eHEALTH & CANCER REVIEW: ABSTRACTION FORM

REVIEWER NAME: _____ **DATE:** _____

Main Article ID: _____

Title: _____

Lead Author _____

Journal: _____

Year of Publication: _____

Topic Area (check all that apply):

☐ Alcohol ☐ Appt Reminders ☐ Cancer ☐ Diet and nutrition ☐ Decision-making

☐ Health info retrieval ☐ Health literacy ☐ Obesity/Overweight ☐ Physical activity

☐ Primary or secondary prevention ☐ Smoking ☐ STD

☐ Other, please specify: _____

eHealth Modality:

☐ CD-ROM and Multimedia ☐ Computer-based ☐ Comp tailored - Phone ☐ Comp tailored - Print ☐

Comp tailored Web ☐ EMR/Electronic registry ☐ Interactive voice response ☐ Multiple ☐ Text

☐ Web-based ☐ Other, please specify: _____

Setting:

☐ Community-based ☐ Healthcare ☐ Multiple ☐ Schools ☐ Workplace

☐ Other, please specify: _____

Study Design:

☐ GRT ☐ Quasi ☐ RCT ☐ Other, please specify: _____

Target Audience:

☐ At risk ☐ Diseased ☐ Health

Search for supporting articles by:

a. First author and intervention title AND article title in PubMed
b. Scan all "Related Citations" for supporting articles
c. ***Inclusion criteria:*** articles focused on adverse events, follow-up, sustainability, cost, etc.
d. ***Exclusion criteria:*** preliminary studies, feasibility studies, evaluation of non-eHealth component of main outcome article
e. Report any additional supporting articles below

Supporting Articles Reviewed:

Instructions:

1) Read Thorpe et al (2009) and review Sackett PPT (http://www.support-collaboration.org/precis.pdf)
2) Have Table 1, page E48 from the Thorpe article in front of you:
   4 = Completely pragmatic 0 = Completely explanatory
3) Do not rate any feasibility studies or pilot studies (please notify Sanchez if you were assigned a feasibility/pilot study to review)
4) Rate each question separately
5) Rate only on items reported in the study; please do not assume
6) Use "NA" rating *only* when truly necessary, meaning truly "not applicable" (i.e. web-only intervention, no staff necessary)
7) If multi-component intervention, rate conservatively (i.e. towards explanatory), focusing on eHealth component
8) If study design has multiple arms, rate only the eHealth arm as treatment arm
9) If study design has multiple arms with more than one eHealth arms, then rate the more complex eHealth arm as treatment arm and least complex as control and;
10) Use Comment section for any issues, concerns, or items worth highlighting

1. **Participant Eligibility** (exclusions, only include motivated)

5	4	3	2	1
Completely Pragmatic				Completely Explanatory
No exclusions. Systematic work to recruit representative sample		Some exclusions Most "typical" participants included		Stepwise selection criteria; highly responsive to experimental intervention
Comments:				

2. **Experimental Intervention—Flexibility** (of eHealth application/intervention; amount of leeway)

5	4	3	2	1
Completely Pragmatic				Completely Explanatory
Great flexibility; based on principles; highly adapted		Some adaptation; Guidelines		Rigid protocol, no deviations
Comments:				

3. **Experimental Intervention—Practitioner Expertise** (Range of practitioners vs. only expert staff whom delivered the experimental intervention; degree to which intervention "dose" monitored)

NA	5	4	3	2	1
	Completely Pragmatic				Completely Explanatory
	Full range of staff applies intervention. Little to no attention to dose setting and side effects		Some range in staff expertise Moderate levels of training		All expert staff; highly trained, closely monitored
Comments:					

4. **Comparison Intervention—Flexibility** (Usual practice; amount of leeway; vs. placebo control)

5	4	3	2	1
Completely Pragmatic				Completely Explanatory
Usual practice, much leeway		Some leeway		Little or no flexibility; placebo control
Comments:				

5. **Comparison Intervention—Practitioner Expertise** (experience of delivery staff whom delivered the comparison intervention)

NA	5	4	3	2	1
	Completely Pragmatic				Completely Explanatory
	Full range of staff deliver comparison intervention		Some range in staff expertise Moderate levels of training		Only expert practitioners apply comparison intervention
Comments:					

6. **Follow-up Intensity** (how much more than normal follow-up)

5	4	3	2	1
Completely Pragmatic				Completely Explanatory
No additional visits of study individuals; instead search of admin databases		Some added visits		Much more frequent visits, data collection and follow-up
Comments:				

