



NURSE-LED ENHANCED SUPPORTIVE CARE AS ANEARLY PRIMARY PALLIATIVE CARE APPROACH FOR ADVANCED CANCER PATIENTS: A RANDOMIZED CONTROLLED TRIAL

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Introduction

Primary palliative care was introduced as a way to deliver early palliative care which refers to palliative care provided to patients receiving cancer treatments by oncology health care providers who are not palliative care specialists. Nurses play an important role in providing palliative care. However, few studies have evaluated the effectiveness of nurse-led primary palliative care.

Purpose

To evaluate the effect of nurse-led enhanced supportive care as an early primary palliative care approach for advanced cancer patients.

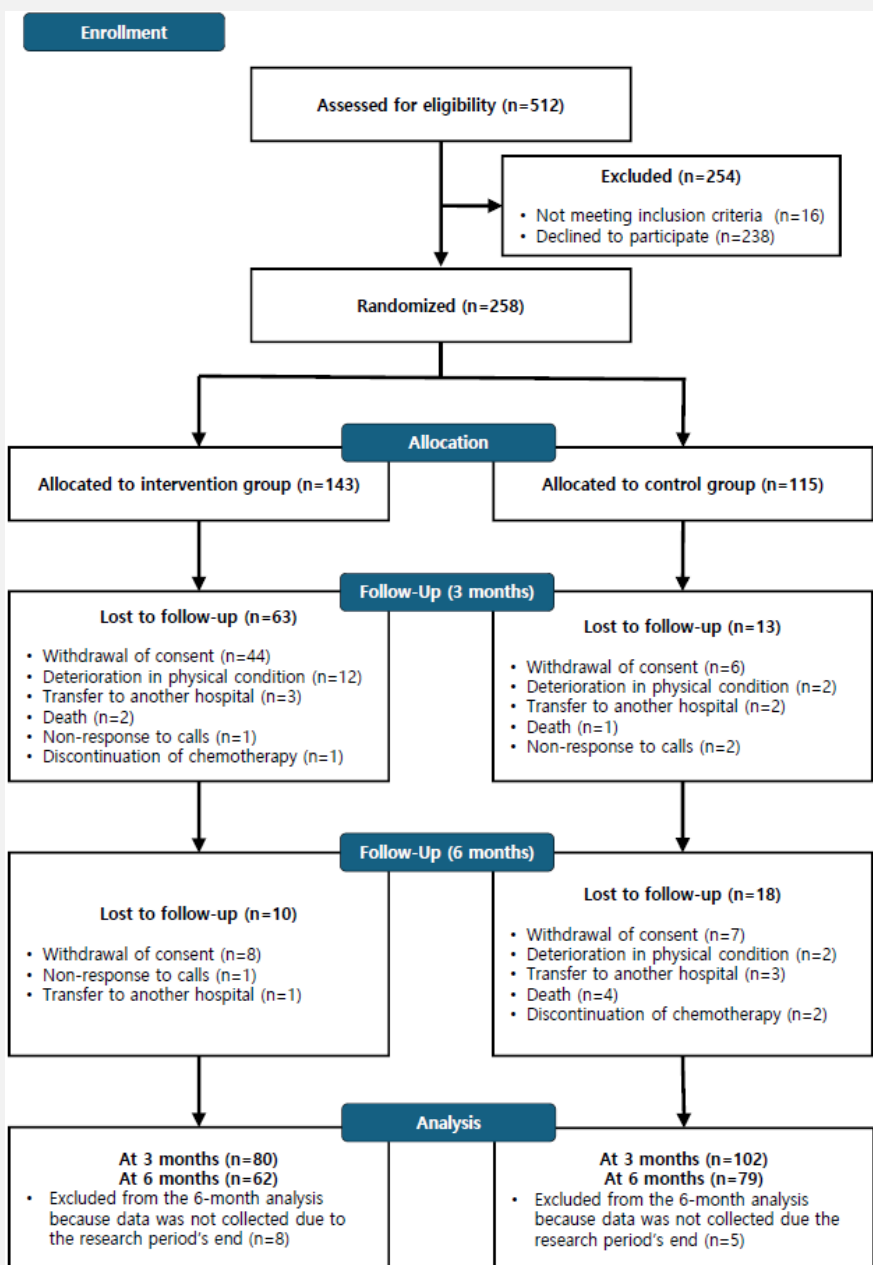
Methods

Design: Randomized controlled trial

Setting: Yonsei Cancer Center in Seoul, Korea.

