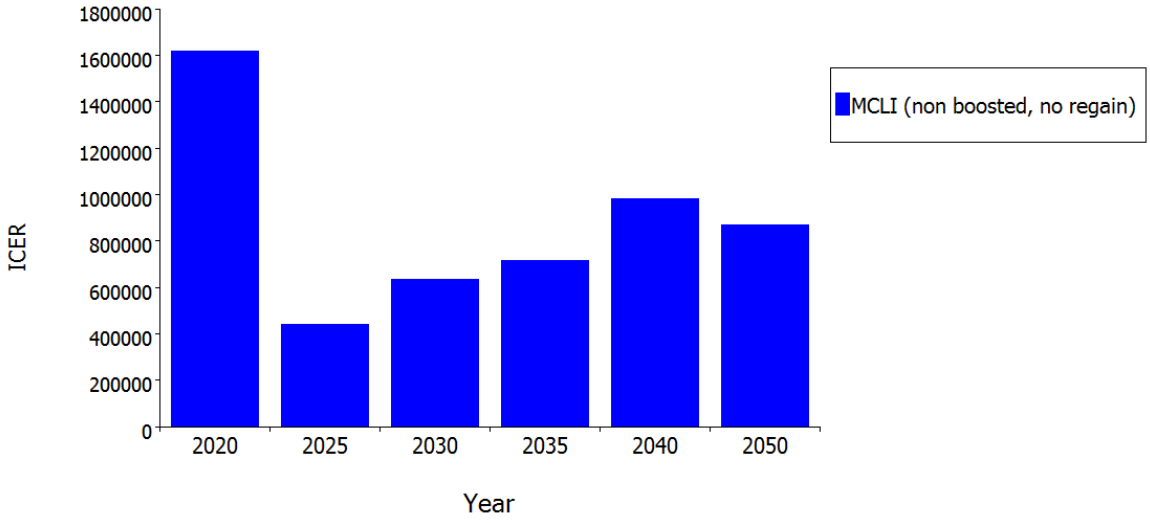

Figure 3 : ICER versus Year for Greece

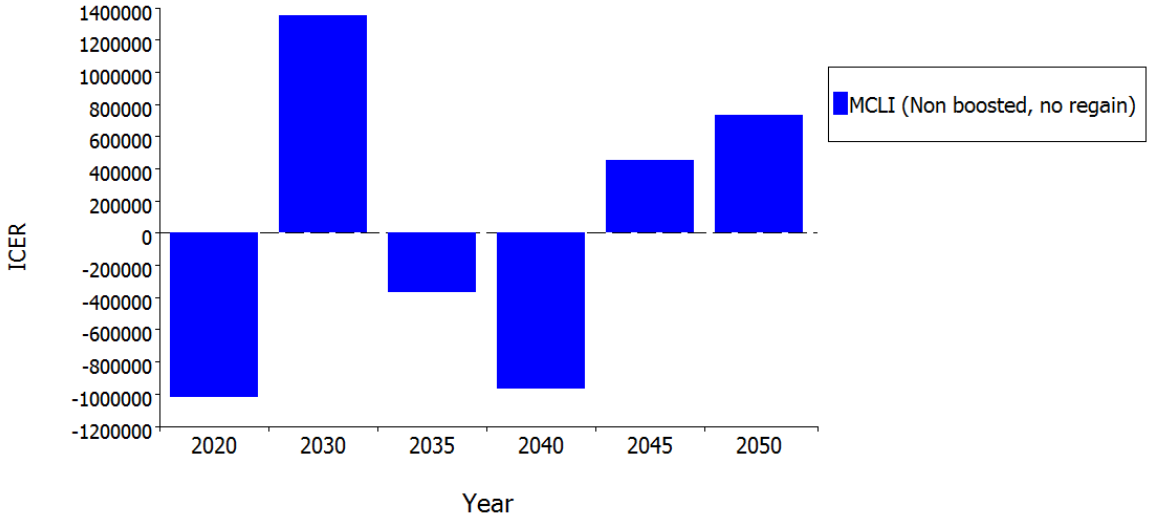

Figure 4 : ICER versus Year for Lithuania

