

Self-Management Intervention for Adult Cancer Survivors After Treatment: A Systematic Review and Meta-Analysis

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Problem Identification: This study aims to evaluate the effects of self-management interventions (SMIs) for cancer survivors who completed primary treatment.

Literature Search: Using PubMed, EMBASE, CINAHL®, PsycINFO®, and Cochrane Central Register of Controlled Trials (CENTRAL), the authors conducted a systematic search of randomized, controlled trials published in English from database conception through June 2016.

Data Evaluation: The meta-analysis was conducted with Cochrane Review Manager, version 5.3, and R program, version 3.3.1.

Synthesis: 12 studies were systematically reviewed for self-management content, mode of delivery, session composition, and type of self-management skills used. Then, a meta-analysis of nine randomized, controlled trials involving 2,804 participants was conducted comparing SMIs with usual care, attention control, and a waitlist group. Qualitative synthesis showed that (a) the major study population was comprised of breast cancer survivors; (b) SMIs focused on medical/behavioral and emotional management; (c) the most common mode of delivery was web-based; and (d) the most frequently evaluated outcomes were depression, self-efficacy, and health-related quality of life (HRQOL). Quantitative results demonstrated a significant medium effect on HRQOL and a large effect on fatigue of borderline significance. The effects on anxiety, depression, and self-efficacy were not statistically significant.

Conclusions: SMIs had a significant medium effect on HRQOL for cancer survivors post-treatment, but the findings should be interpreted with caution because of substantial heterogeneity. In addition, the small number of studies limits conclusions.

Implications for Nursing: SMI as a nursing intervention for improving HRQOL of cancer survivors can be recommended, but more research should be undertaken to determine the most effective SMI format in terms of type, mode of delivery, and session composition.

Treatment completion does not signal the end of the cancer experience; many cancer survivors and their families continue to face problems associated with a complex chronic condition (Miller, 2008; Phillips & Currow, 2010). Long-term or late effects include fatigue (Kim et al., 2008; Pachman, Barton, Swetz, & Loprinzi, 2012), lymphedema (Paskett, Dean, Oliveri, & Harrop, 2012), anxiety and depression (Stanton, 2006), infertility (Ruddy & Partridge, 2012), sexual dysfunction (Bober & Varela, 2012), and cardiac complications (Lenihan & Cardinale, 2012), all of which negatively affect health-related quality of life (HRQOL) and increase medical costs (Hewitt, Greenfield, & Stovall, 2006). In addition, cancer survivors have elevated risks for additional malignancies and comorbid conditions, such as hypertension, diabetes, and osteoporosis (Rowland & Yancik, 2006; Schultz, Beck, Stava, & Vassilopoulou-Sellin, 2003; Wood et al., 2012). Therefore, long-term planning and preventive strategies are strongly recommended (Rowland & Yancik, 2006).