

1 SUPPLEMENTARY MATERIAL 3: DUMMY CODING SCHEME

2 Since we wanted to compare the relative importance of attributes within a DCE as well
3 as the respondents' responsiveness to attributes between the two DCEs, we used a
4 coding scheme for the dummy variables in which the difference in actual scores
5 between levels was also considered (i.e. standardized).

6 As the levels of attributes were based on the actual distribution in scores, a
7 change in levels often reflected a greater change in actual score on some indicators
8 than others. For example, the change from the lowest to the highest level of the breast
9 cancer attribute *preserved breast contour* (i.e. from 60% to 90%) reflected an actual
10 difference in scores equal to 30%. In contrast, for the attribute *combination surgery*
11 such change reflected an actual difference in scores equal to 50%. Consequently, the
12 estimated marginal effects across attributes are not directly comparable. To
13 compensate for these differences, we first computed the difference of a given level
14 relative to the actual mean in scores, expressed in the corresponding SD (shown in
15 column 4 of Table B). We then computed the difference of this level relative to its
16 reference category (column 5). For example, the attribute *volume* (breast cancer), the
17 difference of the lowest level (100 patients) relative to the actual mean (206.20
18 patients) expressed in the corresponding SD (114.60) was equal to -0.93 (formula:
19 $(100-206.20)/114.60$). Similarly, for the second level (350 patients), this difference was
20 equal to 1.25 (formula: $(350-206.20)/114.60$). The difference between the attribute's
21 second level relative to its reference level was equal to 2.18 SDs ($0.93+1.25$). This
22 implied that the estimated marginal effect (coefficient for the variable *volume* (350
23 patients) in equation 1) reflected a change in actual scores equal to 2.18 SD
24 ($0.93+1.25$). The interpretation of a given coefficient remains unchanged as the
25 marginal effects are only standardized for the change in actual scores: a change in

26 *volume* from 100 (reference) to 350 patients, *ceteris paribus*, was associated with a
 27 change in derived utility equal to the value of the estimated coefficient.

28

29 **Table B**

30 *Dummy coding scheme*

<i>Attributes</i>	<i>Mean (SD)^a</i>	<i>Levels</i>	<i>Difference relative to mean (in SD)</i>	<i>Difference relative to reference category (in SD)</i>
Breast cancer				
1) Volume	206.20 patients (114.60)	100 patients (<i>ref.</i>)	-0.93	.
		350 patients	1.25	2.18
		450 patients	2.13	3.05
2) Waiting time 1 (<i>diagnosis - tumour resection</i>)	22.60 days (3.54)	15 days (<i>ref.</i>)	-2.15	.
		25 days	0.68	2.82
3) Waiting time 2 (<i>diagnosis - combination surgery</i>)	35.61 days (8.95)	25 days (<i>ref.</i>)	-1.19	.
		45 days	1.05	2.23
4) Preserved breast contour	72.10% (10.10)	60% (<i>ref.</i>)	-1.20	.
		80%	0.78	1.98
		90%	1.77	2.97
5) Combination surgery	24.70% (17.50)	10% (<i>ref.</i>)	-0.84	.
		30%	0.30	1.14
		60%	2.02	2.86
6) Tumour residual	2.63% (2.15)	1% (<i>ref.</i>)	-0.76	.
		5%	1.10	1.86
Colon cancer				
1) Volume	102.47 patients (55.53)	50 patients	-0.94	.
		150 patients	0.86	1.80
		200 patients	1.76	2.70
2) Waiting time	72.12% (15.00)	60%	-0.81	.
		80%	0.53	1.33
		90%	1.19	2.00
3) Tumour residual	92.77% (5.52)	85%	-1.41	.
		95%	0.40	1.81

4) Complications	14.60% (5.32)	10%	-0.86	
		20%	1.02	1.88
5) Failure to rescue	9.91% (5.67)	5%	-0.87	
		15%	0.90	1.76

31 ^a= the means and SDs reflect the actual distribution in scores for the given indicator
32 for reporting year 2016.
33 Ref. = reference category.