

PATIENT NAVIGATION ACROSS THE CANCER CARE CONTINUUM: THE STATE OF THE SCIENCE

Vivienne Milch, Nicolas Hart, Fiona Crawford-Williams, Oluwaseyifunmi Agbejule, Ria Joseph, Jolyn Johal, Narayane Dick, Matthew Wallen, Julie Ratcliffe, Anupriya Agarwal, Larissa Nekhlyudov, Matthew Tieu, Manaf Al-Momani, Scott Turnbull, Rahul Sathiaraj, Dorothy Keefe, Raymond Chan

AIM

- To identify, critically appraise, and synthesize the best-available evidence, which may inform policy and planning regarding patient navigation across the cancer continuum.

METHODS

- Systematic reviews examining patient navigation in cancer care were identified in CENTRAL, PubMed, EMBASE, CINAHL, Epistemonikos, and PROSPERO databases to April 2022.
- Data were screened, extracted, and appraised independently by two authors. JBI Critical Appraisal Checklist for Systematic Review and Research Syntheses was used for quality appraisal.
- Emerging literature up to May 2022 was also systematically reviewed to capture primary research articles published beyond coverage of included systematic reviews.

RESULTS

- A total of 61 systematic reviews were included.
 - 54 were quantitative or mixed-methods reviews, reporting on effectiveness of cancer patient navigation, including 12 reviews reporting costs or cost-effectiveness outcomes.
 - 7 were qualitative reviews, exploring navigation needs, barriers and experiences.
- An additional 53 primary studies were included.
- The definition/key domains and effectiveness of patient navigation are outlined in Fig 1 and Fig 2 respectively.

TAKE HOME MESSAGES

- Patient navigation is effective for improving uptake of cancer screening programs for breast, cervical, and colorectal cancer, as well as shortening time frames from screening to diagnosis and from diagnosis to treatment initiation.
- There is emerging evidence suggesting that patient navigation has positive effects on patients' quality of life, satisfaction with care in the survivorship phase, and hospital use from active treatment to survivorship.
- Economic evaluations from the USA suggest the potential cost-effectiveness of patient navigation in cancer screening programs.