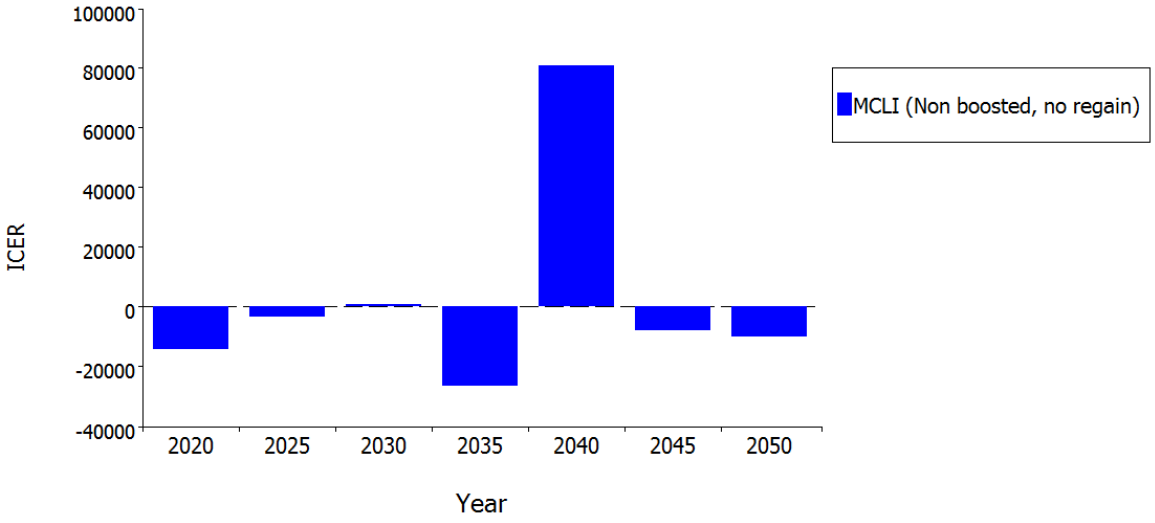

Figure 5 : ICER versus Year for Netherlands

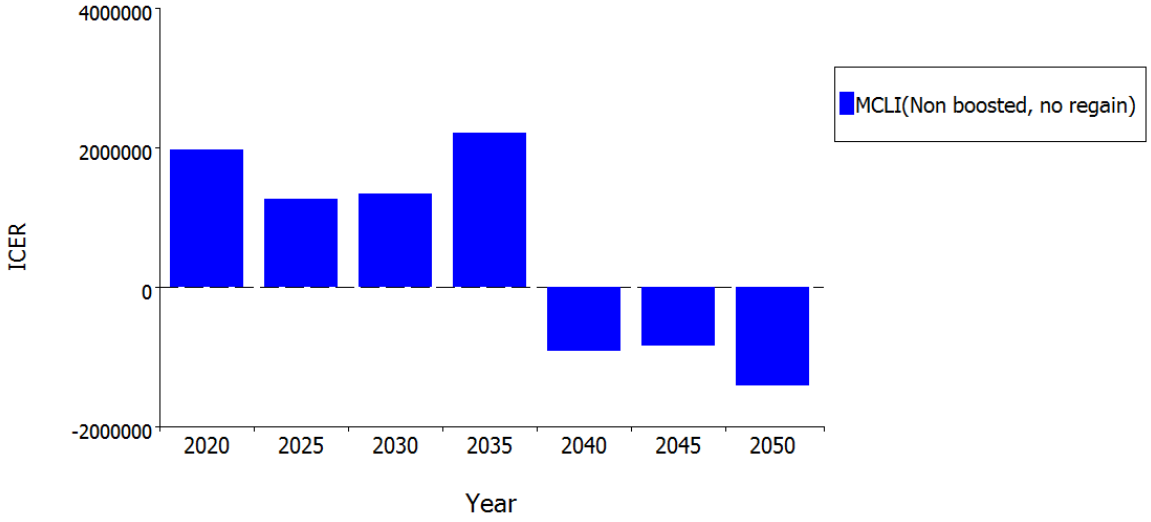

Figure 6: ICER versus Year for Poland

