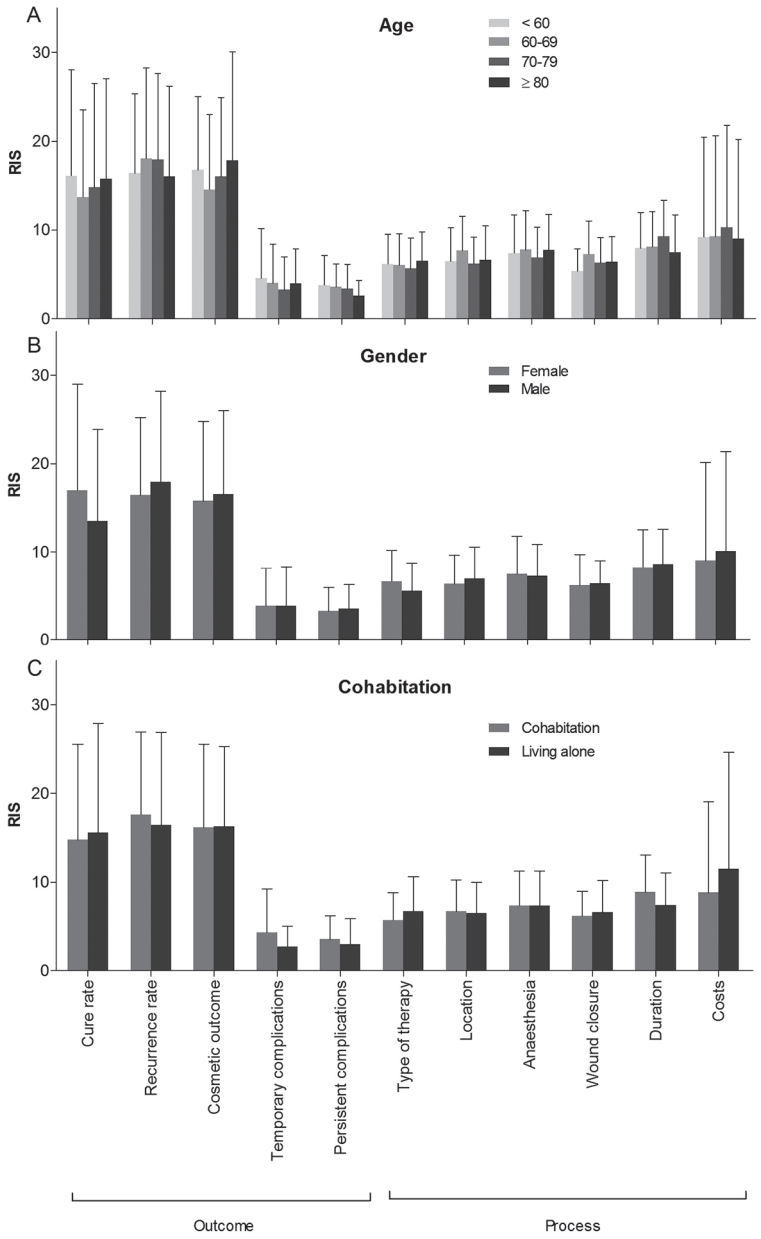


*Fig. S1.* Treatment preferences of sociodemographic subgroups. (A–C) No significant differences were noted with respect to age, sex or cohabitation, respectively. Difference between relative importance scores (RIS) were tested for statistical significance with analysis of variance (ANOVA) and *post-hoc* test (Fisher's least significant difference (LSD)). *Bars:* means with standard deviations.

