CONSORT-EHEALTH (V 1.6.1) - Submission/Publication Form

The CONSORT-EHEALTH checklist is intended for authors of randomized trials evaluating web-based and Internet-based applications/interventions, including mobile interventions, electronic games (incl multiplayer games), social media, certain telehealth applications, and other interactive and/or networked electronic applications. Some of the items (e.g. all subitems under item 5 - description of the intervention) may also be applicable for other study designs.

The goal of the CONSORT EHEALTH checklist and guideline is to be

- a) a guide for reporting for authors of RCTs,
- b) to form a basis for appraisal of an ehealth trial (in terms of validity)

CONSORT-EHEALTH items/subitems are MANDATORY reporting items for studies published in the Journal of Medical Internet Research and other journals / scientific societies endorsing the checklist.

Items numbered 1., 2., 3., 4a., 4b etc are original CONSORT or CONSORT-NPT (non-pharmacologic treatment) items.

Items with Roman numerals (i., ii, iii, iv etc.) are CONSORT-EHEALTH extensions/clarifications.

As the CONSORT-EHEALTH checklist is still considered in a formative stage, we would ask that you also RATE ON A SCALE OF 1-5 how important/useful you feel each item is FOR THE PURPOSE OF THE CHECKLIST and reporting guideline (optional).

Mandatory reporting items are marked with a red *.

In the textboxes, either copy & paste the relevant sections from your manuscript into this form - please include any quotes from your manuscript in QUOTATION MARKS, or answer directly by providing additional information not in the manuscript, or elaborating on why the item was not relevant for this study.

YOUR ANSWERS WILL BE PUBLISHED AS A SUPPLEMENTARY FILE TO YOUR PUBLICATION IN JMIR AND ARE CONSIDERED PART OF YOUR PUBLICATION (IF ACCEPTED).

Please fill in these questions diligently. Information will not be copyedited, so please use proper spelling and grammar, use correct capitalization, and avoid abbreviations.

DO NOT FORGET TO SAVE AS PDF _AND_ CLICK THE SUBMIT BUTTON SO YOUR ANSWERS ARE IN OUR DATABASE !!!

Citation Suggestion (if you append the pdf as Appendix we suggest to cite this paper in the

caption):

Eysenbach G, CONSORT-EHEALTH Group

CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions

J Med Internet Res 2011;13(4):e126

URL: <http://www.jmir.org/2011/4/e126/>

doi: 10.2196/jmir.1923

PMID: 22209829

*必填

Your name *

First Last

I-Ching Hou

Primary Affiliation (short), City, Country *

University of Toronto, Toronto, Canada

University of Yang-Ming University, Taipei, Taiw

Your e-mail address *

abc@gmail.com

evita@ym.edu.tw

Title of your manuscript *

Provide the (draft) title of your manuscript.

The Quality of Life for Women after First Diagnosis of Breast Cancer Using a Self-Management Support mHealth Application in Taiwan: A Randomized Control Trial

Name of your App/Software/Intervention *

If there is a short and a long/alternate name, write the short name first and add the long name in brackets.

BCSMS App (Breast Cancer Self-Management

Evaluated Version (if any)

e.g. "V1", "Release 2017-03-01", "Version 2.0.27913"

您的回答

Language(s) *

What language is the intervention/app in? If multiple languages are available, separate by comma (e.g. "English, French")

Traditional Chinese

URL of your Intervention Website or App

e.g. a direct link to the mobile app on app in appstore (itunes, Google Play), or URL of the website. If the intervention is a DVD or hardware, you can also link to an Amazon page.

您的回答

URL of an image/screenshot (optional)

您的回答

Accessibility *

Can an enduser access the intervention presently?

- ☒ access is free and open
- ☐ access only for special usergroups, not open
- ☐ access is open to everyone, but requires payment/subscription/in-app purchases
- ☐ app/intervention no longer accessible
- ☐ 其他 :

Primary Medical Indication/Disease/Condition *

e.g. "Stress", "Diabetes", or define the target group in brackets after the condition, e.g. "Autism (Parents of children with)", "Alzheimers (Informal Caregivers of)"

Breast cancer

Primary Outcomes measured in trial *

comma-separated list of primary outcomes reported in the trial

EORTC QLQ-C30 and EORTC QLQ-BR 23

Secondary/other outcomes

Are there any other outcomes the intervention is expected to affect?

您的回答

Recommended "Dose" *

What do the instructions for users say on how often the app should be used?

- ☐ Approximately Daily
- ☐ Approximately Weekly
- ☐ Approximately Monthly
- ☐ Approximately Yearly
- ☒ "as needed"
- ☐ 其他：

Approx. Percentage of Users (starters) still using the app as recommended after 3 months *

☒ unknown / not evaluated

☐ 0-10%

☐ 11-20%

☐ 21-30%

☐ 31-40%

☐ 41-50%

☐ 51-60%

☐ 61-70%

☐ 71%-80%

☐ 81-90%

☐ 91-100%

☐ 其他：

Overall, was the app/intervention effective? *

☐ yes: all primary outcomes were significantly better in intervention group vs control

☒ partly: SOME primary outcomes were significantly better in intervention group vs control

☐ no statistically significant difference between control and intervention

☐ potentially harmful: control was significantly better than intervention in one or more outcomes

☐ inconclusive: more research is needed

☐ 其他：

Article Preparation Status/Stage *

At which stage in your article preparation are you currently (at the time you fill in this form)

- ☐ not submitted yet - in early draft status
- ☐ not submitted yet - in late draft status, just before submission
- ☒ submitted to a journal but not reviewed yet
- ☐ submitted to a journal and after receiving initial reviewer comments
- ☐ submitted to a journal and accepted, but not published yet
- ☐ published
- ☐ 其他 :

Journal *

If you already know where you will submit this paper (or if it is already submitted), please provide the journal name (if it is not JMIR, provide the journal name under "other")

- ☐ not submitted yet / unclear where I will submit this
- ☒ Journal of Medical Internet Research (JMIR)
- ☐ JMIR mHealth and UHealth
- ☐ JMIR Serious Games
- ☐ JMIR Mental Health
- ☐ JMIR Public Health
- ☐ JMIR Formative Research
- ☐ Other JMIR sister journal
- ☐ 其他 :

Is this a full powered effectiveness trial or a pilot/feasibility trial? *

☐ Pilot/feasibility

☒ Fully powered

Manuscript tracking number *

If this is a JMIR submission, please provide the manuscript tracking number under "other" (The ms tracking number can be found in the submission acknowledgement email, or when you login as author in JMIR. If the paper is already published in JMIR, then the ms tracking number is the four-digit number at the end of the DOI, to be found at the bottom of each published article in JMIR)

