Additional file: Estimated differences in diagnostic intervals (DIs) after and during CPP implementation compard to before, by cancer type.

Table A: Colorectal cancer: Estimated differences in diagnostic interval (DI) (calendar days) during and after the implementation of CPPs compared to before the implementation (Model 1). In addition, estimates are shown according to referral route after the implementation: to a CPP (after-CPP) or not (after-no CPP) (Model 2). Estimates with 95% confidence intervals (95%CI) are displayed for the 25th, the 50th, the 75th percentile and the 90th percentiles. Bold estimates indicate statistical significance at p=0.05 level or less. (N=1,760)

		Mod	el 1 ¹		Model 2 ¹ – after-group split by referral to a CPP or not								
	during vs. before		after vs. before		after-CPP vs. before		after-no CPP vs. before		After-CPP vs. during		After-no CPP vs. during		
	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	
25th percentile	-8	(-11;-5)	-10	(-12;-7)	-14	(-17;-11)	-6	(-10;-3)	-10	(-14;-6)	0	(-3;4)	
50th percentile	-13	(-31;4)	-18	(-31;-5)	-23	(-37;-9)	-10	(-30;9)	-15	(-25;-6)	1	(-6;8)	
75th percentile	-12	(-19;-6)	-23	(-42;-4)	-45	(-60;-31)	-10	(-23;3)	-38	(-53;-23)	1	(-15;17)	
90th percentile	-4	(-122;115)	8	(-194;209)	-79	(-126;-32)	18	(-37;73)	-73	(-105;-41)	27	(1;54)	

Model 1 reference: before implementation group, cohort, female, 45 years of age, cancer sites, no co-morbidity, high disposable income and high educational level.

Model 2 = model 1, but with after group split by referral route (CPP).

¹ adjusted for gender, age, cancer site, co-morbidity, educational level and disposable income

Table B: Lung cancer: Estimated differences in diagnostic interval (DI) (calendar days) during and after the implementation of CPPs compared to before the implementation (Model 1). In addition, estimates are shown according to referral route after the implementation: to a CPP (after-CPP) or not (after-no CPP) (Model 2).

Estimates with 95% confidence intervals (95%CI) are displayed for the 25th, the 50th, the 75th percentile and the 90th percentiles. Bold estimates indicate statistical significance at p=0.05 level or less. (N=1,539)

	Mo	del 1 ¹	Model 2 ¹ – after-group split by referral to a CPP or not									
	during vs. before	after vs. before	after-CPP vs. before	after-no CPP vs. before	After-CPP vs. during	After-no CPP vs. during						
	Estimate (95%Cl)	Estimate (95%CI)	Estimate (95%CI)	Estimate (95%CI)	Estimate (95%CI)	Estimate (95%CI)						
25th percentile	-12 (-14;-9)	-11 (-13;-9)	-9 (-13;-6)	-10 (-14;-6)	-2 (-5;1)	-2 (-10;7)						
50th percentile	-17 (-23;-12)	-17 (-22;-12)	-21 (-25;-16)	-10 (-20;0)	-9 (-16;-2)	7 (-7;21)						
75th percentile	-26 (-36;-15)	-18 (-40;3)	-34 (-74;6)	-6 (-29;16)	-15 (-62;32)	21 (-40;81)						
90th percentile	-60 (-201;80)	-31 (-64;2)	-56 (-77;-35)	-24 (-58;11)	0 (-104;105)	44 (-18;106)						

Model 1 reference: before implementation group, cohort, female, 45 years of age, cancer sites, no co-morbidity, high disposable income and high educational level.

Model 2 = model 1, but with after group split by referral route (CPP).

¹ adjusted for gender, age, cancer site, co-morbidity, educational level and disposable income

Table C: Malignant Melanoma: Estimated differences in diagnostic interval (DI) (calendar days) during and after the implementation of CPPs compared to before the implementation (Model 1). In addition, estimates are shown according to referral route after the implementation: to a CPP (after-CPP) or not (after-no CPP) (Model 2). Estimates with 95% confidence intervals (95%CI) are displayed for the 25th, the 50th, the 75th percentile and the 90th percentiles. Bold estimates indicate statistical significance at p=0.05 level or less. (N=700)

		Mod	lel 1 ¹		Model 2 ¹ – after-group split by referral to a CPP or not								
	during vs. before		ore after vs. before		after-CPP vs. before		after-no CPP vs. before		After-CPP vs. during		After-no CPP vs. during		
	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	
25th percentile	-6	(-12;1)	-10	(-15;-5)	-15	(-17;-12)	-5	(-10;1)	-12	(-15;-10)	1	(-2;4)	
50th percentile	-4	(-9;1)	-11	(-19;-4)	-21	(-27;-15)	0	(-11;11)	-19	(-24;-14)	4	(-6;13)	
75th percentile	1	(-36;38)	-13	(-88;61)	-36	(-116;45)	7	(-102;115)	-37	(-94;20)	4	(-73;81)	
90th percentile	-100	(-125;-75)	-109	(-122;-95)	-116	(-220;-12)	-56	(-134;21)	-90	(-188;7)	0	(-84;85)	

Model 1 reference: before implementation group, cohort, female, 45 years of age, cancer sites, no co-morbidity, high disposable income and high educational level.

Model 2 = model 1, but with after group split by referral route (CPP).