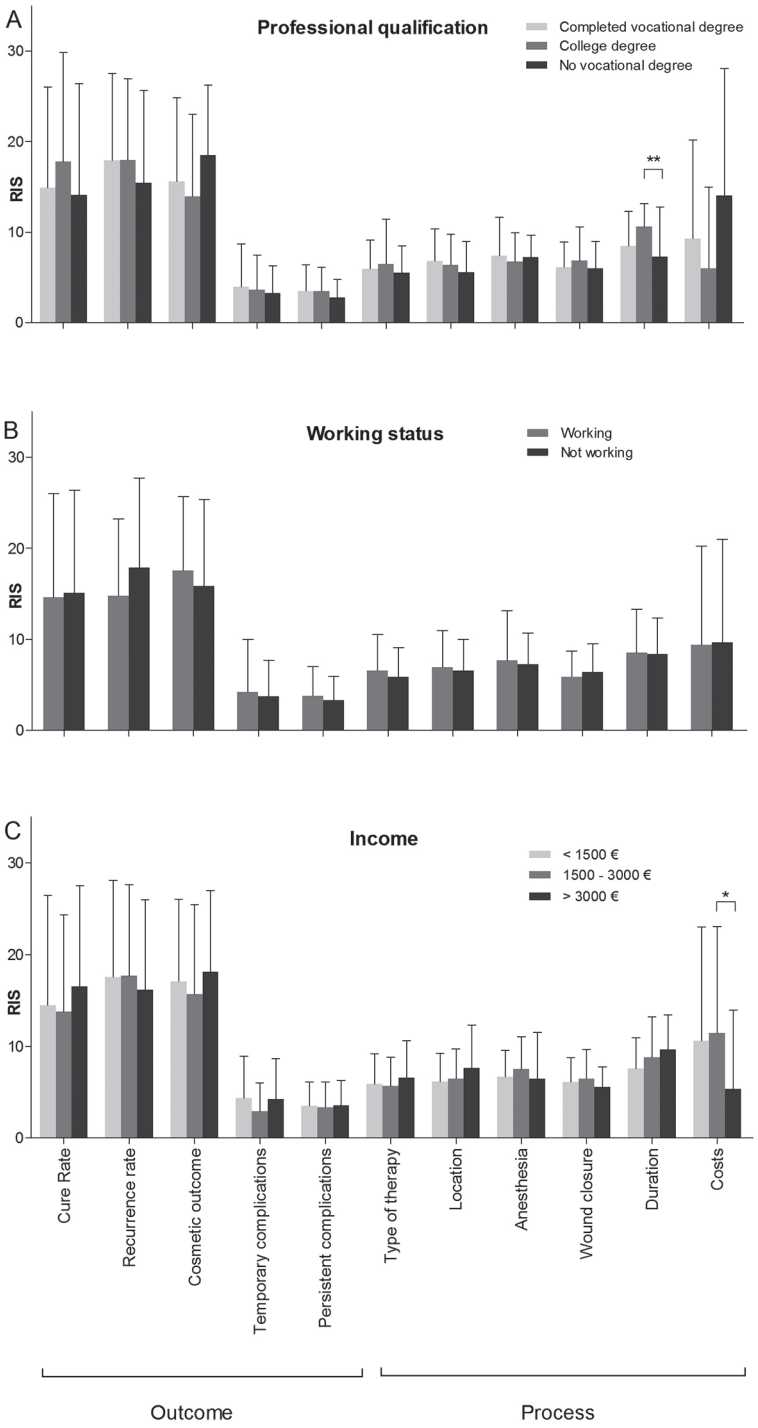


*Fig. S2*. Subgroup analysis according to socioeconomic factors. (A) Participants with a college degree valued a short period of wound healing significantly more than those without a vocational degree. (B) Preferences did not differ significantly dependent on the working status. (C) Participants with a monthly net income >3,000 € attached less importance to out-of-pocket costs than those with an income between 1,500 and 3,000 €. Analysis of variance (ANOVA) and post-hoc tests (Fisher's least significant difference (LSD)) were performed to test differences in relative importance scores (RIS) for significance. Bars: means with standard deviations; $*p<0.05$, $**p<0.01$.