☐ no ms number (yet) / not (yet) submitted to / published in JMIR

☒ 其他 : ms#17084

TITLE AND ABSTRACT

1a) TITLE: Identification as a randomized trial in the title

1a) Does your paper address CONSORT item 1a? *

I.e does the title contain the phrase "Randomized Controlled Trial"? (if not, explain the reason under "other")

☒ yes

☐ 其他 :

1a-i) Identify the mode of delivery in the title

Identify the mode of delivery. Preferably use "web-based" and/or "mobile" and/or "electronic game" in the title. Avoid ambiguous terms like "online", "virtual", "interactive". Use "Internet-based" only if Intervention includes non-web-based Internet components (e.g. email), use "computer-based" or "electronic" only if offline products are used. Use "virtual" only in the context of "virtual reality" (3-D worlds). Use "online" only in the context of "online support groups". Complement or substitute product names with broader terms for the class of products (such as "mobile" or "smart phone" instead of "iphone"), especially if the application runs on different platforms.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☒	☐	essential

Does your paper address subitem 1a-i? *

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The Quality of Life for Women after First Diagnosis of Breast Cancer Using a Self-Management Support "mHealth Application" in Taiwan: A Randomized Control Trial

1a-ii) Non-web-based components or important co-interventions in title

Mention non-web-based components or important co-interventions in title, if any (e.g., "with telephone support").

	1	2	3	4	5	
subitem not at all important	☒	☐	☐	☐	☐	essential

Does your paper address subitem 1a-ii?

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

We do not include a co-intervention in this work.

1a-iii) Primary condition or target group in the title

Mention primary condition or target group in the title, if any (e.g., "for children with Type I Diabetes")

Example: A Web-based and Mobile Intervention with Telephone Support for Children with Type I Diabetes: Randomized Controlled Trial

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 1a-iii? *

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The Quality of Life for "Women after First Diagnosis of Breast Cancer" Using a Self-Management Support "mHealth Application" in Taiwan: A Randomized Control Trial

1b) ABSTRACT: Structured summary of trial design, methods, results, and conclusions

NPT extension: Description of experimental treatment, comparator, care providers, centers, and blinding status.

1b-i) Key features/functionalities/components of the intervention and comparator in the METHODS section of the ABSTRACT

Mention key features/functionalities/components of the intervention and comparator in the abstract. If possible, also mention theories and principles used for designing the site. Keep in mind the needs of systematic reviewers and indexers by including important synonyms. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 1b-i? *

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"After receiving their first diagnosis of breast cancer, women with stage 0 to III from a social networking sites/referred by their oncologists and oncology case manager were randomized 1:1 into intervention and control groups. Intervention group subjects used BCSMS App and the control group subjects received usual care."

1b-ii) Level of human involvement in the METHODS section of the ABSTRACT

Clarify the level of human involvement in the abstract, e.g., use phrases like "fully automated" vs. "therapist/nurse/care provider/physician-assisted" (mention number and expertise of providers involved, if any). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☐	essential

Does your paper address subitem 1b-ii?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

您的回答

1b-iii) Open vs. closed, web-based (self-assessment) vs. face-to-face assessments in the METHODS section of the ABSTRACT

Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic or a closed online user group (closed usergroup trial), and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment). Clearly say if outcomes were self-assessed through questionnaires (as common in web-based trials). Note: In traditional offline trials, an open trial (open-label trial) is a type of clinical trial in which both the researchers and participants know which treatment is being administered. To avoid confusion, use "blinded" or "unblinded" to indicated the level of blinding instead of "open", as "open" in web-based trials usually refers to "open access" (i.e. participants can self-enrol). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 1b-iii?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Two questionnaires: EORTC QLQ-C30 and EORTC QLQ-BR 23 were distributed to subjects in both arms at baseline "with paper-based form" and at 1.5 and 3 months "with web-based form". All evaluations were "self-assessed with anonymous and blinded."

1b-iv) RESULTS section in abstract must contain use data

Report number of participants enrolled/assessed in each group, the use/uptake of the intervention (e.g., attrition/adherence metrics, use over time, number of logins etc.), in addition to primary/secondary outcomes. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 1b-iv?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"A total of 112 women were enrolled and randomly allocated to the experimental (n=53) or the control (n=59) groups. The completed follow-up rate was 89.3%. The demographic data showed homogeneity between two groups in age (range from 50 to 64 years), breast cancer stage (stage II), marital status(married), working status(employed) and treatment status (receiving treatments). The total QoL summary score in QLQ-C30 (83.4 vs. 82.2, p=0.03) and QLQ-BR 23(65.5 vs. 63.1, p=0.04) were significantly increased in experimental group versus the control group at 3 months."

1b-v) CONCLUSIONS/DISCUSSION in abstract for negative trials

Conclusions/Discussions in abstract for negative trials: Discuss the primary outcome - if the trial is negative (primary outcome not changed), and the intervention was not used, discuss whether negative results are attributable to lack of uptake and discuss reasons. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☐	essential

Does your paper address subitem 1b-v?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

您的回答

INTRODUCTION

2a) In INTRODUCTION: Scientific background and explanation of rationale

2a-i) Problem and the type of system/solution

Describe the problem and the type of system/solution that is object of the study: intended as stand-alone intervention vs. incorporated in broader health care program? Intended for a particular patient population? Goals of the intervention, e.g., being more cost-effective to other interventions, replace or complement other solutions? (Note: Details about the intervention are provided in "Methods" under 5)

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 2a-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Mobile applications are also developed for breast cancer self-management [24-27]. However, we are unaware of mobile self-management apps developed specifically for Taiwanese women with breast cancer. Therefore, our team developed the breast cancer self-management support mHealth app (called as BCSMS App) to address this gap. The development and usability testing of the BCSMS App has been reported previously [28].

2a-ii) Scientific background, rationale: What is known about the (type of) system

Scientific background, rationale: What is known about the (type of) system that is the object of the study (be sure to discuss the use of similar systems for other conditions/diagnoses, if appropriate), motivation for the study, i.e. what are the reasons for and what is the context for this specific study, from which stakeholder viewpoint is the study performed, potential impact of findings [2]. Briefly justify the choice of the comparator.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 2a-ii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The use of mobile applications (Apps) by patients with cancer is becoming more common. More than half of patients with cancer are willing to transmit information through an App to support their treatment and 84% of medical professionals (mainly physicians) support the use of apps with this population [22, 23]. One study suggests that the Apps can support outpatient visits, documentation of adverse events, treatment and medication reminders [22].

