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

Your name *
First Last
Huimin Xiao

Primary Affiliation (short), City, Country *
University of Toronto, Toronto, Canada
School of Nursing, Fujian Medical University, CI

Your e-mail address *
abc@gmail.com
huimin_xiao@126.com

Title of your manuscript *
Provide the (draft) title of your manuscript.
Effects of a WeChat-based Life Review Program for Digestive System Cancer Patients: A Three-arm Parallel Randomized Controlled 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.
The WeChat-based life review program
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")

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)"

patients with digestive system cancer

Primary Outcomes measured in trial *
comma-separated list of primary outcomes reported in the trial

Anxiety, depression, hope, and self-transcende

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: 36000

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

Yes, it is "a WeChat-based WeChat-based Life Review Program".

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

No, we provided only basic health consolation for participants in both intervention and control group, which are not an important component for this trial.
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

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

Yes, the target condition is "the patient with digestive system cancer".

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)
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

Yes. The key intervention is "a 4-week Wechat-based ife review program", and the comparators are "controll group 1 and controll group 2".

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

Yes. The intervention is "fully automated".
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)

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

Yes. Participant were recruited offline. "Digestive system cancer patients were recruited from a university affiliated general hospital's oncology department in Fujian, Southeast China." This was a purely web-based trial and only usergroups that were recruited were accessible to the application. Baseline data were collected offline while follow-up data were collected online. Anxiety, depression, hope, and self-transcendence were measured at baseline, two days (T1), one month (T2), and six months (T3) after the program. Through the procedure, only the assessor who collected the follow-up data was blind to the assignment."
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

Yes. "A total of 150 digestive system cancer patients were randomly allocated to LRG (n = 50), CG 1 (n = 50) or CG 2(n=50). Overall dropout rate of this study is 8.0%.

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

Yes. "There was no significant difference in anxiety or depressive symptoms between the life review and control groups 1 at T1, but anxiety and depression were significantly lower in the life review than in the control groups 1 at T2."

**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)

![subitem not at all important](image)

Yes. "This study aimed to confirm the effectiveness of the WeChat-based life review program in improving the psycho-spiritual well-being of digestive system cancer patients using a three-arm parallel randomized controlled trial."
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.

Yes.
*"Digital technologies are being increasingly used to promote life review interventions via mobile phones, computers, wearable devices, and social media or applications [9-11]. However, telephone-based life review interviews did not provide the opportunity to observe non-verbal cues, such as patients' facial expressions and body language. Besides, high dropout rates and a predominantly White, female, and high income or education sample were reported by Wise et al [13]. Although the virtual environment induced a sense of immersion during the therapeutic interaction and, therefore, enhanced patients' engagement and self-expression, the program was expensive and there were hardware limitations [14-16]."

Motivation for the study:
*"WeChat is a social media platform with high popularity among 200 countries, especially in China, due to its simplicity, convenience, efficiency, and mobility [18]. It allows users to interact asynchronously with each other through text messaging, voice messaging, video conferencing, etc., as well as obtain information and resources from all kinds of WeChat platforms at any time. In 2018, our research team developed a WeChat-based life review program for cancer patients, consisting of e-life review interviews, Memory Prompts, Review Extraction, Mind Space, and E-legacy products [19]. A preliminary study found that the program is acceptable, feasible, and promising in improving the psycho-spiritual well-being of cancer patients [7]. Thus, this study aimed to confirm the effectiveness of the WeChat-based life review program in improving the psycho-spiritual well-being of digestive system cancer patients using a three-arm parallel randomized controlled trial."

The comparator in the control group 1 can partly eliminated the attention bias on life review group and provided solid findings.

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.

Yes.
*"This study aimed to confirm the effectiveness of the WeChat-based life review program in improving the psycho-spiritual well-being of digestive system cancer patients using a three-arm parallel randomized controlled trial."
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

Yes. "A randomized, controlled, single-blinded, three-group pre-test and repeated post-tests experimental design was adopted at a university-affiliated general hospital's oncology department in Fujian, Southeast China. One hundred fifty eligible digestive system cancer patients were randomly assigned to the WeChat-based life review (n=50), control group 1 (n=50), or control group 2 (n=50)."

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

Yes. "No important change was conducted after enrollment."
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

Yes. The network had downtimes for several times during this trial, but no change related to intervention content was made.

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

Yes.
Inclusion criteria were as follows: (1) diagnosed with digestive system cancer, (2) aged ≥ 18 years, (3) aware of diagnosis and treatment, (4) able to use WeChat, and (5) no cognitive or verbal communication impairments.
The exclusion criteria included participants (1) currently taking anxiolytics or antidepressants, (2) engaging in other psycho-therapeutic programs, and/or (3) severely disabled or diagnosed with a rapid deterioration disease (Karnofsky Performance Status, KPS < 40%).
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

Yes. Participants need to be "able to use application on Wechat plat for the study."

