

**Table 2.** Characteristics of the five cost-effectiveness studies

Author, year	Intervention	Intervention costs	Incremental cost	Effectiveness, QALYs (95% CI)	Incremental QALYs	ICER (cost per QALY)	Conclusion cost-effective
Mazari, 2013 <sup>a</sup>	ER	€7 301	€3 435 <sup>§</sup>	0.62 (0.59 to 0.65)	-0.01 <sup>§</sup>	-€381 694	SET seems more cost-effective than ER
	SET	€3 867		0.63 (0.60 to 0.66)			
Van Reijen, 2022 <sup>b</sup>	ER	€4 031	€1 852	0.82 (0.79 to 0.85)	0.09	€20 805	ER seems more cost-effective than SET
	SET	€2 179		0.73 (0.70 to 0.76)			
Van den Houten, 2016 <sup>c,d</sup>	ER	€16 631	€6 412	2.85	0.07	€91 600	SET seems more cost-effective than ER
	SET	€10 219		2.78			
Spronk, 2008 <sup>e</sup>	ER	€7 031	€2 318*	N.R.** (0.15 to 0.24)	0.01 (-0.05 to 0.07)*	€231 800***	SET seems more cost-effective than ER
	SET	€2 771		0.17 (0.14 to 0.22)			
Reynolds, 2014 <sup>f,g</sup>	ST (+ OMC)	\$25 454	\$4 838 <sup>§</sup>	3.47	0.04	\$120 950 <sup>§</sup>	SET seems more cost-effective than ST
	SET (+ OMC)	\$20 616		3.43			

**Foot notes:** <sup>a</sup> Healthcare provider perspective, <sup>b</sup> Restricted societal perspective, <sup>c</sup> Dutch healthcare payer perspective, <sup>d</sup> Markov model-study, <sup>e</sup> Societal perspective, <sup>f</sup> US societal perspective, <sup>g</sup> Results of the Markov model at 5 years, <sup>§</sup> Self-calculated based on study data, \* adjusted mean difference and a 99% CI, \*\* Mean QALY not reported, \*\*\* ICER adjusted for baseline variables. **Abbreviations:** ER, Endovascular Revascularization; SET, Supervised Exercise Therapy; OMC, Optimal Medical Care; ST, stenting; WTP, Willingness-To-Pay threshold.