2b) In INTRODUCTION: Specific objectives or hypotheses**Does your paper address CONSORT subitem 2b? ***

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The purpose of this study was to evaluate the impact of using the BCSMS App on the QoL of Taiwanese women after an initial diagnosis of breast cancer."

METHODS

3a) Description of trial design (such as parallel, factorial) including allocation ratio

Does your paper address CONSORT subitem 3a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The study was "a single blinded, parallel group randomized controlled trial" with pre-test (T0), post-one and a half month (T1), and post-three-month (T2) follow-up evaluations. "Each eligible participant was randomly assigned 1:1 into one of two study groups (control or experimental). The randomization scheme was generated by using the Web site Randomization.com <<http://www.randomization.com>>[33]."

3b) Important changes to methods after trial commencement (such as eligibility criteria), with reasons

Does your paper address CONSORT subitem 3b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No important changes to methods after trial commencement

3b-i) Bug fixes, Downtimes, Content Changes

Bug fixes, Downtimes, Content Changes: ehealth systems are often dynamic systems. A description of changes to methods therefore also includes important changes made on the intervention or comparator during the trial (e.g., major bug fixes or changes in the functionality or content) (5-iii) and other "unexpected events" that may have influenced study design such as staff changes, system failures/downtimes, etc. [2].

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 3b-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

There were no bug fixes, downtimes, or content changes needed in this trial.

4a) Eligibility criteria for participants

Does your paper address CONSORT subitem 4a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Women with breast cancer who met the following inclusion criteria were recruited: "(1) first diagnosis of breast cancer with stage 0 to III in past year; (2) aged 20 to 65 years; (3) had an Android/iOS smartphone; (4) able to read and write in Chinese; (5) willing to participate in the study and provide informed consent."

4a-i) Computer / Internet literacy

Computer / Internet literacy is often an implicit “de facto” eligibility criterion - this should be explicitly clarified.

	1	2	3	4	5	
subitem not at all important	☐	☐	☒	☐	☐	essential

Does your paper address subitem 4a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

您的回答

4a-ii) Open vs. closed, web-based vs. face-to-face assessments:

Open vs. closed, web-based vs. face-to-face assessments: Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic, and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment), i.e., to what degree got the study team to know the participant. In online-only trials, clarify if participants were quasi-anonymous and whether having multiple identities was possible or whether technical or logistical measures (e.g., cookies, email confirmation, phone calls) were used to detect/prevent these.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☐	essential

Does your paper address subitem 4a-ii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Data collection was from January to July in 2019 by the study team. Patients were blinded whether they were in the experimental or control group and their pre-test data were collected via a paper-based instrument. After the pre-test data was collected, the BCSMS App was installed on the experimental participants' smart phones and they were taught how to use it. Each experimental participant could use BCSMS App in any time as needed (e.g. no any prompts/reminders from the study team). The entire pre-test study design was done with face to face contact. The two post follow-up evaluation data collections were completed via a web-based instrument with phone call, email and communication software (e.g. Line) contacting. Paper-based instruments were provided for participants that choose not to use the web-based instruments. All evaluations were anonymous. After the study, every participant was provided 3 USD for each pre-test and post follow-up evaluation. During data collection, the content of BCSMS App was frozen during the trial and only supported the intervention group with overcoming any technical problems associated with the BCSMS App (e.g. login problems, data entry problems etc.).

4a-iii) Information giving during recruitment

Information given during recruitment. Specify how participants were briefed for recruitment and in the informed consent procedures (e.g., publish the informed consent documentation as appendix, see also item X26), as this information may have an effect on user self-selection, user expectation and may also bias results.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 4a-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"To blind the study group participants to allocation [31] and prevent the selection bias (e.g. technology novelty bias) [32], the recruitment ad only recruited participants for a QoL evaluation after cancer treatment only (no mention of the BCSMS app). The recruitment poster was used by recruiters to introduce the patients to the purpose of study.

...

The eligible participants were provided two different informed consents according to their assigned groups. The consents included the same information on the protocol of their quality of life data collection and every participant was provided 3 USD for each pre-test and post follow-up evaluation after the study. The difference information on the experiment groups' consents were 1). briefing the contents of the BCSMS App; 2) BCSMS App would be installed in their smartphone with technology support remotely"

4b) Settings and locations where the data were collected

Does your paper address CONSORT subitem 4b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The study sites were in the outpatient clinics in two medical centers and one area hospital in northern Taiwan."

...

"The entire pre-test study design was done with face to face contact in the study sites. The two post follow-up evaluation data collections were completed via a web-based instrument with phone call, email and communication software (e.g. Line) contacting. Paper-based instruments were provided for participants that choose not to use the web-based instruments."

4b-i) Report if outcomes were (self-)assessed through online questionnaires

Clearly report if outcomes were (self-)assessed through online questionnaires (as common in web-based trials) or otherwise.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 4b-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The two post follow-up evaluation data collections were completed via a web-based instrument with phone call, email and communication software (e.g. Line) contacting."

4b-ii) Report how institutional affiliations are displayed

Report how institutional affiliations are displayed to potential participants [on ehealth media], as affiliations with prestigious hospitals or universities may affect volunteer rates, use, and reactions with regards to an intervention. (Not a required item – describe only if this may bias results)

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 4b-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The study sites were in the outpatient clinics "in two medical centers and one area hospital in northern Taiwan".

...

"Participants were recruited in two different ways. First, a recruitment ad was posted on the Taiwan Cancer Foundation (TBCF) social networking sites (e.g. Facebook, Line) and interested participants contacted us through the online registration. Second, patients were referred by their oncologists and oncology case manager from the study setting."

5) The interventions for each group with sufficient details to allow replication, including how and when they were actually administered**5-i) Mention names, credential, affiliations of the developers, sponsors, and owners**

Mention names, credential, affiliations of the developers, sponsors, and owners [6] (if authors/evaluators are owners or developer of the software, this needs to be declared in a "Conflict of interest" section or mentioned elsewhere in the manuscript).

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 5-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"In Taiwan, since June 2017, National Yang-Ming University, Taiwan University of Science and Technology, and Taiwan Breast Cancer Prevention and Research Foundation collaborated to develop a BCSMS App."