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

No. In this study questionnaires were completed offline at baseline and online during follow-up interviews.
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. subitem not at all important
2. 
3. 
4. 
5. 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.

Votre réponse

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.

Yes. "Participants were recruited from June 2019 to October 2020, with follow-ups ending in April 2021 from a university-affiliated general hospital's oncology department in Fujian, Southeast China. 310 digestive system cancer patients were assessed for eligibility; only 150 patients met the inclusion criteria and consented to participate in this study. They were randomly allocated to three groups: the life review group (n = 50), the friendly visiting group (n = 50), and the control group (n = 50). A trained research assistant who was blinded to group assignment conducted all data collection. Outcome data were collected at baseline (T0), two days (T1), one month (T2), and six months (T3) after the intervention."
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

No. In this study questionnaires were completed offline at baseline and online during follow-up interviews.

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
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

No. The intervention content used in the current study was developed by our team and two technology engineers were hired to transfer the content into application.

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.

您的回答

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.

No, the intervention underwent no major changes during the evaluation process.

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.

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.

Yes, We provide the screenshots of our application.

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.
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.

Yes." Participants who were allocated received the URL of the application through WeChat. They can use the application as long as they sign up. An assistant will assist with registering and activating the intervention. The application is free and they were provided a Wechat identification and password which they could log in with." Before the intervention, participants in the life review group installed WeChat and created a personal account. They accessed the memory prompts module to obtain an overview of the current session. Then, an e-life review interview was arranged by means of video call with additional instant text, voice message, and emoticons. During the life review process, the facilitator monitored participants' physical condition, emotional status, and responses to the guiding questions. Participants were also encouraged to access the 24-hour available asynchronous communication modules to freely review their interview content, express feelings and blessings, and provide important pictures and e-legacy products. "

https://docs.google.com/forms/d/e/1FAIpQLSfZBSUpIbw0c_Oinqc564Rdf1AFvarTsKzQL2-30809hrL5Sw/viewform?hl=en_US&formkey=dGIkd2Z2Q1...
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].

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.

Yes.

"The program consists of a synchronous e-life review interview and asynchronous communication modules [19]. The e-life review consisted of an individual, online, 40-to-60 minute interview on WeChat, including four sections: present life (cancer experience), adulthood, childhood and adolescence, and summary of life. The asynchronous communication involved the following four modules. Memory prompts presented a set of images, music, videos, and audio-picture books relevant to each section to trigger the participants' memories and facilitate the life review process. Review extraction referred to a summary of the meaningful events where participants can view or leave their comments. Mind space enabled participants to express emotions, hand down wishes, or reveal their true feelings to anyone who was important at that stage. E-legacy product was a digital booklet reflecting participants' significant experiences that they can transfer to their offspring."
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.

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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.

Yes. "The e-life review consisted of an individual, online, 40-to-60 minute interview on WeChat, including four sections. The control group 1 received four sessions on an individual basis, which provided social contact by engaging participants in daily conversation without reviewing the past. The control group 2 received routine care including drug treatment, nutritional support, symptom management, health education, and functional exercise."

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).

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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.

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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).

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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.

Yes. A message to remind participants to follow the WBLRP was sent every week by WeChat. We displayed on protocol.

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).

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| 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.

Yes. "All participants received the routine care provided by medical staff from the oncology department. In addition, participants in life review group received the 4-week WeChat-based life review program and those in the friendly visiting group received the 4-week friendly visiting."

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.

Yes. “The Hospital Anxiety and Depression Scale was used to assess participants’ anxiety and depressive symptoms [22]. The 12-item Herth Hope Scale [24] was used to assess participants’ hope on a 4-point Likert scale. Higher scores (range: 12–48) indicate higher levels of hope. The 15-item self-transcendence scale assessed participants’ self-transcendence [26]. A trained research assistant who was blinded to group assignment conducted all data collection. Outcome data were collected at baseline (T0), two days (T1), one month (T2), and six months (T3) after the intervention."

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].

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Does your paper address subitem 6a-ii?
Copy and paste relevant sections from manuscript text

您的回答

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.

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subitem not at all important   ○   ○   ●   ○   ○  essential
清除所选内容

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
清除所选内容
6b) Any changes to trial outcomes after the trial commenced, with reasons

Yes. No important change related trail outcomes was made in the trail. However, 2 participants in LRG, 6 participants in CG1 and 4 participants in CG2 lost to follow up, which was marked in row chart.
**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.

