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

The CONSORT-EHEALTH checklist is intended for authors of randomized trials evaluating webbased 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: <u>http://www.jmir.org/2011/4/e126/</u> doi: 10.2196/jmir.1923 PMID: 22209829

#### \* Required

### Your response exceeds the limit. Try shortening some of your answers.

Your name \*

First Last

Hee Yun Lee

### Primary Affiliation (short), City, Country \* University of Toronto, Toronto, Canada

University of Minnesota,

### Your e-mail address \*

abc@gmail.com

hylee@umn.edu

### Title of your manuscript \*

Provide the (draft) title of your manuscript.

Mobile Phone Multilevel and Multimedia Messaging Intervention for Breast Cancer Screening: A Pilot Randomized Controlled Trial

### 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
- Other:

### 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)

🔵 Other: 🛛

#### 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

• Other: MS#7091

### 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

Other:

### 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.

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| subitem not at all important | 0 | 0 | 0 | 0 | • | essential |

#### Does your paper address subitem 1a-i? \*

| "mobile phone" |  |  |   |
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#### 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").

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| subitem not at all important | • | 0 | 0 | 0 | 0 | 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 |  |   |
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### 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

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### Does your paper address subitem 1a-iii? \*

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## 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)

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| subitem not at all important | 0 | 0 | 0 | 0 | • | 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

| "Using a randomized controlled trial design | "  |
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### 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)

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#### 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

| "health navigator services" - 2 Korean bilingual navigators provided transportation, interpretation, making appointments and follow-up care. |    |
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### 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

Offline, closed user group, with face-to-face components

Outcomes were self-assessed through questionnaires.

Not blinded RCT.

### 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)

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### 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

| "120 Korean American women" |   |
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### 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)

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### 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

| The trial was effective for the outcome variables. |    |
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### 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)

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### 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

| It is a stand alone intervention for Korean American immigrant wom | ien. |
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### 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 appropiate), 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.

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### 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

This is the first app intervention to promote breast cancer screening in immigrant women. "This study aims to assess efficacy of the mMammogram intervention combined with health navigator services that is designed to motivate Korean American women to undergo breast cancer screening as compared to control brochure group."

### 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 four hypotheses were: compared with the control group participants, the participants who received the mMammogram app intervention 1) would show greater positive change in knowledge, attitudes, and beliefs about breast cancer screening; 2) would demonstrate greater readiness, or intent, for mammography; 3) would report having received a mammogram at a higher rate; and 4) would express greater acceptance of and satisfaction with the intervention."

### 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

"In this two-arm randomized controlled trial, participants were enrolled and screened for eligibility and informed consent was obtained. All participants then completed the baseline assessment (pre-test) through in-person interview at her preferred place and time before being randomized into the mMammogram intervention group or the usual care control group. No blinding of participants or study personnel was implemented. Control group participants received a printed brochure that informs guidelines for breast cancer screening and written in Korean."

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

### Does your paper address CONSORT subitem 3b? \*

| No we did not change the methods after trial commencement. |   |
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### 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].

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### 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

"A series of three usability tests of the mMammogram system prototype were conducted with five focus group participants prior to the randomized controlled trial, with feedback incorporated into the final mobile app."

### 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

"Eligibility criteria included (a) being a Korean American immigrant woman, (b) aged 40 to 79, (c) who had not received a mammogram in the past two years, (d) lived in Minnesota, (e) possessed an active email account, and (f) were willing to use their own smartphone or a smartphone borrowed from the research team for the mobile app intervention. The exclusion criteria included those (a) who were born in the U.S. or immigrated to the U.S. as minors (under 18 years old), (b) received a mammogram in the past year, and (c) aged under 40 or 80 and over. "

#### 4a-i) Computer / Internet literacy

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

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### 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

| We provided training to those who do not know how to use the app or down<br>the app for about 1 hour. After that, they were able to use the smart phone<br>app. |
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### 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.



### 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

"Using a multi-pronged recruitment strategy, 149 Korean American women were recruited for participation in this randomized controlled trial."

It is a open assessment using face-to-face interview at the baseline assessment.

### 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.

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| subitem not at all important | 0 | 0 | 0 | 0 | 0 | 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

"A total of 131 participants were randomized to the intervention and control groups by an approximately 1:1 ratio (intervention: n=68; control: n=63). The method of sequentially numbered, opaque sealed envelopes (SNOSE) was used for randomization [47]."

### 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 setting was Twin Cities, MN and only for the Korean American community. |  |
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### 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.



### 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

| face-to-face assessment and |                             |
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### 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)

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### 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

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### 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).

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### 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

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### 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.

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### 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

| "The process of development for the mobile phone app, mMammogram<br>involved five main steps: (1) forming a CAB, (2) identifying barriers and<br>mobile phone usage patterns and preferences, (3) creating motivators, (<br>tailoring message content, and (5) developing appropriate triggers. " | - |
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### 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).