5-ii) Describe the history/development process

Describe the history/development process of the application and previous formative evaluations (e.g., focus groups, usability testing), as these will have an impact on adoption/use rates and help with interpreting results.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 5-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"In Taiwan, since June 2017, National Yang-Ming University, Taiwan University of Science and Technology, and Taiwan Breast Cancer Prevention and Research Foundation collaborated to develop a BCSMS App. A total of eight main features included 1) the evidence or "knowledge" about breast cancer disease, 2) "exercise and rehabilitation" after surgery, 3) "diet and nutrition" for breast cancer patients, 4) "emotional support" to prevent anxiety and depression, 5) "personal health record" for tracking treatment and side effects, 6) "social resource" information, 7) "experience sharing", and 8) "expert consulting". When pilot testing the BCSMS App with 45 Taiwanese women with breast cancer in 2018 using the modified technology acceptance model of mobile services (TAMM) survey, our team found that the BCSMS App had sound usability and was accepted by the participants."

5-iii) Revisions and updating

Revisions and updating. Clearly mention the date and/or version number of the application/intervention (and comparator, if applicable) evaluated, or describe whether the intervention underwent major changes during the evaluation process, or whether the development and/or content was “frozen” during the trial. Describe dynamic components such as news feeds or changing content which may have an impact on the replicability of the intervention (for unexpected events see item 3b).

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 5-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

“During data collection, the content of BCSMS App was frozen during the trial and only supported the intervention group with overcoming any technical problems associated with the BCSMS App (e.g. login problems, data entry problems etc.).”

5-iv) Quality assurance methods

Provide information on quality assurance methods to ensure accuracy and quality of information provided [1], if applicable.

	1	2	3	4	5	
subitem not at all important	☐	☐	☒	☐	☐	essential

Does your paper address subitem 5-iv?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"When pilot testing the BCSMS App with 45 Taiwanese women with breast cancer in 2018 using the modified technology acceptance model of mobile services (TAMM) survey, our team found that the BCSMS App had sound usability and was accepted by the participants."

5-v) Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used

Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used. Replicability (i.e., other researchers should in principle be able to replicate the study) is a hallmark of scientific reporting.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 5-v?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Now the BCSMS App is outsourced to a technology company for long term maintenance and can be downloaded for widespread use. "(To access, search keywords "ibreast" for iOS version and "pink passport(粉紅護照in Chinese)" for Android version."

5-vi) Digital preservation

Digital preservation: Provide the URL of the application, but as the intervention is likely to change or disappear over the course of the years; also make sure the intervention is archived (Internet Archive, webcitation.org, and/or publishing the source code or screenshots/videos alongside the article). As pages behind login screens cannot be archived, consider creating demo pages which are accessible without login.

	1	2	3	4	5	
subitem not at all important	☒	☐	☐	☐	☐	essential

Does your paper address subitem 5-vi?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

您的回答

5-vii) Access

Access: Describe how participants accessed the application, in what setting/context, if they had to pay (or were paid) or not, whether they had to be a member of specific group. If known, describe how participants obtained "access to the platform and Internet" [1]. To ensure access for editors/reviewers/readers, consider to provide a "backdoor" login account or demo mode for reviewers/readers to explore the application (also important for archiving purposes, see vi).

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☒	☐	essential

Does your paper address subitem 5-vii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Now the BCSMS App is outsourced to a technology company for long term maintenance and can be downloaded for widespread use. (To access, search keywords "ibrest" for iOS version and "pink passport(粉紅護照in Chinese)" for Android version."

5-viii) Mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework

Describe mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework [6] used to design them (instructional strategy [1], behaviour change techniques, persuasive features, etc., see e.g., [7, 8] for terminology). This includes an in-depth description of the content (including where it is coming from and who developed it) [1], "whether [and how] it is tailored to individual circumstances and allows users to track their progress and receive feedback" [6]. This also includes a description of communication delivery channels and – if computer-mediated communication is a component – whether communication was synchronous or asynchronous [6]. It also includes information on presentation strategies [1], including page design principles, average amount of text on pages, presence of hyperlinks to other resources, etc. [1].

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☒	☐	essential

Does your paper address subitem 5-viii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Today, the "self-management" model is generally valued and promoted in Taiwan and abroad [13-15]. Self-management is different from traditional disease management which includes education, emphasizing patient-centered, disease-oriented self-management and taking the initiative to participate in health care activities. With self-management, the patient learns problem solving, disease control, life adjustment, physical and mental symptom management and lifestyle changes, in order to coexist with a chronic disease in daily life."

"In Taiwan, since June 2017, National Yang-Ming University, Taiwan University of Science and Technology, and Taiwan Breast Cancer Prevention and Research Foundation collaborated to develop a BCSMS App. A total of eight main features included 1) the evidence or "knowledge" about breast cancer disease, 2) "exercise and rehabilitation" after surgery, 3) "diet and nutrition" for breast cancer patients, 4) "emotional support" to prevent anxiety and depression, 5) "personal health record" for tracking treatment and side effects, 6) "social resource" information, 7) "experience sharing", and 8) "expert consulting".

5-ix) Describe use parameters

Describe use parameters (e.g., intended "doses" and optimal timing for use). Clarify what instructions or recommendations were given to the user, e.g., regarding timing, frequency, heaviness of use, if any, or was the intervention used ad libitum.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☒	☐	essential

Does your paper address subitem 5-ix?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

the BCSMS App was installed on the experimental participants' smart phones and they were taught how to use it. "Each experimental participant could use BCSMS App in any time" and no any prompts/reminders from the study team.

5-x) Clarify the level of human involvement

Clarify the level of human involvement (care providers or health professionals, also technical assistance) in the e-intervention or as co-intervention (detail number and expertise of professionals involved, if any, as well as "type of assistance offered, the timing and frequency of the support, how it is initiated, and the medium by which the assistance is delivered". It may be necessary to distinguish between the level of human involvement required for the trial, and the level of human involvement required for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 5-x?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

During data collection, the content of BCSMS App was frozen during the trial and "the evaluator (HY) supported the intervention group with overcoming any technical problems associated with the BCSMS App (e.g. login problems, data entry problems etc.)."

5-xi) Report any prompts/reminders used

Report any prompts/reminders used: Clarify if there were prompts (letters, emails, phone calls, SMS) to use the application, what triggered them, frequency etc. It may be necessary to distinguish between the level of prompts/reminders required for the trial, and the level of prompts/reminders for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 5-xi? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Each experimental participant could use BCSMS App in any time as needed (e.g. no any prompts/reminders from the study team)."