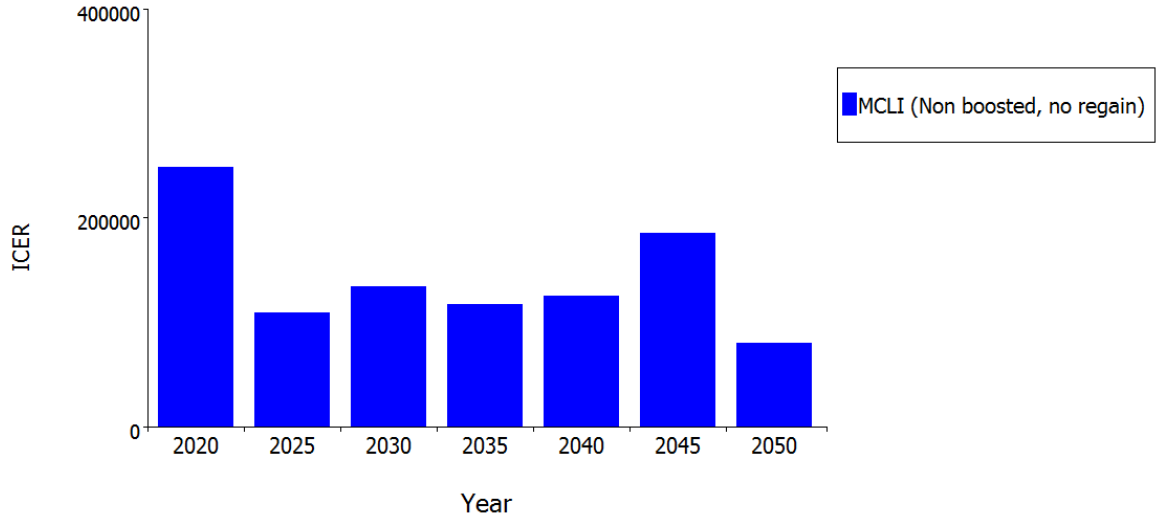

Figure 7: ICER versus Year for Portugal

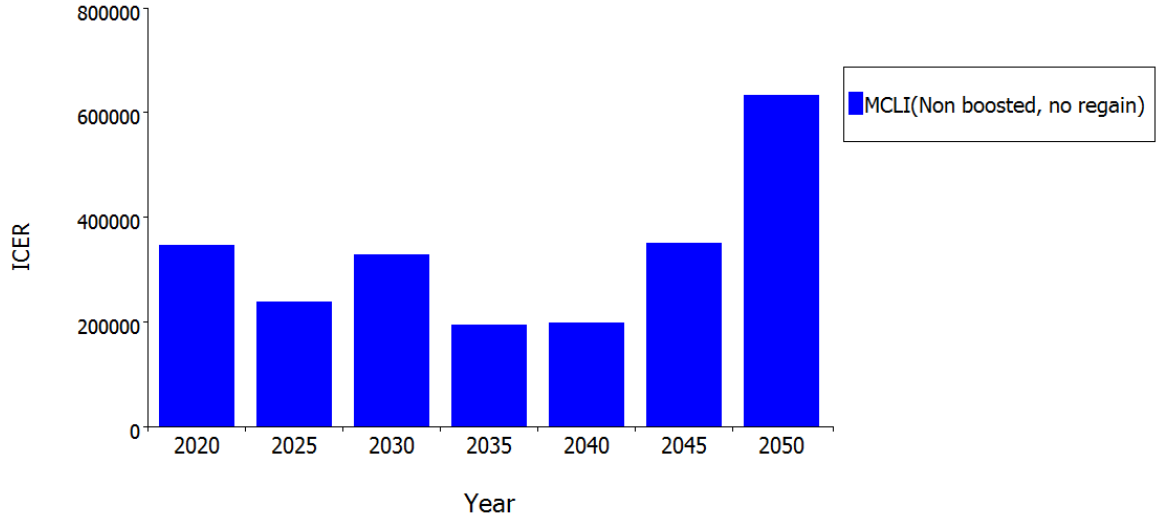

Figure 8: ICER versus Year for the UK