### 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

"A series of three usability tests of the mMammogram system prototype were conducted with five focus group participants prior to the randomized controlled trial, with feedback incorporated into the final mobile app." "Based on this feedback, the app was revised. The second and third usability tests were conducted in a similar manner with the same five participants, leading to further refinement."

### 5-iv) Quality assurance methods

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

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### 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

| "Drawing on a community-based participatory research approach, a community advisory board (CAB) was formed to provide guidance throughout the process of study development, execution, and dissemination of research findings." |
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### 5-v) Ensure replicability by publishing the source code, and/or providing screenshots/screencapture 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.

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### Does your paper address subitem 5-v?

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#### 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, <u>webcitation.org</u>, 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.

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#### 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

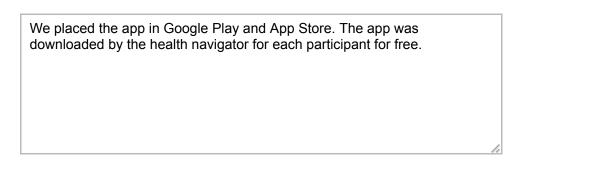
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### 5-vii) Access

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).

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### Does your paper address subitem 5-vii? \*



### 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

"Shaped by the Fogg Behavioral Model (FBM) [43] and the concept of persuasive technology [44], this study developed mMammogram app, a mobile phone application (app)-based intervention designed to motivate Korean American women to undergo an annual mammogram."

### 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.



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 intervention period lasted one week with 6-month follow-up." "The actual intervention was delivered in Korean over a 7-day period. Each day we sent 8 to 21 messages to participants over the course of the 7-day intervention."

### 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 |           |
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| subitem not at all important | 0 | 0 | 0 | 0 | • | 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

| We utilize health navigators throughout the intervention period. |  |
|--|--|
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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).

subitem not at all important  $\bigcirc \bigcirc \bigcirc \bigcirc \odot$  essential

Does your paper address subitem 5-xi? \*

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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 used automated reminders throughout the intervention period through the app.

### 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.

| subitem not at all important | 0 | 0 | 0 | $\odot$ | 0 | essential |
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#### 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

We provided health navigator services on top of mobile intervention.

1 2 3 4 5

6a) Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed

#### Does your paper address CONSORT subitem 6a? \*

| -HEALIH (V 1.6.1) - Submission/Publication Form  | 11/3  |
|--|-------|
| We asked if each participants if they received a mammogram in the past two years.  |       |
|  |       |
| 6a-i) Online questionnaires: describe if they were validated for online use items to describe how the questionnaires were designed/deployed  |       |
| If outcomes were obtained through online questionnaires, describe if they were apply CHERRIES items to describe how the questionnaires were designed/deplo   |       |
| 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  |       |
| We utilized paper version questionnaires and the data was collected through in person and phone interview.   |       |
|  |       |
| 6a-ii) Describe whether and how "use" (including intensity of use/dosage defined/measured/monitored  | ) was |
| Describe whether and how "use" (including intensity of use/dosage) was defined<br>(logins, logfile analysis, etc.). Use/adoption metrics are important process outco<br>reported in any ehealth trial. |       |
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### Does your paper address subitem 6a-ii?

Copy and paste relevant sections from manuscript text

| People were allowed to go back to the app if they want to watch the video<br>or read the content again. This was not measured as one of the component<br>of the intervention.   |  |
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| <b>ba-iii) Describe whether, how, and when qualitative feedback from participants was obta</b><br>Describe whether, how, and when qualitative feedback from participants was obtained (e.g., throu<br>eedback forms, interviews, focus groups). |  |
| 1 2 3 4 5   |  |
| ubitem not at all important 🔘 🔘 🔘 💿 essential   |  |
| oes your paper address subitem 6a-iii?  |  |
| Copy and paste relevant sections from manuscript text   |  |
| We conducted focus groups after the intervention to find out the acceptability and satisfaction and feasibility of the intervention.  |  |
|   |  |
| 5b) 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

### 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.

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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

"In order to obtain an adequate sample size, the project aimed to enroll 150 women with 75 in each arm, assuming an 80% retention rate. It was anticipated that a two-sided two-sample t-test would be used at the conventional 5% type I error rate and 80% statistical power."

## 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

| No we have not performed any interim analyses and stopping guidelines. |  |
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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

### 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

"The method of sequentially numbered, opaque sealed envelopes (SNOSE) was used for randomization [47]."

## 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

N/A

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?\*

"Sealed identical envelopes were given to participants with a code designating intervention or control group written on a piece of paper on the inside; there were no detectable differences between envelopes."

# 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

We used computer generated number.

# 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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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

| No one blinded. |  |    |
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### 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 |          |
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| subitem not at all important | 0 | 0 | 0 | 0 | • | essentia |

### 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

| Each participant knew which intervention they were assigned to. |   |
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## 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? \*

We used two different types of interventions so we did not provide a description of the similarity of interventions.

