The RECaN project

Results from phase 1
Systematic review & meta-analysis
DISCLOSURE SLIDE

There are no disclosures of interest to declare
RECaN project


2. Data collection from leaders, cancer nurses and managers in four countries on roles, working conditions, education, leadership, communication and safety.

3. Work with EU/national policy makers to explore & address issues raised; all EONS working groups, strong Advocacy focus.
Recognising European Cancer Nursing

Phase 1 now complete:

**Recognizing European cancer nursing: Protocol for a systematic review and meta-analysis of the evidence of effectiveness and value of cancer nursing**

Pauline Campbell, Claire Torrens, Daniel Kelly, Andreas Charalambous, Nuria Domenech-Climent, Iveta Nohavova, Ulrika Östlund, Elisabeth Patiraki, David Salisbury, Lena Sharp, Theresa Wiseman, Wendy Oldenmenger, Mary Wells

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Aims of RECaN Phase 1

- To systematically identify the roles and types of intervention activities currently undertaken by cancer nurses.
- To determine the effectiveness and cost-effectiveness of interventions delivered by cancer nurses in improving the experience and outcomes of people with cancer.
Profs Mary Wells, Daniel Kelly & Theresa Wiseman: UK
Dr Wendy Oldemenger: NL
Drs Ulrika Ostlund & Lena Sharp: Sweden
Iveta Nohavova: Czech Republic
Nuria Domenech: Spain
Prof Elizabeth Patiraki: Greece
Prof Andreas Charalambous: Cyprus
Dr Pauline Campbell, Scotland
Records identified through database searching (n = 21038)

Additional records identified through other sources (n = 1412)

Titles screened (n=22450)

Abstracts screened (n = 16169)

Records excluded (n = 15244)

Full-text articles assessed for eligibility (n = 925)

Full-text articles excluded, with reasons (n = 523);
Studies awaiting assessment (n=18);
Ongoing studies (n=83)

Studies included in qualitative synthesis (n =214 trials reported across 311 papers)
Focus within cancer care continuum

- Prevention & Risk reduction (n=6)
- Screening (n=11)
- Diagnosis (n=8)
- Treatment (n=220)
- Survivorship (n=53)
- End of Life Care (n=22)
Nature of intervention - OMAHA

OMAHA categories

- Treatment and procedures
- Teaching, guidance and counselling
- Surveillance
- Case management

<table>
<thead>
<tr>
<th>Case management</th>
<th>Surveillance</th>
<th>Teaching, guidance and counselling</th>
<th>Treatment and procedures</th>
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<tr>
<td>Number of trials</td>
<td>54</td>
<td>46</td>
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Focus within cancer care continuum

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Main component of cancer nursing interventions

Number of trials

- Education (patients and nurses)
- Assessment
- Self-management
- Supportive care
- Psychosocial support
- Signs and symptoms

OMAHA 75+ tasks
Focus within cancer care continuum

Prevention & Risk reduction (n=6)
Screening (n=11)
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Meta-analysis

The statistical analysis of a large collection of analysis results from individual studies for the purpose of integrating the findings.

Using Cochrane & PRISMA methods

Meta-analysis of effectiveness

Effectiveness & cost-effectiveness were our focus.

We assessed the quality of published studies by looking at issues of bias (e.g. selection bias, performance bias & detection bias)

Also quality of trial evidence (e.g. limitations, inconsistency of results, imprecision)
Key findings 1

No high grade evidence of benefit
Moderate grade evidence for cancer nurse led interventions inc. pain, N&V & constipation.
Low grade evidence on QoL, fatigue, psychological morbidity
No evidence of harm
On EORTC-30 greater benefit on role function domain in tx phase
Small no of trials evaluated costs, majority of these supported some benefit.
Key findings 2

Heterogeneity & lack of consistent outcome measures

Usual care poorly defined

Some trials may have been missed

Some compare nursing with another discipline’s effectiveness – we only compared with usual care

Identity of lead researcher as a nurse not always clear.
Take home messages

First study to take such a universal approach
Indicates the issues cancer nurses want to improve for patients via nurse-led trials
Need to improve quality and reporting in the future
Gaps in the cancers/practice issues that we do not address
Focussing on tx & costs brings benefit
With thanks to

ECCO for supporting the RECaN project

Dr Pauline Campbell, NMAHP Research Unit, Stirling University

EONS Research Working Group
Publications to date