5-xii) Describe any co-interventions (incl. training/support)

Describe any co-interventions (incl. training/support): Clearly state any interventions that are provided in addition to the targeted eHealth intervention, as ehealth intervention may not be designed as stand-alone intervention. This includes training sessions and support [1]. It may be necessary to distinguish between the level of training required for the trial, and the level of training for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

	1	2	3	4	5	
subitem not at all important	☐	☒	☐	☐	☐	essential

Does your paper address subitem 5-xii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No co-interventions were used.

6a) Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed**Does your paper address CONSORT subitem 6a? ***

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The QoL instrument consisted of two parts. The first part included demographics items (e.g. age, disease stage, marital status, working status etc.) and treatment-related items. The second part was the Taiwan Chinese version of the EORTC QLQ-C30 (version 3) and EORTC QLQ-BR23 which were originally developed by European Organization for Research and Treatment of Cancer (EORTC) [34, 35]. These instruments have good test/retest reliability, high internal consistency in most scales, and show expected differences between patients in active chemotherapy and follow-up groups [36]. The QLQ-C30 incorporates five functional scales (physical functioning, role functioning, emotional functioning, cognitive functioning, and social functioning); nine symptom scales (fatigue, nausea and vomiting, pain, pain, dyspnea, insomnia, appetite loss, constipation, diarrhea and financial difficulties); and global health status and quality-of-life (QoL) scales [34]. The EORTC QLQ-BR23 is the module for breast cancer. It incorporates four functional scales (body image, sexual functioning, sexual enjoyment, and future perspective); and four symptom scales (systemic therapy side effects, breast symptoms, arm symptoms and upset by hair loss) [37]. According to the EORTC scoring manual, a high score for a functional scale represents a high / healthy level of functioning at QLQ C-30 and QLQ-BR23, a high score for the global health status / QoL represents a high QoL at QLQ C-30, but a high score for a symptom scale / item represents a high level of symptomatology / problems at QLQ C-30 and QLQ-BR23[38]."

6a-i) Online questionnaires: describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed

If outcomes were obtained through online questionnaires, describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed [9].

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

" The average time required to complete the instruments was approximately 15 minutes, and most patients required no assistance. "The internal consistence reliability, Cronbach's α levels were 0.96 at QLQ- C30 and 0.79 at QLQ-BR23 indicate adequate reliability [39]."

6a-ii) Describe whether and how "use" (including intensity of use/dosage) was defined/measured/monitored

Describe whether and how "use" (including intensity of use/dosage) was defined/measured/monitored (logins, logfile analysis, etc.). Use/adoption metrics are important process outcomes that should be reported in any ehealth trial.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☐	essential

Does your paper address subitem 6a-ii?

Copy and paste relevant sections from manuscript text

您的回答

6a-iii) Describe whether, how, and when qualitative feedback from participants was obtained

Describe whether, how, and when qualitative feedback from participants was obtained (e.g., through emails, feedback forms, interviews, focus groups).

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☐	essential

Does your paper address subitem 6a-iii?

Copy and paste relevant sections from manuscript text

您的回答

6b) Any changes to trial outcomes after the trial commenced, with reasons**Does your paper address CONSORT subitem 6b? ***

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No any changes to trial outcomes after the trial commenced

7a) How sample size was determined

NPT: When applicable, details of whether and how the clustering by care provides or centers was addressed

7a-i) Describe whether and how expected attrition was taken into account when calculating the sample size

Describe whether and how expected attrition was taken into account when calculating the sample size.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 7a-i?

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Apriori power analysis was calculated using G*Power version 3.1 with: F tests, ANOVA: Repeated measures, between factors, medium effect size= 0.25, significant level = 0.05, power = 0.8 was used for sample size calculation according to Cohen [30]. "The apriori sample size was 41 in each group. We oversampled our eligible patient population to account for potential drop-outs and expected to include a total of 106 patients in this study."

7b) When applicable, explanation of any interim analyses and stopping guidelines

Does your paper address CONSORT subitem 7b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Each eligible participant was randomly assigned 1:1 into one of two study groups (control or experimental). To balance the number of participants' severity of disease in each group, breast cancer with stage 0 to III as four blocks were used. The number of subjects per block were according to their incidence rate in Taiwan (e.g. stage 0=17%, stage I=31%, stage II=32%, stage III=13%, and stage IV=7%,) [1]. Considering the patients with breast cancer stage IV would not be matched to our inclusion criteria. The percentage of stage IV(7%) was divided according to the proportion of stage 0 to stage III and then the proposed sample percentage of stage 0 was 18.3%, stage I was 33.3%, stage II was 34.4%, stage III=14%. Then the proposed sample size of each block would be 20 for stage 0(e.g. $106 \times 18.3\% = 19.4$ carry), 36 for stage I, 36 for stage II, and 14 for stage III consequently. The randomization scheme was generated by using the Web site Randomization.com
<<http://www.randomization.com>>[33]."

8a) Method used to generate the random allocation sequence

NPT: When applicable, how care providers were allocated to each trial group

Does your paper address CONSORT subitem 8a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Each eligible participant was randomly assigned 1:1 into one of two study groups (control or experimental). To balance the number of participants' severity of disease in each group, breast cancer with stage 0 to III as four blocks were used. The number of subjects per block were according to their incidence rate in Taiwan (e.g. stage 0=17%, stage I=31%, stage II=32%, stage III=13%, and stage IV=7%,) [1]. Considering the patients with breast cancer stage IV would not be matched to our inclusion criteria. The percentage of stage IV(7%) was divided according to the proportion of stage 0 to stage III and then the proposed sample percentage of stage 0 was 18.3%, stage I was 33.3%, stage II was 34.4%, stage III=14%. Then the proposed sample size of each block would be 20 for stage 0(e.g. $106 \times 18.3\% = 19.4$ carry), 36 for stage I, 36 for stage II, and 14 for stage III consequently. The randomization scheme was generated by using the Web site Randomization.com
<<http://www.randomization.com>>[33]."

8b) Type of randomisation; details of any restriction (such as blocking and block size)

Does your paper address CONSORT subitem 8b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Each eligible participant was randomly assigned 1:1 into one of two study groups (control or experimental). To balance the number of participants' severity of disease in each group, breast cancer with stage 0 to III as four blocks were used. The number of subjects per block were according to their incidence rate in Taiwan (e.g. stage 0=17%, stage I=31%, stage II=32%, stage III=13%, and stage IV=7%,) [1]. Considering the patients with breast cancer stage IV would not be matched to our inclusion criteria. The percentage of stage IV(7%) was divided according to the proportion of stage 0 to stage III and then the proposed sample percentage of stage 0 was 18.3%, stage I was 33.3%, stage II was 34.4%, stage III=14%. Then the proposed sample size of each block would be 20 for stage 0(e.g. $106 \times 18.3\% = 19.4$ carry), 36 for stage I, 36 for stage II, and 14 for stage III consequently. The randomization scheme was generated by using the Web site Randomization.com
<<http://www.randomization.com>>[33]."

9) Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned

Does your paper address CONSORT subitem 9? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Each eligible participant was randomly assigned 1:1 into one of two study groups (control or experimental) by the evaluator (HY). "Each eligible participant was randomly assigned 1:1 into one of two study groups (control or experimental). To balance the number of participants' severity of disease in each group, breast cancer with stage 0 to III as four blocks were used. The number of subjects per block were according to their incidence rate in Taiwan (e.g. stage 0=17%, stage I=31%, stage II=32%, stage III=13%, and stage IV=7%,) [1].Considering the patients with breast cancer stage IV would not be matched to our inclusion criteria. The percentage of stage IV(7%) was divided according to the proportion of stage 0 to stage III and then the proposed sample percentage of stage 0 was 18.3%, stage I was 33.3%, stage II was 34.4%, stage III=14%. Then the proposed sample size of each block would be 20 for stage 0(e.g.106*18.3%=19.4 carry), 36 for stage I, 36 for stage II, and 14 for stage III consequently. The randomization scheme was generated by using the Web site Randomization.com <<http://www.randomization.com>>[33]."

10) Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions**Does your paper address CONSORT subitem 10? ***

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Each eligible participant was randomly assigned 1:1 into one of two study groups (control or experimental) by the evaluator (HY) "

11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how

NPT: Whether or not administering co-interventions were blinded to group assignment

11a-i) Specify who was blinded, and who wasn't

Specify who was blinded, and who wasn't. Usually, in web-based trials it is not possible to blind the participants [1, 3] (this should be clearly acknowledged), but it may be possible to blind outcome assessors, those doing data analysis or those administering co-interventions (if any).

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 11a-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Patients were blinded whether they were in the experimental or control group and their pre-test data were collected via a paper-based instrument."

11a-ii) Discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator"

Informed consent procedures (4a-ii) can create biases and certain expectations - discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator".

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☒	☐	essential

Does your paper address subitem 11a-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

To blind the study group participants to allocation [31] and prevent the selection bias (e.g. technology novelty bias) [32], the recruitment ad only recruited participants for a QoL evaluation after cancer treatment only (no mention of the BCSMS app). "The recruitment poster was used by recruiters to introduce the patients to the purpose of study."

11b) If relevant, description of the similarity of interventions

(this item is usually not relevant for ehealth trials as it refers to similarity of a placebo or sham intervention to a active medication/intervention)

Does your paper address CONSORT subitem 11b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No similarity of interventions in this study

12a) Statistical methods used to compare groups for primary and secondary outcomes

NPT: When applicable, details of whether and how the clustering by care providers or centers was addressed

Does your paper address CONSORT subitem 12a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Frequency, percentage, mean, standard deviation was used for descriptive statistic for clinical variables, QLQ-C30 and QLQ- BR23. We compared the baseline of the control and the experimental groups using chi-square tests for categorical variables and t-test for continuous variables. All analyses were intent-to-treat using a repeated measures analysis-GEE [41]. This method was used to account for the lack of adherence values over time and to detect any time × group effects among the target indicators. Significance was defined as p value <0.05."

12a-i) Imputation techniques to deal with attrition / missing values

Imputation techniques to deal with attrition / missing values: Not all participants will use the intervention/comparator as intended and attrition is typically high in ehealth trials. Specify how participants who did not use the application or dropped out from the trial were treated in the statistical analysis (a complete case analysis is strongly discouraged, and simple imputation techniques such as LOCF may also be problematic [4]).

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 12a-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"For data missing at random value (MARV), multi-imputation technique was used [38, 40] and average score of the observed data at the same follow-up interval in the same group was adopted to impute the MARV."

12b) Methods for additional analyses, such as subgroup analyses and adjusted analyses

Does your paper address CONSORT subitem 12b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

None

X26) REB/IRB Approval and Ethical Considerations [recommended as subheading under "Methods"] (not a CONSORT item)

X26-i) Comment on ethics committee approval

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem X26-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"This study followed the ethical principles of the Declaration of Helsinki[29] and approved by the Institute of Review Board in National Yang Ming University (IRB No. YM107109E)in Taiwan. "

x26-ii) Outline informed consent procedures

Outline informed consent procedures e.g., if consent was obtained offline or online (how? Checkbox, etc.), and what information was provided (see 4a-ii). See [6] for some items to be included in informed consent documents.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem X26-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The eligible participants were provided two different informed consents according to their assigned groups. The consents included the same information on the protocol of their quality of life data collection and every participant was provided 3 USD for each pre-test and post follow-up evaluation after the study. The difference information on the experiment groups' consents were 1). briefing the contents of the BCSMS App; 2) BCSMS App would be installed in their smartphone with technology support remotely"

X26-iii) Safety and security procedures

Safety and security procedures, incl. privacy considerations, and any steps taken to reduce the likelihood or detection of harm (e.g., education and training, availability of a hotline)

	1	2	3	4	5	
subitem not at all important	☒	☐	☐	☐	☐	essential

Does your paper address subitem X26-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The protocol was determined to be of minimal risk to the participants. Nevertheless, all participant data was anonymized and stored on an encrypted, password protected server.

RESULTS**13a) For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome**

NPT: The number of care providers or centers performing the intervention in each group and the number of patients treated by each care provider in each center

Does your paper address CONSORT subitem 13a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Randomization and attrition data were organized according to CONSORT guideline [42] (Figure 1)". A total of 112 eligible women after initial diagnosis of non-metastatic breast cancer were enrolled and randomly allocated to the experimental (n = 53) or the control (n = 59) group. Reasons for patient dropout included feeling sick during treatment (n = 6) lost to follow up (n=3) and concern for their personal privacy (n=3). A total of 48 participants remained in the experimental group and 52 in the control group at the three-month follow up.

13b) For each group, losses and exclusions after randomisation, together with reasons

Does your paper address CONSORT subitem 13b? (NOTE: Preferably, this is shown in a CONSORT flow diagram) *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Randomization and attrition data were organized according to CONSORT guideline [42] (Figure 1). A total of 112 eligible women after initial diagnosis of non-metastatic breast cancer were enrolled and randomly allocated to the experimental (n = 53) or the control (n = 59) group. "Reasons for patient dropout included feeling sick during treatment (n = 6) lost to follow up (n=3) and concern for their personal privacy (n=3)." A total of 48 participants remained in the experimental group and 52 in the control group at the three-month follow up.