## 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

"For Hypotheses 1 and 2, group equivalence at the pre-test was first examined using the two-sample t-test. Then, group differences in terms of changes in the given constructs were tested using a mixed-effect ANOVA." "For Hypothesis 3, the percentage of participants from each arm who received mammograms or scheduled an appointment was compared using the chi-square test. Finally, for Hypothesis 4, averages of general satisfaction and effectiveness scores from each group were compared using the two-sample t-test."

### 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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#### Does your paper address subitem 12a-i? \*

The missing value was so small so we did not use imputation techniques.

## 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

We did not use subgroup analyses and adjusted analyses.

### 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  $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$  essential

### Does your paper address subitem X26-i?

| "The University of Minnesota Institutional Review Board approved study procedures." |   |
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#### 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 |           |
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| subitem not at all important | 0 | 0 | 0 | 0 | • | 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

| "In this two-arm randomized controlled trial, participants were enrolled and screened for eligibility and informed consent was obtained." |
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### 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)



### Does your paper address subitem X26-iii?

The app has username and password protection for users confidentiality and safety.

### 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

We recruited 60 participants in each group and we analyzed pre-, post-, and follow-up questionnaires to measure changes in primary outcome.

## 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) \*

| "as 5 participants in intervention group were dropped from the analyses<br>due to ineligibility. The five participants reported that they actually received<br>the mammogram" |   |
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### 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 | 0 | • | 0 | 0 | 0 | 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

We stated the attrition rate and the reasons, but we have not produced the attrition diagram.

### 14a) Dates defining the periods of recruitment and followup

### 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

We have our research teams record for dates defining the periods for recruitment and follow-up, but we have not reported that in our manuscript.

### 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

N/A

### 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

The trial was ended or stopped when each participant completed a mammogram or at the end of 6 month follow-up.

## 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? \*

| Table 1 indicated demographics and clinical characteristics for each group. |
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### 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 |           |
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| subitem not at all important | 0 | 0 | 0 | 0 | • | 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

| We did not collect data on digital divide issues. |   |
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# 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 3 | 1 | 2 | 3 | 4 | 5 |
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#### 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

| The analysis was conducted by original assigned groups. |    |
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#### 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 |          |
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| subitem not at all important | • | 0 | 0 | 0 | 0 | essentia |

### 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

| We did not do the intent-to-treat analysis. |  |
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### 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? \*

| Table 4, 5, 6 and 7 describes the primary and secondary outcome change based on the intervention. |
|---|
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#### 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 |           |
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| subitem not at all important | • | 0 | 0 | 0 | 0 | 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

We did not provide metrics of use and intensity of use.

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

### Does your paper address CONSORT subitem 17b? \*

Table 4, 5, and 6 address binary outcomes.

# 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

Table 7 and Figure 1 addresses result of subgroup analyses.

### 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?

N/A

## 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

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### 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].

subitem not at all important 🔘 🔘 🔘 💿 essential

#### Does your paper address subitem 19-i?

| We clearly addressed that if they faced technical problems then to call health navigator for assistance. |   |
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### 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.

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| subitem not at all important | 0 | 0 | 0 | 0 | • | 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

We conducted focus groups after the intervention. At the final follow-up test, we used open-ended questions to collect data about quality feedback.

### 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      |          |  |
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| Does your paper address      | ubitem 22-i? * |          |  |

"This pilot study offers initial evidence for the feasibility and effectiveness of a mobile app intervention with health navigation services as compared to the control group to increase participation in mammography among Korean American women, a hard to reach community with low rates of breast cancer screening."

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

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| subitem not at all important | 0 | $\bigcirc$ | 0 | 0 | $\odot$ | essential |
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#### 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

"Based on the ubiquity of mobile phones in society, including widespread use among minority communities, a multilevel and multimedia messaging intervention such as mMammogram combined with health navigator services and locally available free mammogram program (e.g., Mammo-ago-go program) holds promise to be an effective method in reaching hardto-recruit populations with high breast cancer burdens."

## 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.

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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

" First, some of the construct measures had low reliability," "Second, there are multiple potential confounding factors that influenced mammogram receipt in both groups" "Third, the provision of health navigator services (e.g., providing interpretation services and transportation services and arranging a free mammogram event such as Mammo-a-go-go program) to the intervention group may have been responsible for part of the differential effect of the intervention on the primary and secondary outcomes."

## 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 O O O O 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

We specifically addressed that the result is only applicable to the Korean American Immigrant Women living in Twin Cities, MN.

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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### 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

| N/A |  |   |
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### 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

### Clinicaltrials.gov NCT01972048;

https://clinicaltrials.gov/show/NCT01972048 (Archived by WebCite at https://clinicaltrials.gov/archive/NCT01972048/2013\_10\_29)

## 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

N/A

## 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

"The study was supported by the fund from the Susan G. Komen for the Cure® Foundation (IIR12223971)."

### 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  $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \odot$  essential

### Does your paper address subitem X27-i?

| "There | is | no | known | conflict | of | interest." |
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### 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?

N/A

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

1.5 Hours

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

🔘 yes

💿 no

### 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

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