7. **Primary Trial Outcome** (clinically meaningful; outcome can be assessed in usual care)

5	4	3	2	1
Completely Pragmatic				Completely Explanatory
Objectively measured under usual conditions		Largely objective and readily measured; some specialized outcomes		Outcomes are direct consequence of intervention; May need specialized training to collect
Comments:				

8. **Participant Compliance** (obtrusiveness of measurement, degree adherence is monitored, rescue strategies)

5	4	3	2	1
Completely Pragmatic				Completely Explanatory
No measurement of participant compliance or strategies to increase		A few strategies to measure and increase compliance		Close monitoring; actions to maximize compliance
Comments:				

9. **Practitioner Adherence to Study Protocol** (how scripted and standardized)

NA	5	4	3	2	1
	Completely Pragmatic				Completely Explanatory
	No measures of practitioner adherence; no strategies to increase		Some strategies to monitor and increase		Close monitoring and actions to enhance; attention to details and "MOP"
Comments:					

10. **Analysis** (Intent-to-Treat; vs. supplemented by per protocol)

5	4	3	2	1
Completely Pragmatic				Completely Explanatory
ITT (all participants) under usual conditions		Some selection or "dose" analyses		ITT supplemented by compliers' analyses; answer mechanism questions
Comments:				

Use same training and scoring steps as for main 10 PRECIS rating

11. **Setting Representativeness** (how typical are the recruited settings of the target population (e.g. settings promoting or providing source of patients to contact)?)

NA	5	4	3	2	1
	Completely Pragmatic				Completely Explanatory
	Few or no setting exclusions; sites either randomly or purposely selected for variation		Some setting exclusions, some effort to get diversity of setting		No information or many exclusions; try to get only "best sites"
Comments:					

12. Participant Representativeness (how typical are participants of those with the specified condition (i.e., diagnosis, risk behavior/disease, hard-to-reach population, or general population)

5	4	3	2	1
Completely Pragmatic				Completely Explanatory
Representative on most or all dimensions		Representative on some dimensions but not others		Not evaluated or generally not typical
Comments:				

13. Participant Engagement (the extent to which participants' used all parts of the eHealth intervention, including services/materials)

5	4	3	2	1
Completely Pragmatic				Completely Explanatory
Reported and participants actively engaged in intervention, high level of use of services, materials		Reported and participants periodically engaged in intervention, use of services, materials		No mention of participants' engagement throughout the intervention; or extremely low usage?
Comments:				

14. Adaptation/Change (extent of eHealth intervention modifications; corrections during study)

5	4	3	2	1
Completely Pragmatic				Completely Explanatory
Detailed reporting on modifications made and rationale; use of QI procedures; responsive to site feedback		Reporting of some changes to intervention or measures in response to feedback		No mention of modifications to protocol for recruitment, intervention or measures
Comments:				

15. Program Sustainability (extent of efforts to continue eHealth intervention program after study)

5	4	3	2	1
Completely Pragmatic				Completely Explanatory
Detailed reporting of intervention sustainability; explicit plans for handling off intervention site		Some discussion of modest efforts to sustain intervention at study end		No report of efforts to continue intervention after study
Comments:				

16. Unintended Effects (extent to which harmful or beneficial consequences were reported)

5	4	3	2	1
Completely Pragmatic				Completely Explanatory
Explicit discussion of efforts to prevent harm to participants, report on or capture unintended benefits: above and beyond IRB requirements		Some discussion of efforts to prevent harm to participants or capture unintended benefits: additional to IRB requirements		No efforts to efforts to prevent or report harm to participants or capture unintended benefits; only necessary for IRB requirements
Comments:				

17. **Monetary Costs of Existing Treatment** (extent to which costs of the eHealth intervention were reported)

5	4	3	2	1
Completely Pragmatic				Completely Explanatory
Explicit discussion costs ; low cost; explicit efforts to constrain costs		Some discussion cost; moderate replication costs		No reported costs; or very high costs
Comments:				

18. Intervention Resources (extent to which MINIMAL intervention resources (*excluding* costs) or acceptable alternatives for intervention effectiveness were reported)

5	4	3	2	1
Completely Pragmatic				Completely Explanatory
Explicit discussion to determine necessary resources, or seek alternatives, Make feasible for low resource settings		Some effort to adjust/adapt intervention for necessary resources or seek alternatives: make feasible for most settings		No reported efforts to contain staff, resources, procedures; use of only the most optimal state of art resources and procedures
Comments:				

General Comments: