

## Results of a nurse-led survivorship model of care with lymphoma cancer survivors.

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**Introduction:** New models of lymphoma survivorship care are limited in the published literature. Therefore a nurse-led lymphoma survivorship model of care was developed and tested in a phase II pilot pragmatic randomised controlled trial (RCT).

**Aim:** The main aim was to deliver individualised care to meet the informational, practical and emotional needs of lymphoma patients who had completed treatment, to help them return to normal functioning sooner.

**Methods:** Three months' post-treatment completion, consenting lymphoma patients were randomised 1:1 to usual care (control) or usual care plus intervention. Survivorship unmet needs, distress, adjustment to cancer and self-empowerment were assessed in both groups at baseline, three and six months. The intervention comprised three face-to-face appointments, delivery of tailored resources and an individualised survivorship care plan and treatment summary (SCPTS), shared with the general practitioner (GP). A sample size of sixty patients was planned and recruitment completed when this target was reached. Univariate and multivariate analyses examined changes within and between groups at the three time points. A GP evaluation survey sought information on the perceived utility of the SCPTS.

**Results:** Statistical significance was set at 0.05 (2-tailed). By study completion, although not statistically significant, the data revealed a trend toward intervention participants (n=30) reporting less unmet informational, practical and emotional needs ( $M=21.41$  vs  $M=25.72$ ; 95% CI= -8.59, 17.21;  $p=.506$ ), less distress ( $M=13.03$  vs  $M=15.14$ ; 95% CI= -5.04, 9.25;  $p=.558$ ) and an increase in empowerment ( $M=50.21$  vs  $M=47.21$ ; 95% CI= -6.08, 0.08;  $p=.056$ ) compared with control participants (n=30). The SCPTS was rated good to very good by a majority of GPs (n=13, 81%).

**Conclusions:** Survivors require individualised support and resources. This trial indicates the nurse-led lymphoma survivorship model of care may be a helpful intervention for lymphoma patients who have completed treatment. A tailored SCPTS may promote survivor self-management and increase GP engagement.