# Supplementary Table 3: Scoring criteria for formal EKE studies from Part 2

| **Variable** | **Scoring** |
| --- | --- |
| **STUDY**  |
| Unique ID  | XAC (accession number) in the NHS EED database |
| Study number | Number given by G&L (order in which we randomly score papers) |
| Type  | Non-pharmaceutical (non-pharma), Pharmaceutical (Pharm), Screening, Vaccine, Test or diagnostic intervention (Test /diag)  |
| Citation  | 1st author et al  |
| Country |  |
| **COMPOSITION OF EXTERNAL EXPERTS** |
| Number  | Number of experts stated / NS (not stated) |
| Composition  | NS = no occupation description of experts1= composition/qualification of experts described |
| Specialist(individuals with credentials or significant experience in the relevant fields)  | Number†  |
| General Practitioner | Number |
| Non-clinical professional(e.g., epidemiologist, manager) | Number |
| Lay person(patients or family members) | Number |
| **ELICITATION PROCESS** |
| Delphi | NS = Delphi term not mentioned in paper 1 = Term Delphi panel used to describe the process of eliciting EK |
| Process | NS = no process described for eliciting expert opinion 1 = any process described below (e.g. meeting, independent elicitation) apart from the term Delphi |
| Meeting | NS = not stated 1 = face-to-face2 = meetings via ‘Skype®’ / teleconference |
| Number of contacts with experts | NS = not stated 1 = one off contact with experts / one off estimate2 = experts were in contact at least twice or were asked to respond at least twice to the same parameter estimate |
| Independent estimates from experts sought | NS = not stated 1 = no individual feedback prior to group consensus 2 = external experts interviewed independently initially / respond to a survey or questionnaire independently first |
| Starting Point (data given to experts by authors for any parameter) | NS = not stated 1 = relevant written material provided / a report / literature review by the authors2 = incomplete or low quality data provided 3 = authors provide estimates for parameters and ask experts for feedback |
| Questionnaire or survey  | NS = not stated 1 = no2 = yes[use of questionnaire or structured interview] |
| **EK INPUT BY PARAMETER CLASS**  |
| Parameter class (Model structure, clinical practice i.e. resource used, epidemiology‡, cost or utilities)  | 0 = no external expert knowledge elicitation apparent for this class of parameter 1 = external expert knowledge elicitation used for parameter but not specified how2 = external expert knowledge elicitation confirmed parameter estimates provided by authors (from lit / authors own estimate) 3= external expert knowledge elicitation modified parameter estimates provided by authors (from lit / authors own estimate) 4= external experts estimate parameters de novo  |
|  **PARAMETER DETAILS BY PARAMETER CLASS (excluding model structure)**  |
| Total number  | Number of parameters where external expert opinion was sought  |
| Uncertainty obtained from experts around parameter estimates | 0 = none 1 = point estimate (e.g. best estimate, mean or median)2 = deterministic (range)3 = distribution (e.g. confidence interval or interquartile range) |
| Deterministic sensitivity analysis  | 0 = none 1 = deterministic sensitivity analysis mentioned but not clear if specifically for EK parameter 2= deterministic sensitivity analysis mentioned & described for EK parameter  |
| Probabilistic sensitivity analysis | 0 = none (qualitative) 1 = Multivariate (n-way) or univariate probabilistic sensitivity analysis mentioned but not clear which parameters included2 = Univariate probabilistic sensitivity analysis specifically for the EK-derived parameter3 = Multivariate (n-way) probabilistic sensitivity analysis mentioned and specifically includes EK-derived parameter  |

†’Number’ includes zero. Coded as ‘NS’ (not stated) if it was not possible to determine the number, or more generally it was not clear whether there were any experts of this nature.

‡ Examples of parameters we defined as being in the epidemiological parameter class include: incidence, prevalence, survival estimates from interventions, progression free survival estimates, resection rates in surgery, incidence of adverse events or side effects, transition probabilities