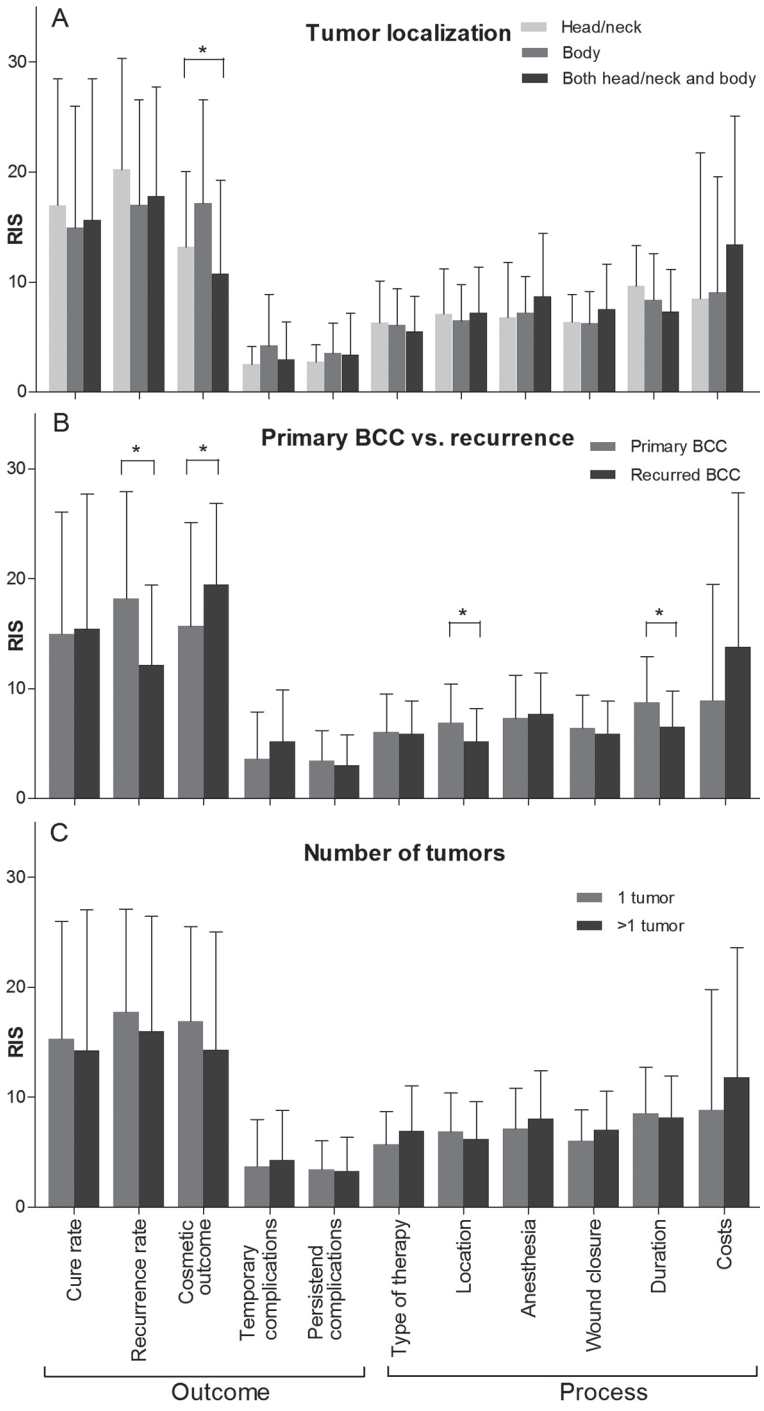


*Fig. S3*. Impact of tumour characteristics on preferences. (A) Participants with BCC in the head/neck region attached significantly greater value to cosmetic outcome than those with additional tumours on the body. (B) Participants with a recurrence regarded cosmetic outcome as more important, but recurrence rate, treatment location and time until wound closure as less relevant than those with a primary basal cell carcinoma (BCC). (C) The number of tumours did not significantly influence preferences. Differences were tested for significance with (A) Fisher-LSD *post hoc* test, (B, C) ANOVA and (B) Browne-Forsythe test. *Bars*: means with standard deviations. *$p < 0.05$.

Table SI. *Outcome and process attributes and attribute levels used in the discrete choice experiments*

| | Level |
|---|---|
| *Outcome attribute* | |
| *Cure rate* | 98–100% |
| The chance of permanent cure is: | 93–97% |
| | 85–92% |
| | <85% |
| *Recurrence rate* | <2% |
| The risk of recurrence of the tumour is: | 3–7% |
| | 8–15% |
| | >15% |
| *Cosmetic outcome* | Very good |
| The cosmetic outcome is: | Relatively good |
| | Satisfactory |
| | Disappointing |
| *Temporary complications* | <2% |
| There is a risk for temporary complications (e.g. wound infection, | 2–5% |
| bleeding, impaired wound healing) of: | 5–10% |
| | 10–20% |
| *Persistent complications* | 0% |
| There is a risk of persistent complications (e.g. nerve injury, | <1% |
| paraesthesia, impaired movement, distortion of the face) of: | 1–5% |
| | >5% |
| *Process attribute* | |
| *Type of therapy* | An operation |
| The treatment will occur by: | Applying a cream on the tumour |
| | Phototherapy after applying a cream on the tumour |
| | Exposure to X-rays |
| *Location* | At home |
| The treatment will take place: | At the local physician's office |
| | At an outpatient clinic |
| | During an inpatient stay in a hospital |
| *Anaesthesia* | Without anaesthesia |
| The treatment is done: | In local anaesthesia |
| | In local anaesthesia with pain-relieving tablets |
| | In general anaesthesia |
| *Wound closure* | Heals by itself |
| The wound: | Is immediately closed by suturing |
| | Is left open and closed by suturing after histological diagnosis (2-step approach) |
| | Will be closed by a skin transplant at a later date |
| *Duration of wound healing* | 2 weeks to complete |
| Wound healing will take: | 4 weeks to complete |
| | 8 weeks to complete |
| | 12 weeks to complete |
| *Cost* | Nothing to cover the cost of my treatment |
| I will have to pay: | Additional 200 € to cover the cost of my treatment |
| | Additional 500 € to cover the cost of my treatment |
| | Additional 1,000 € to cover the cost of my treatment |

