Table 5: *Important methodological aspects adapted from CONSORT [25,26]*

#	**Methods paragraph** Clearly described: a) intervention and control group exposure b) Sample size measures (preceding intervention start) c) Recruitment data: period, all subsequent patients assessed for in- /exclusion d) Allocation concealment method described e) Blinding of assessor	**Results paragraph** a) Patient flow and potential diagram b) Characteristics and information on drop-out patients. c) Characteristics of eligible non-participants	**Other shortcomings**
[22]	a) Yes b) N/A c) 1993-96, yes, both surgeons and patients d) N/A e) yes	a) No information on number of patients followed-up by interview. No diagram. b) N/A c) N/A	
[28]	a) Yes b) N/A c) 1995-97), yes. d) N/A e) N/A	a) Dropout from intervention and questionnaire response rate missing. No diagram. b) N/A c) Participants were younger ($p<0.0001$) and were more likely to have invasive disease ($p=0.003$) than non-participants.	Effect size measures not specified. Age range for inclusion was outlined differently in Abstract and Methods(?) Other process improvements were implemented during the trial.
[30]	a) Inadequate description. b) N/A c) 18-month period, yes d) N/A e) N/A	a) Missing information on numbers allocated to each group and flow of patients through each “arm”. No diagram. b) Withdrawal-reason for all 111 patients listed, but no characteristics of these patients. Demographics for the subsample (78 participants) completing four interviews seem comparable to primary included sample of 166 patients (Table 1, but no statistics) c) N/A information on more than 700 eligible not included.	Strengths and weaknesses not discussed. Effect size information wanted. Because of extensive attrition at time for fifth (last) interview (111/166= 66%), only complete data patients at fourth interview (78/ 166) were included in analyses. Study participants not fully representative for lung cancer patients diagnosed in King County, but can be explained on inclusion and exclusion criteria.
[29]	a) Yes b) N/A c) 1. 35 months/ 1993-95, N/A	a) Eligible number not mentioned Otherwise, easily understood flow. No diagram. b) N/A, no information on questionnaire non-responders.	Some patients (control n=58, intervention group n=66) were also referred to home care as part of standard treatment. This was not discussed.

#	**Methods paragraph** Clearly described: a) intervention and control group exposure b) Sample size measures (preceding intervention start) c) Recruitment data: period, all subsequent patients assessed for in- /exclusion d) Allocation concealment method described e) Blinding of assessor	**Results paragraph** a) Patient flow and potential diagram b) Characteristics and information on drop-out patients. c) Characteristics of eligible non-participants	**Other shortcomings**
	d) Yes e) N/A	c) N/A (and numbers of eligible not mentioned)	
[31]	a) Yes b) N/A c) N/A, N/A d) Yes e) N/A	a) N/A, No diagram. b) N/A c) N/A	Adjustment for cluster effect not performed, not mentioned or discussed. Rationale for block randomisation not described (is it due to different diagnoses and sites?) Cost and AD analyses were on VAMC patients only (apply to all?)
[27]	a) Yes b) Mentioned, but no estimate presented. c) N/A. yes d) N/A e) N/A	a) Missing account for 144 patients who did not want to participate. No diagram. b) Attrition analysis: Participants in at least one follow-up were younger ($p<0.01$) and more likely to be female ($p<0.05$). Patients diagnosed from lymphoma, lung, pancreatic, or stomach cancer were less likely to be followed-up than breast cancer patients. Patients lost to follow-up were also more likely to have received palliative treatment. No difference between intervention and control patients. c) N/A	

N/A: Not available