13b-i) Attrition diagram

Strongly recommended: An attrition diagram (e.g., proportion of participants still logging in or using the intervention/comparator in each group plotted over time, similar to a survival curve) or other figures or tables demonstrating usage/dose/engagement.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 13b-i?

Copy and paste relevant sections from the manuscript or cite the figure number if applicable (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Randomization and attrition data were organized according to CONSORT guideline [42] "(Figure 1)".

14a) Dates defining the periods of recruitment and follow-up

Does your paper address CONSORT subitem 14a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Data collection was from January to July in 2019 by the study team."

14a-i) Indicate if critical "secular events" fell into the study period

Indicate if critical "secular events" fell into the study period, e.g., significant changes in Internet resources available or "changes in computer hardware or Internet delivery resources"

	1	2	3	4	5	
subitem not at all important	☒	☐	☐	☐	☐	essential

Does your paper address subitem 14a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

None

14b) Why the trial ended or was stopped (early)**Does your paper address CONSORT subitem 14b? ***

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not Applicable - The trial did not end early.

15) A table showing baseline demographic and clinical characteristics for each group

NPT: When applicable, a description of care providers (case volume, qualification, expertise, etc.) and centers (volume) in each group

Does your paper address CONSORT subitem 15? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The demographics and baseline QoL from the two groups were similar. The largest age group was 50-64 (45.5%). Participants had bachelor's degree or equivalent education (30.4%). Over half (69.6%) of the participants were married. One-third of them had two children (38.4%). Close to half (46.4%) of the participants were employed. The majority of participants did not have any comorbid diagnoses (87.5%). The largest number had breast cancer stage II (39.5%), received breast conservation surgery (65.2%), chemotherapy (65.2%), radiotherapy (59.3%) and hormone therapy (53.6%). There were no statistical differences between control and experimental participants with regard to any of the baseline characteristics. "Detailed statistical results are shown in Table 2."

15-i) Report demographics associated with digital divide issues

In ehealth trials it is particularly important to report demographics associated with digital divide issues, such as age, education, gender, social-economic status, computer/Internet/ehealth literacy of the participants, if known.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 15-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The largest age group was 50-64 (45.5%). Participants had bachelor's degree or equivalent education (30.4%). Over half (69.6%) of the participants were married. One-third of them had two children (38.4%). Close to half (46.4%) of the participants were employed. ...Detailed statistical results are shown in Table 2."

16) For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups

16-i) Report multiple "denominators" and provide definitions

Report multiple "denominators" and provide definitions: Report N's (and effect sizes) "across a range of study participation [and use] thresholds" [1], e.g., N exposed, N consented, N used more than x times, N used more than y weeks, N participants "used" the intervention/comparator at specific pre-defined time points of interest (in absolute and relative numbers per group). Always clearly define "use" of the intervention.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 16-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Detailed statistical results are shown in Table 2."

16-ii) Primary analysis should be intent-to-treat

Primary analysis should be intent-to-treat, secondary analyses could include comparing only “users”, with the appropriate caveats that this is no longer a randomized sample (see 18-i).

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 16-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

“After 1.5-month and 3-months post-follow up evaluation, these scores were 79.13 (SD 15.31) and 83.45 (SD = 10.85) in experimental group, and 79.49 (SD = 12.41) and 82.23 (SD = 12.07) in control group. The total summary scores for QLQ-C30 in both groups showed a significant improvement by 3-months (difference between T2 to T0 is 8.98 in experimental group and is 3.93 in control group). GEE analysis showed statistical difference ($p = 0.03$) in the interactions between groups and time meaning the experimental group had greater total summary scores for QLQ-C30(diff=5.05) than the control group after intervention at the 3-month assessment interval (Table 3).”

17a) For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)**Does your paper address CONSORT subitem 17a? ***

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Mean, standard deviation, difference, p-value are given for each outcome in the manuscript.

17a-i) Presentation of process outcomes such as metrics of use and intensity of use

In addition to primary/secondary (clinical) outcomes, the presentation of process outcomes such as metrics of use and intensity of use (dose, exposure) and their operational definitions is critical. This does not only refer to metrics of attrition (13-b) (often a binary variable), but also to more continuous exposure metrics such as "average session length". These must be accompanied by a technical description how a metric like a "session" is defined (e.g., timeout after idle time) [1] (report under item 6a).

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 17a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

After 1.5-month and 3-months post-follow up evaluation, these scores were 79.13 (SD 15.31) and 83.45 (SD = 10.85) in experimental group, and 79.49 (SD = 12.41) and 82.23 (SD = 12.07) in control group. The total summary scores for QLQ-C30 in both groups showed a significant improvement by 3-months (difference between T2 to T0 is 8.98 in experimental group and is 3.93 in control group). GEE analysis showed statistical difference ($p = 0.03$) in the interactions between groups and time meaning the experimental group had greater total summary scores for QLQ-C30(diff=5.05) than the control group after intervention at the 3-month assessment interval (Table 3).

17b) For binary outcomes, presentation of both absolute and relative effect sizes is recommended

Does your paper address CONSORT subitem 17b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable

18) Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory**Does your paper address CONSORT subitem 18? ***

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable

18-i) Subgroup analysis of comparing only users

A subgroup analysis of comparing only users is not uncommon in ehealth trials, but if done, it must be stressed that this is a self-selected sample and no longer an unbiased sample from a randomized trial (see 16-iii).

	1	2	3	4	5	
subitem not at all important	☒	☐	☐	☐	☐	essential

Does your paper address subitem 18-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable

19) All important harms or unintended effects in each group

(for specific guidance see CONSORT for harms)

Does your paper address CONSORT subitem 19? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Except for privacy concerns, this trial did not have any other important harms to consider.

19-i) Include privacy breaches, technical problems

Include privacy breaches, technical problems. This does not only include physical "harm" to participants, but also incidents such as perceived or real privacy breaches [1], technical problems, and other unexpected/unintended incidents. "Unintended effects" also includes unintended positive effects [2].