¹ adjusted for gender, age, cancer site, co-morbidity, educational level and disposable income

Table D Breast cancer: Estimated differences in diagnostic interval (DI) (calendar days) during and after the implementation of CPPs compared to before the implementation (Model 1). In addition, estimates are shown according to referral route after the implementation: to a CPP (after-CPP) or not (after-no CPP) (Model 2).

Estimates with 95% confidence intervals (95%CI) are displayed for the 25th, the 50th, the 75th percentile and the 90th percentiles. Bold estimates indicate statistical significance at p=0.05 level or less. (N=1,811)

		Мо	del 1 ¹		Model 2 ¹ – after-group split by referral to a CPP or not								
	during vs. before		after vs. before		after-CPP vs. before		after-no CPP vs. before		After-CPP vs. during		After-no CPP vs. during		
	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	
25th percentile	-5	(-6;-4)	-9	(-10;-7)	-10	(-12;-9)	-2	(-5;1)	-7	(-9;-5)	3	(-2;7)	
50th percentile	-11	(-14;-8)	-13	(-15;-11)	-16	(-19;-13)	-4	(-8;0)	-9	(-13;-5)	7	(1;14)	
75th percentile	-18	(-23;-14)	-17	(-20;-13)	-25	(-29;-21)	-6	(-11;0)	-14	(-16;-11)	12	(4;20)	
90th percentile	-24	(-41;-8)	-27	(-45;-9)	-42	(-52;-32)	-6	(-27;15)	-26	(-34;-18)	19	(-8;46)	

Model 1 reference: before implementation group, cohort, female, 45 years of age, cancer sites, no co-morbidity, high disposable income and high educational level.

Model 2 = model 1, but with after group split by referral route (CPP).

¹ adjusted for gender, age, cancer site, co-morbidity, educational level and disposable income

Table E Prostate cancer: Estimated differences in diagnostic interval (DI) (calendar days) during and after the implementation of CPPs compared to before the implementation (Model 1). In addition, estimates are shown according to referral route after the implementation: to a CPP (after-CPP) or not (after-no CPP) (Model 2). Estimates with 95% confidence intervals (95%CI) are displayed for the 25th, the 50th, the 75th percentile and the 90th percentiles. Bold estimates indicate statistical significance at p=0.05 level or less. (N=1,553)

		Mod		Model 2 ¹ – after-group split by referral to a CPP or not									
	during vs. before		after vs. before		after-CPP vs. before		after-no CPP vs. before		After-CPP vs. during		After-no CPP vs. during		
	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	
25th percentile	-11	(-18;-4)	-20	(-26;-13)	-19	(-25;-14)	-16	(-22;-9)	-13	(-16;-10)	-7	(-11;-3)	
50th percentile	-19	(-27;-10)	-29	(-36;-22)	-36	(-41;-31)	-22	(-30;-13)	-25	(-30;-19)	-5	(-11;0)	
75th percentile	-34	(-63;-6)	-43	(-56;-30)	-73	(-98;-49)	-2	(-85;81)	-52	(-81;-23)	32	(-54;119)	
90th percentile	-102	(-152;-53)	-29	(-106;48)	-244	(-474;-15)	194	(-317;706)	-195	(-298;-91)	305	(65;545)	

Model 1 reference: before implementation group, cohort, female, 45 years of age, cancer sites, no co-morbidity, high disposable income and high educational level.

Model 2 = model 1, but with after group split by referral route (CPP).

¹ adjusted for gender, age, cancer site, co-morbidity, educational level and disposable income

Table F Other cancer sites combined: Estimated differences in diagnostic interval (DI) (calendar days) during and after the implementation of CPPs compared to before the implementation (Model 1). In addition, estimates are shown according to referral route after the implementation: to a CPP (after-CPP) or not (after-no CPP) (Model 2). Estimates with 95% confidence intervals (95%CI) are displayed for the 25th, the 50th, the 75th percentile and the 90th percentiles. Bold estimates indicate statistical significance at p=0.05 level or less. (N=4,277)

		Mod	lel 1 ¹		Model 2 ¹ – after-group split by referral to a CPP or not									
	during vs. before		after vs. before		after-CPP vs. before		after-no CPP vs. before		After-CPP vs. during		After-no CPP vs. during			
	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)	Estimate	(95%CI)		
25th percentile	-4	(-7;-1)	-6	(-9;-3)	-11	(-15;-6)	-4	(-7;-1)	-8	(-13;-3)	0	(-3;4)		
50th percentile	-12	(-19;-5)	-13	(-19;-7)	-22	(-27;-16)	-7	(-15;1)	-15	(-20;-9)	3	(-4;11)		
75th percentile	-21	(-80;39)	-28	(-80;24)	-54	(-66;-43)	-15	(-26;-5)	-42	(-54;-29)	6	(-4;15)		
90th percentile	-59	(-148;29)	-49	(-78;-20)	-150	(-187;-114)	-14	(-49;20)	-121	(-159;-83)	44	(14;74)		

Model 1 reference: before implementation group, cohort, female, 45 years of age, cancer sites, no co-morbidity, high disposable income and high educational level.

Model 2 = model 1, but with after group split by referral route (CPP).

¹ adjusted for gender, age, cancer site, co-morbidity, educational level and disposable income