Yes. "Power analysis was used to estimate the sample size. Assuming a power of 90% and a two-tailed test, 5% level was considered significant. According to the sample size calculation formula, 38 and 35 participants were needed in each group, respectively, to detect changes in anxiety and depression scores [20]. A sample size of 8 and 18 participants in each group was needed to detect changes in hope and self-transcendence scores [21]. Considering a 20% attrition rate, 46 participants were required in each group. Finally, a total of 150 participants were recruited to the three groups in this study."  

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

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**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.

No. We have conducted a pilot study. Then no interim analyses was made in the formal trial.

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**8a) Method used to generate the random allocation sequence**

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

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**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.

Yes. "One hundred fifty non-repeating, random number sequences were generated via the research randomizer website (https://www.randomizer.org/). The numbers ranged from 1 to 150, with 1–50, 51–100, and 101–150 referring to the life review, control group 1, and control group 2, respectively. "  

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https://docs.google.com/forms/d/e/1FAIpQLSfZB8upIbw0c_0i0ncC564Rdf1AFvarTskZQl2-30809hrL5Sw/viewform?hl=en_US&formkey=dG1kd2Z2Q1...
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.

Yes. "Random number sequences were generated via the research randomizer website (https://www.randomizer.org/)."

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.

Yes. "One hundred fifty non-repeating, random number sequences were generated via the research randomizer website (https://www.randomizer.org/). The numbers ranged from 1 to 150, with 1–50, 51–100, and 101–150 referring to the life review, friendly visiting, and control groups, respectively. Each number was separately packaged in sequentially sealed and opaque envelopes to ensure allocation concealment."

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...

Yes. "A research assistant, who was not involved in subject recruitment, data collection or interventions, conducted the randomization schedule."

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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).

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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...

Yes. "In this study, the recruited participants and facilitator (the first author) were not blinded to the group assignment. Another research assistant, who was blinded to group allocation, conducted the data collection and analysis."
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”.

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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

您的回答

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

Yes."The contrall group 1 received four sessions on an individual basis, which provided social contact by engaging participants in daily conversation without reviewing the past. For consistency with the life review group, the four-session friendly visiting was conducted by the first author through WeChat. Each visit lasted about 40 minutes, depending on the participants’ preference."

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.

Yes. "Statistical analysis was performed using R (version 3.5) software, with statistical significance set at P < .05. Normally distributed continuous variables were expressed as means and standard deviations, non-normally distributed continuous variables were presented as medians and ranges, and categorical variables were expressed as numbers (percentage). Little's test was adopted to check whether the missing data were missing-completely-at-random. An intention-to-treat analysis was employed. As for hypothesis testing, chi-square tests, Mann-Whitney U tests, Fisher's exact tests or one-way ANOVA were used to compare the baseline data among groups. Since hierarchical linear model offers more flexible data requirements, and accounts for individual change relative to group differences, it was employed for repeated measures. Both the baseline scores (intercepts) and change in scores (linear slopes) for each outcome within the groups were estimated in this model. Time was represented as dummy-coded variables comparing the outcomes at T1 to T0, T2 to T0 and T3 to T0. The effect of life review was examined based on the three dummy-coded time variables and the interaction effects between groups."

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]).

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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.

Yes. "An intention-to-treat analysis was employed. Since hierarchical linear model offers more flexible data requirements, and accounts for individual change relative to group differences, it was employed for repeated measures."
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

Yes. "Both the baseline scores (intercepts) and change in scores (linear slopes) for each outcome within the groups were estimated in this model. Time was represented as dummy-coded variables comparing the outcomes at T1 to T0, T2 to T0 and T3 to T0. The effect of life review was examined based on the three dummy-coded time variables and the interaction effects between groups."

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

X26-i) Comment on ethics committee approval

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| subitem not at all important |     | 〇 | 〇 | 〇 | 〇 | 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

Yes. "This study was approved by the Ethics Committee of the Fujian Medical University (IRB Ref. No. 2016/00020) and the study hospital. All participants were provided with detailed information about the study, and written informed consent was obtained from each participant prior to data collection. Importantly, the data collected were kept confidential and anonymous and were used exclusively for this research."
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.

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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

您的回答

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)

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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

您的回答

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

Yes. "During the period of this study, 310 digestive system cancer patients were assessed for eligibility; only 150 patients met the inclusion criteria and consented to participate in this study. They were randomly allocated to three groups: the life review group (n = 50), the control group 1 (n = 50), and the control group 2 (n = 50)." 

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

Yes."Fifteen participants withdrew from the study because of disease deterioration (n = 12) or refusal to participate (n = 2), or because they could not be contacted (n = 1). Four of these participants were from the life review group, 6 from the control group 1, and 5 from the control group 2. Finally, 135 participants completed the interventions and measurements."
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.