Table SII. *Examples of pair-wise presented discrete choice scenarios*

| | |
|---|---|
| *Please choose your preferred treatment scenario from each pair presented.* | |
| *Group 1* | |
| *Option 1* | *Option 2* |
| I will have to pay no additional money to cover the cost of my treatment. | I will have to pay additional 200 € to cover the cost of my treatment. |
| The wound heals by itself. | The wound is immediately closed by suturing. |
| There is a risk of 2–5% for temporary complications (e.g. wound infection, bleeding, impaired wound healing). | There is a risk of 5–10% for temporary complications (e.g. wound infection, bleeding, impaired wound healing). |
| The cosmetic outcome is relatively good. | The cosmetic outcome is satisfactory. |
| The treatment will take place at my local physician's office. | The treatment will take place at home. |
| The chance of permanent cure is less than 85%. | The chance of permanent cure is 98–100%. |
| *Group 2* | |
| *Option 1* | *Option 2* |
| Wound healing will take 8 weeks to complete. | Wound healing will take 4 weeks to complete. |
| Anaesthesia is not required. | My treatment is done in local anaesthesia with pain-relieving tablets. |
| I will have to pay additional 200 € to cover the cost of my treatment. | I will have to pay no additional money to cover the cost of my treatment. |
| The risk of persistent complications (e.g. nerve injury, paraesthesia, impaired movement, distortion of the face) is < 1%. | The risk of persistent complications (e.g. nerve injury, paraesthesia, impaired movement, distortion of the face) is 1–5% |
| The treatment will occur by surgery. | The treatment will occur by applying a cream on the tumour. |
| The risk of recurrence of the tumour is 8–15%. | The risk of recurrence of the tumour is > 15%. |

Table SIII. *Characteristics of the study cohort*

| Category | *n* (%) |
|---|---|
| Age, years | |
| Mean (standard deviation) | 69.2 (12.0) |
| Median (min–max; interquartile range) | 71 (37–103; 62–77) |
| <60 years | 28 (22.6) |
| 60–69 years | 25 (20.2) |
| 70–79 years | 49 (39.5) |
| >80 years | 21 (16.9) |
| Sex | |
| Female | 54 (43.5) |
| Male | 70 (56.5) |
| Marital status | |
| Living with a partner | 87 (70.2) |
| Living alone | 37 (29.8) |
| Professional qualification | |
| No vocational degree | 21 (16.9) |
| Completed vocational education | 90 (72.6) |
| (Technical) college degree | 13 (10.5) |
| Working status | |
| Working | 24 (19.4) |
| Not working | 100 (80.6) |
| Monthly household income | |
| <1,500 € | 32 (25.8) |
| 1,500–3,000 € | 53 (42.7) |
| >3,000 € | 17 (13.9) |
| Not determined | 22 (17.7) |
| Number of tumours | 182 |
| Mean (standard deviation) | 1.47 (1) |
| Median (min–max; interquartile range) | 1 (1–6; 1–2) |
| 1 | 91 (73.4) |
| 2 | 20 (16.1) |
| 3 | 8 (6.5) |
| 4 | 0 (0) |
| 5 | 3 (2.4) |
| 6 | 2 (1.6) |
| Tumour localization | |
| Head or neck | 97 (78.2) |
| Body | 14 (11.3) |
| Both head or neck and body | 11 (8.9) |
| Not determined | 2 (1.6) |
| Tumour size[a] | |
| <1 cm | 72 (58.1) |
| 1–2 cm | 42 (33.9) |
| 2.1–5 cm | 8 (6.5) |
| >5 cm | 2 (1.6) |
| Histological subtype | |
| Superficial BCC | 19 (11.4) |
| Nodular BCC | 78 (42.9) |
| Infiltrating BCC | 58 (31.9) |
| Sclerodermiform BCC | 4 (2.2) |
| Not determined | 4 (2.2) |
| Second tumour other than BCC[b] | 19 (10.4) |
| Recurrence | |
| Yes | 18 (14.1) |
| No | 105 (84.7) |
| Unknown | 1 (0.8) |
| History of skin cancer | |
| Yes | 53 (42.7) |
| 1 previous skin cancer | 18 (14.5) |
| >1 previous skin cancer | 32 (25.8) |
| No | 71 (57.3) |

[a]The size of the largest tumour was documented in each participant. [b]Five participants were diagnosed with a squamous cell carcinoma (SCC), 2 with a collision of basal cell carcinoma (BCC) and SCC, 2 with Bowen's disease 4 with actinic keratosis, 4 with solar elastosis, one with seborrheic keratosis and one with a histiocytoma as second tumour in addition to their BCC. Percentages do not always total 100% because of rounding.