Participants: Advanced cancer patients initiating palliative chemotherapy (N=258) and their family caregivers (N=120) were enrolled and completed 3-month (n=182 patients, n= 79 caregivers) and 6-month (n=141 patients, n=60 caregivers) follow-up assessments.

Patients



Caregivers

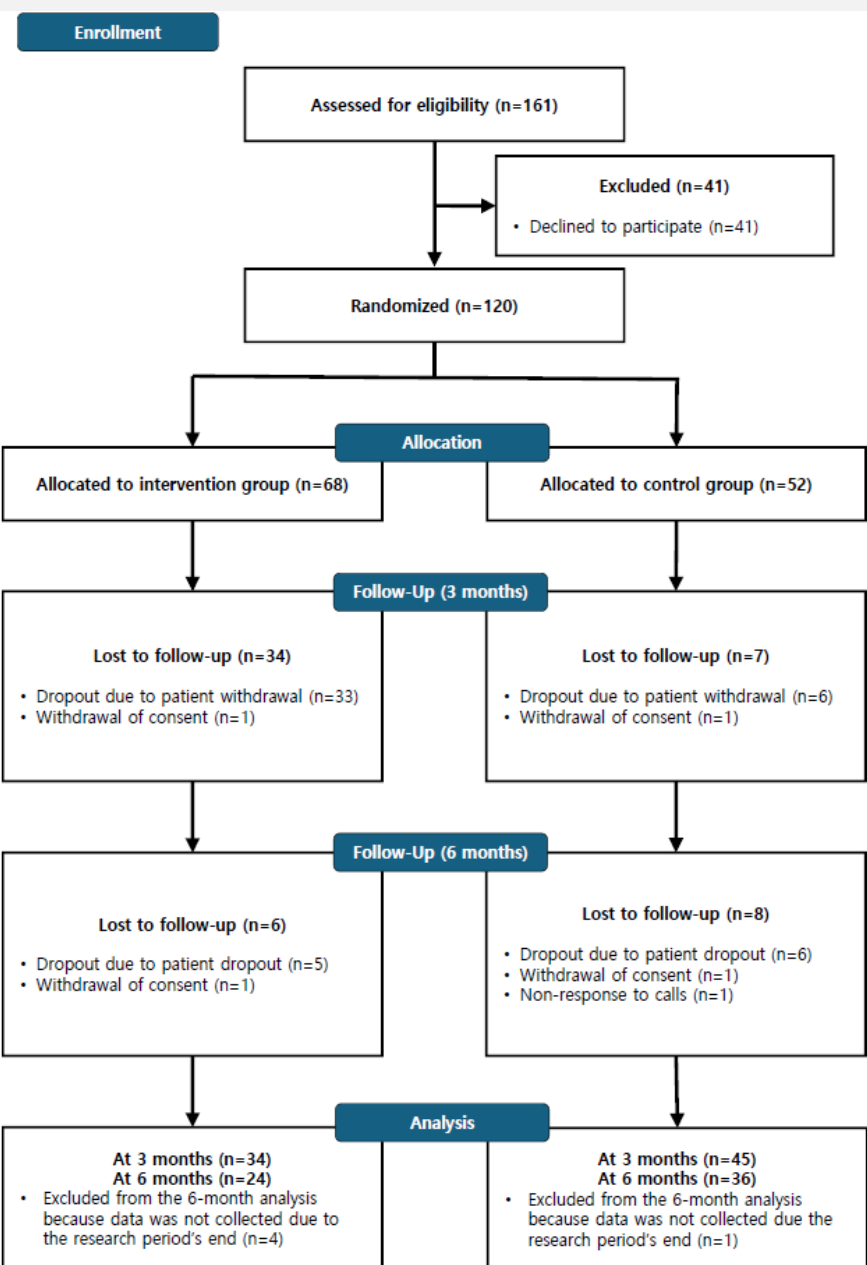


Figure 1. CONSORT flow diagram

Procedure

The intervention group received nurse-led enhanced supportive care, which included symptom management and coping enhancement counseling before each chemotherapy cycle (baseline to 3 months) and was delivered by trained nurses. The control group received symptom monitoring. Family caregivers only participated in the evaluation.