	1	2	3	4	5	
subitem not at all important	☒	☐	☐	☐	☐	essential

Does your paper address subitem 19-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

None

19-ii) Include qualitative feedback from participants or observations from staff/researchers

Include qualitative feedback from participants or observations from staff/researchers, if available, on strengths and shortcomings of the application, especially if they point to unintended/unexpected effects or uses. This includes (if available) reasons for why people did or did not use the application as intended by the developers.

subitem not at all important 1 2 3 4 5 essential

☒ ☐ ☐ ☐ ☐

Does your paper address subitem 19-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

None

DISCUSSION**22) Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence**

NPT: In addition, take into account the choice of the comparator, lack of or partial blinding, and unequal expertise of care providers or centers in each group

22-i) Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use)

Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use).

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 22-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Our team developed the BCSMS App with eight main features according to the results from our previous study to support self-management for women after a first diagnosis of breast cancer for. After three-months of repeated QoL evaluation, the principal results showed that for QLQ-C30, both groups had improvement in their functional scales (9.17 at exp. group vs. 3.47 at con. group), symptom scales (-8.61 at exp. group vs. -4.37 at con. group), global health status (16.36 at exp. group vs. 11.08 at con. group) and total summary scores (8.98 at exp. group vs. 3.93 at con. group) by third month. The BCSMS App user group had significant improvement in their functional scores (difference=5.71, p=0.04) and total summary scores (difference= 5.04, p=0.03) compared to the control group."

22-ii) Highlight unanswered new questions, suggest future research

Highlight unanswered new questions, suggest future research.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 22-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Our team developed the BCSMS App with eight main features according to the results from our previous study to support self-management for women after a first diagnosis of breast cancer for. After three-months of repeated QoL evaluation, the principal results showed that for QLQ-C30, both groups had improvement in their functional scales (9.17 at exp. group vs. 3.47 at con. group), symptom scales (-8.61 at exp. group vs. -4.37 at con. group), global health status (16.36 at exp. group vs. 11.08 at con. group) and total summary scores (8.98 at exp. group vs. 3.93 at con. group) by third month. The BCSMS App user group had significant improvement in their functional scores (difference=5.71, $p=0.04$) and total summary scores (difference= 5.04, $p=0.03$) compared to the control group.

20) Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses

20-i) Typical limitations in ehealth trials

Typical limitations in ehealth trials: Participants in ehealth trials are rarely blinded. Ehealth trials often look at a multiplicity of outcomes, increasing risk for a Type I error. Discuss biases due to non-use of the intervention/usability issues, biases through informed consent procedures, unexpected events.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 20-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"There were two main limitations of this study. The first was maturation bias as our study followed participants for only three months. Although the control group did not use the BCSMS App, they still had supportive care from professionals (e.g. physicians, oncology case managers etc.) and perhaps their information searching competence helped them with self-management and increase their QoL. The second was that we did not know the actual frequency of use of the BCSMS App in the experimental group. To prevent the Hawthorne Effect (e.g. causing non routine practices) [50] the research team did not remind the subjects in the experimental group to use BCSMS App . Such limitations might have influenced the results in this study."

21) Generalisability (external validity, applicability) of the trial findings

NPT: External validity of the trial findings according to the intervention, comparators, patients, and care providers or centers involved in the trial

21-i) Generalizability to other populations

Generalizability to other populations: In particular, discuss generalizability to a general Internet population, outside of a RCT setting, and general patient population, including applicability of the study results for other organizations

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem 21-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The purpose of the study was to investigate the QoL for women with breast cancer in Taiwan after using the BCSMS App. According to the results, women with first diagnosis breast cancer have evidence of getting better QoL after receiving cancer treatment. When providing the BCSMS App to them, it provides conservative evidence to promote the QoL than those did not use. It might because the BCSMS App deliver the comprehensive information (e.g. eight main features in prior work) to the women with breast cancer when they first encounter the difficulty in their life and satisfied their needs during the treatment. The next steps would introduce the BCSMS App to more breast cancer patients and the further evaluation of whether QoL is sustained

21-ii) Discuss if there were elements in the RCT that would be different in a routine application setting

Discuss if there were elements in the RCT that would be different in a routine application setting (e.g., prompts/reminders, more human involvement, training sessions or other co-interventions) and what impact the omission of these elements could have on use, adoption, or outcomes if the intervention is applied outside of a RCT setting.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☐	essential

Does your paper address subitem 21-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

您的回答

OTHER INFORMATION

23) Registration number and name of trial registry

Does your paper address CONSORT subitem 23? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"This study followed the ethical principles of the Declaration of Helsinki [29] and approved by the Institute of Review Board in National Yang Ming University (IRB No. YM107109E) in Taiwan." We also wait for the ClinicalTrials.gov ID and currently the ClinicalTrials.gov Protocol Registration and Results System (PRS) Receipt was downloaded

24) Where the full trial protocol can be accessed, if available

Does your paper address CONSORT subitem 24? *

Cite a Multimedia Appendix, other reference, or copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"This study followed the ethical principles of the Declaration of Helsinki [29] and approved by the Institute of Review Board in National Yang Ming University (IRB No. YM107109E) in Taiwan." We currently wait for the ClinicalTrials.gov ID and the ClinicalTrials.gov Protocol Registration and Results System (PRS) Receipt was provided as appendix.

25) Sources of funding and other support (such as supply of drugs), role of funders

Does your paper address CONSORT subitem 25? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

We appreciate the funding from Ministry of Science and Technology (MOST107 - 2314 - B - 010 - 052) and all team members in this research and Taiwan Breast Cancer Foundation. Special thanks to Jhou-Liang Lian, Kong-Hao Chen, Zih-Bin Chen for their support.

X27) Conflicts of Interest (not a CONSORT item)**X27-i) State the relation of the study team towards the system being evaluated**

In addition to the usual declaration of interests (financial or otherwise), also state the relation of the study team towards the system being evaluated, i.e., state if the authors/evaluators are distinct from or identical with the developers/sponsors of the intervention.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Does your paper address subitem X27-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

None declared.

About the CONSORT EHEALTH checklist

As a result of using this checklist, did you make changes in your manuscript? *

- ☐ yes, major changes
- ☒ yes, minor changes
- ☐ no

What were the most important changes you made as a result of using this checklist?

您的回答

How much time did you spend on going through the checklist INCLUDING making changes in your manuscript *

24 hours

As a result of using this checklist, do you think your manuscript has improved? *

- ☒ yes
- ☐ no
- ☐ 其他 :

Would you like to become involved in the CONSORT EHEALTH group?

This would involve for example becoming involved in participating in a workshop and writing an "Explanation and Elaboration" document

- ☒ yes
- ☐ no
- ☐ 其他：

Any other comments or questions on CONSORT EHEALTH

您的回答

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