

Table 3: Important methodological aspects adapted from CONSORT [20,21]

Ref	Methods paragraph a) Sample size calculation? (yes/ no) b) Period of recruitment listed? (yes/ no) c) Described how patients were assessed for eligibility? (yes/ no) d) Allocation concealment method (described/ not mentioned) e) Blinding of those assessing outcomes (yes/ not mentioned)	Validity a) Patient flow illustrated in diagram? (yes/ no) b) Description of complete patient flow? c) Non-participants mentioned (i.e. patients meeting criteria but refusing participation)? (yes/ no) d) Non-participants characteristics compared with those included? (yes/ no) If yes: potential for selection bias was discussed? e) Accounting for participants not followed? (yes/ no) If yes: Analyses performed to uncover potential skewed withdrawal? (yes/no) Potential bias discussed? f) Clearly described categorisation and follow-up of possible intervention-group patients not wanting the intervention? (yes/ no)
[19]	a) No b) Yes (1/11/93-> 31/11/96) c) Yes, both for patients and surgeons d) Not mentioned e) Yes	a) No diagram. b) No, numbers of patients followed up by interview not available. c) Yes (10 surgeons) d) No e) No f) Yes (14, they were intention-to-treat analysed)
[23]	a) No b) Yes (1995-97) c) Yes c) Not mentioned d) Not mentioned	a) No b) No, “Drop-out of intervention patients” and patients followed up with questionnaires not available. c) Yes (85 did not wish to participate) d) Participants were younger ($p<0.0001$) and were more likely to have invasive disease ($p=0.003$) than non-participants. Potential for selection bias not discussed. e) No f) No (and “intention-to-treat” not mentioned)
[25]	a) No b) Yes (18-month period, dates not mentioned) c) Yes d) Not mentioned e) Not mentioned	a) No b) No. Numbers allocated to each group not stated and obscure flow of patients through each “arm”. c) No (more than 900 were asked to participate. Instead lung cancer registry cases in same County mentioned) d) Yes, compared with above reg. “Diff. explainable” and were not considered a validity threat. e) Yes, for the entire mass of included (111 withdrawn out of 166 randomized). Withdrawal reason for all 111 stated, but characteristics and group assignment of these not mentioned. No discussion. f) No
[24]	a) No b) Yes (February 1993- December 95) c) No d) Yes e) Not mentioned	a) No b) No, patients meeting criteria but not participating were not mentioned. Cause of attrition not accounted for. c) No d) No e) No accounted for in numbers but causes for not responding questionnaires not stated. No discussion. f) No

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[26]	a) No b) No c) No d) Yes e) Not mentioned	a) No b) No, lack of explanation to numbers of participants not followed up. c) No d) No e) No f) Yes (cross-over both ways described in detail, intention to treat analysed)
[22]	a) Yes, estimate not presented. b) No c) Yes d) Not mentioned e) Not mentioned	a) No b) No, unclear if 11 CM group patients who did not want CM were followed up or not (?) c) Yes (125 patients) d) No e) Yes. No difference in attrition characteristics between intervention and control group patients. (Participants who had 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.) f) Yes, by number, but unclear if 11 case managed patients who refused CM services were followed up (they could be categorised under “attrition”?) and if followed up, in which group they were analysed.
[27]	a) Yes b) Yes c) No d) Yes e) Yes	a) Yes b) Yes c) Yes d) No e) Yes, but no analyses performed f) Yes, it was mentioned that no intervention group patients reverted to medical follow-up.