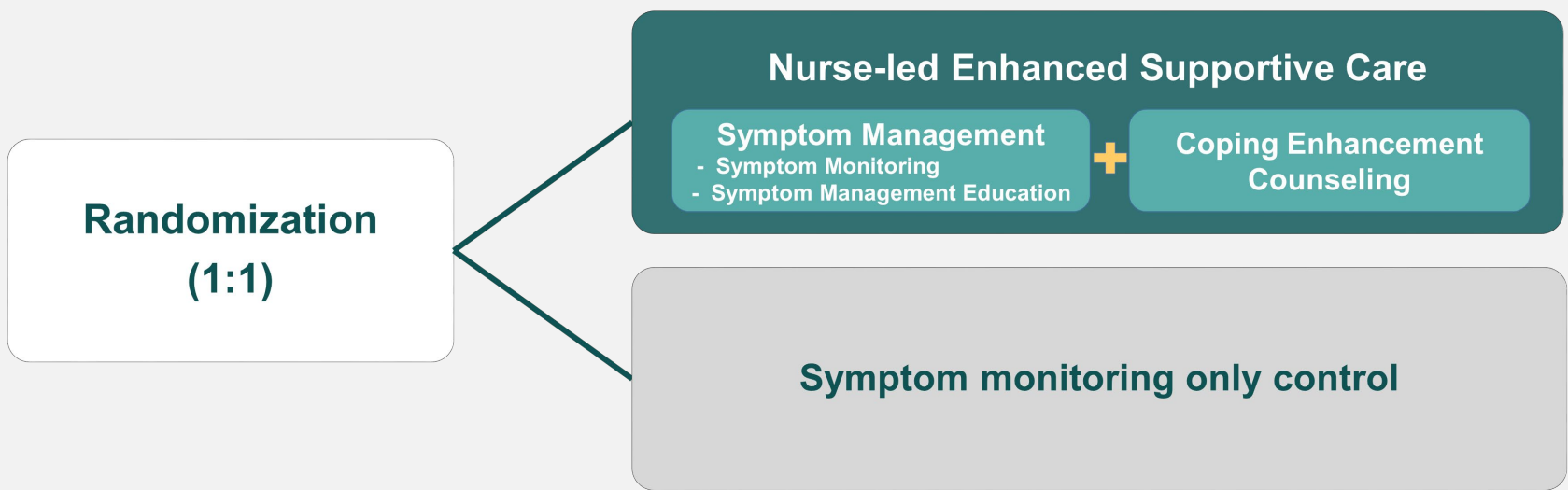


Figure 2. Study Design

Measurement

Primary outcomes

Quality of life (EORTC-QLQ C30), Symptoms (ESAS), Coping (Brief COPE) at 3 months

Secondary outcomes

QoL, Symptoms, and Coping at 6 months, Self-efficacy for coping with cancer (CBI-3.0 K), Depression among cancer patients and family caregivers (HADS-D) at 3 and 6 months

Analysis: Linear mixed models ($\alpha=.05$)

Results

The intervention group reported beneficial effects in the following outcomes.

1) QoL

Role functioning at 3 months

(1.01 ± 2.34 vs. -8.37 ± 2.07 ; $p=.003$ [-15.57, -3.18]; adjusted $p=.044$)

2) Coping

Active coping at 3 months

(0.27 ± 0.16 vs. -0.34 ± 0.14 ; $p=.006$ [-1.04, -0.18]; adjusted $p=.044$)

Self-distraction at 3 months

(0.22 ± 0.17 vs. -0.42 ± 0.15 ; $p=.004$ [-1.08, -0.20]; adjusted $p=.044$)

3) Self-efficacy in coping with cancer

Maintaining activity and independence at 3 months

(1.45 ± 0.47 vs. -0.31 ± 0.42 ; $p=.006$ [-2.99, -0.52]; adjusted $p=.044$)

The intervention was not effective in reducing symptoms and depression of patients or depression of caregivers (adjusted $p>.05$).

Discussion

Nurse-led enhanced supportive care was not effective in improving overall quality of life and symptoms, but it was effective in changing some coping domains and self-efficacy for maintaining activity and independence at 3 months among advanced cancer patients.

Role functioning domain of QoL is one of the most commonly affected area among outpatients newly diagnosed with advanced cancer, and the role functioning domain of QoL demonstrated significant difference favoring the nurse-led enhanced supportive care at 3 months.

Non-significant symptom finding highlights the need for a comprehensive and intensive approach to symptom management for patients with advanced cancer.

Positive finding on active coping and self-distraction could be derived as outcome of coping enhancement counseling incorporating the component of ACT.

Increase in self-efficacy in maintaining activity and independence could be related to better symptom control or self-efficacy for managing side effect, however it did not differ between groups.

Conclusions

Nurse-led enhanced supportive care as an early primary palliative care approach has demonstrated effectiveness in improving role functioning domain of quality of life, coping, and self-efficacy in coping with cancer among advanced cancer patients. Nurse-led early primary palliative care should be delivered by trained nurses and incorporated into routine oncology practice

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