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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

Yes. This is shown in flow chart.

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

Yes. "Participants were recruited from June 2019 to October 2020, with follow-ups ending in April 2021. "

https://docs.google.com/forms/d/e/1FAIpQLSfZBSupIbw0c_0inqc5648df1AFvarT5kZQL2-30809hrL5Sw/viewform?hl=en_US&formkey=dG1Kd2Z2Q1… 39/54
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"

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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

您的回答

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

No. The trial did not stop halfway. It ended as long as the sample size reached 142.

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

Yes. These information was shown in Table 1.

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.

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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

Yes. Age, education, gender and social-economic status were reported in Table 1.

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.

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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

Yes. "Fifteen participants withdrew from the study because of disease deterioration (n = 12) or refusal to participate (n = 2), or because they could not be contacted (n = 1). Four of these participants were from the life review group, 6 from the control group 1, and 5 from the control group 2. Finally, 135 participants completed the interventions and measurements."

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).

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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

Yes. "Little's test was adopted to check whether the missing data were missing-completely-at-random. An intention-to-treat analysis was employed."

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

Yes. Estimated effect size and its precision were reported in appendix.

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).

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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

您的回答

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

Yes. These were reported in appendix.

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

Yes. These were showed in table 3 and in appendix.
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).

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

No. No participant reported psychological burden or harm.
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].

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

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.

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
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

Yes." Our results showed that the WeChat-based life review program could reduce anxiety and depressive symptoms and improve feelings of hope and self-transcendence among digestive system cancer patients for a period of at least six months after the intervention. Our findings also revealed that friendly visiting might reduce anxiety symptoms in the short term; however, it did not improve depressive symptoms, feelings of hope, and self-transcendence among digestive system cancer patients. Fifteen participants (10%) withdrew at six months of follow-up, which is an attrition rate lower than that of previous online life review studies [13,28]. Specifically, in the life review group, 46 out of 50 patients completed the whole program, indicating that the WeChat-based life review program was well implemented. A possible reason may be that life review is a naturally occurring, universal mental process among cancer patients in the final life stage [29]. Patients with deteriorating health or low functionality can still participate in life review, even when lying in bed [30]. The low drop-out rate may also be due to the simplicity, convenience, efficiency, and mobility of the WeChat-based program, especially among cancer patients [31]. Beyond the time and space limitations, it provides a range of ways to communicate, including text and pictures, voice message, and video call, allowing patients to participate in the program at any convenient time and location."
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.

Yes. "We recommended that future studies should also examine the cost-effectiveness of this program, which would convince facilitators to engage in practice and integrate this intervention into transitional care for cancer patients in community."

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.

Yes. "Limitations of this study should be noted. First, the WeChat-based life review program may not be suitable for people with poor literacy skills, because they may encounter difficulties in completing the four life review modules. Second, the participants’ recruitment took place only in one hospital; hence, the generalizability of the findings may be limited. Multi-center and transregional research with a rigorous design is recommended in future research."

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.

Yes. "In addition, the current study increased availability and scalability to this intervention for remotely located patients, promisingly reduced personnel resources for delivery compared with face-to-face interventions. We recommended that future studies should also examine the cost-effectiveness of this program, which would convince facilitators to engage in practice and integrate this intervention into transitional care for cancer patients in community."

https://docs.google.com/forms/d/e/1FAIpQLSfZBSUplbw0c_0inqc564Rdf1AFvarTSkZQL2-30809hrL5Sw/viewform?hl=en_US&formkey=dGlKd2Z2Q1...
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.

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| essential |   |   |   |   |   |

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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.

Yes. "This trial is retrospectively registered in Chinese Clinical Trial Registry((Registration number: ChiCTR-IOR-17011998)."

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

https://docs.google.com/forms/d/e/1FAIpQLSfZBSUpIbw0c_0inqcS64Rdf1AFvnrTSkZQl2-30809hrL5Sw/viewform?hl=en_US&formkey=dG1Kd2Z2Q1...
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

Yes. The protocol of this study was published in 2018. "In 2018, our research team developed a WeChat-based life review program for cancer patients, consisting of e-life review interviews, Memory Prompts, Review Extraction, Mind Space, and E-legacy products [19]."

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

Yes. "This study was supported by the Humanities and Social Science Fund of the Ministry of Education [grant number 18YJA190017]; Natural Science Foundation of Fujian Province(2020J01644)."

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.

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subitem not at all important ○ ○ ○ ♦ ○ essential
清除所选内容
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

Yes. "The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article."

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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?

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

- [ ] yes
- [ ] no
- [ ] other:

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
- [ ] other:

Any other comments or questions on CONSORT EHEALTH

您的回答

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