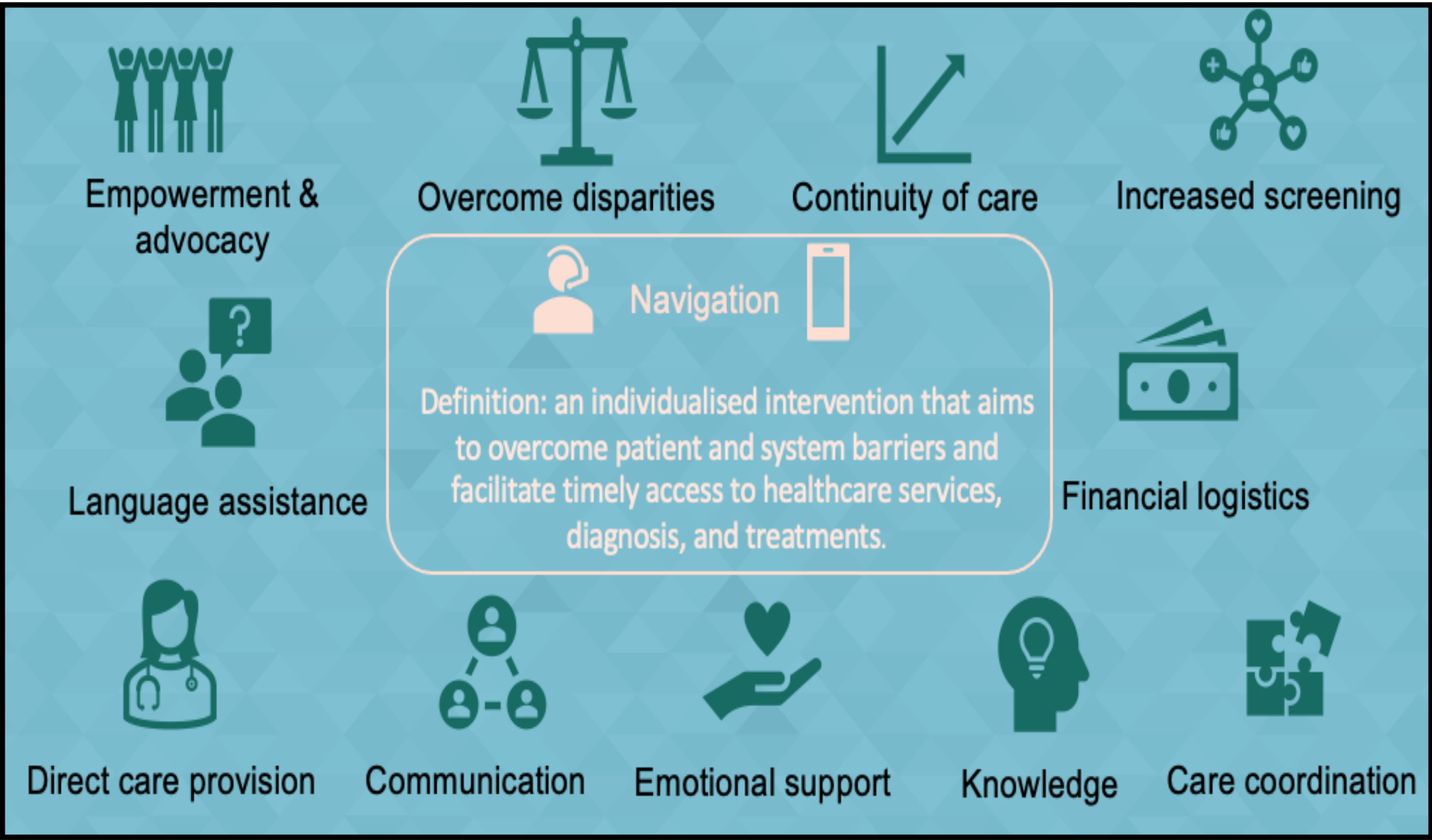


Figure 1. Key domains of patient navigation in the included reviews

OUTCOME	RATING	COMMENTARY
EARLY DETECTION		
Cancer Screening Rates		Strong evidence that patient navigation improves rates of cancer screening.
DIAGNOSIS		
Diagnostic resolution		Strong evidence that patient navigation reduces the time to diagnosis.
TREATMENT		
Treatment Initiation		Some evidence that navigation reduces the time from diagnosis to initiation of primary treatment
Treatment Completion		Evidence on the impact of patient navigation on treatment completion is inconclusive.
Hospital Readmission		Strong evidence that patient navigation reduces hospital readmissions.
Enrolment & Adherence to Clinical Trials		Limited evidence that patient navigation improves clinical trial enrolment and adherence.
SURVIVORSHIP		
Adherence to Surveillance		Strong evidence that patient navigation increases adherence to surveillance appointments.
Decision-making and Treatment Knowledge		Strong evidence that navigation improves the decision-making and treatment knowledge of cancer survivors.
Return to work		Evidence on the impact of patient navigation on return to work is inconclusive.
Communication		Limited evidence that patient navigation improves communication.
Fatigue		Limited evidence that patient navigation reduces cancer-related fatigue.
Patient Satisfaction		Strong evidence that patient navigation improves patient satisfaction with care.
Quality of Life		Strong evidence that patient navigation improves cancer survivor QOL.
Emotional Distress		Evidence on the impact of patient navigation on emotional distress is inconclusive.
Legend		
	= Strong evidence of effectiveness	= Some evidence of effectiveness
	= Limited evidence of effectiveness	= Evidence not conclusive

Figure 2. Effectiveness of patient navigation