

Virtual Care in Patients with Cancer: A Systematic Review

Simron Singh ¹, Glenn G. Fletcher ², Xiaomei Yao ^{2,3}, Jonathan Sussman ^{2,*}

Supplementary Material

Table S1. Literature Search Strategy (Databases).

(1) Database(s): Embase 1996 to 2020 August 06, APA PsycInfo 1987 to July Week 4 2020, EBM Reviews - Cochrane Central Register of Controlled Trials June 2020, EBM Reviews - Cochrane Database of Systematic Reviews 2005 to July 31, 2020, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Daily and Versions(R) 1946 to August 06, 2020

| # | Searches | Results |
|----|---|---------|
| 1 | exp Telemedicine/ or Remote Consultation/ or exp Teleconsultation/ or exp Telerehabilitation/ or exp Telehealth/ | 86831 |
| 2 | exp Consultation/ or exp Disease Management/ or exp Patient Monitoring/ or exp Follow up/ or exp Patient Care/ or exp "Evaluation and Follow up"/ or exp Medical Examination/ or exp Physical Examination/ | 7619641 |
| 3 | exp Mobile Phone/ or exp Cell Phone/ or exp Mobile Application/ or exp Smartphone/ or exp Teleconference/ or exp Videoconferencing/ | 153534 |
| 4 | 1 or (2 and 3) | 120953 |
| 5 | (Telemedicine or Remote Consultation or Teleconsultation or Telerehabilitation or Telehealth or eHealth or e-Health or mHealth or m-Health or E-oncology).ti,ab. | 60684 |
| 6 | ((virtual or distance or distant or remote or video or phone or smartphone or cellphone or cell phone or mobile or digital or teleconferenc: or videoconferenc: or computer or internet or online) adj3 (consult: or manage: or monitor: or follow-up or care or evaluat: or exam: or treat: intervene or intervention: or assess: or diagnos: or navigat: or "after-care" or deliver: or service: or contact:)).ti,ab. | 275535 |
| 7 | 4 or 5 or 6 | 389680 |
| 8 | exp Neoplasms/ or exp Neoplasm/ or exp Tumor/ or exp Cancer/ or (Cancer: or Tumor: or Tumour: or Neoplas: or Oncolog: or Metasta: or Malignan: or Carcinom: or Andenocarcinom: or Leukemia: or Leukaemia: or Lymphoma: or Sarcoma: or Melanoma:).ti,ab. | 9350508 |
| 9 | 7 and 8 | 51349 |
| 10 | limit 9 to yr="2015 -Current" | 23160 |
| 11 | 10 not (abstract or "conference abstract" or news: or case report:).pt. | 17165 |
| 12 | limit 11 to english language [Limit not valid in CDSR; records were retained] | 15698 |
| 13 | limit 11 to no language specified [Limit not valid in APA PsycInfo,CDSR; records were retained] | 1498 |
| 14 | limit 11 to French [Limit not valid in CDSR; records were retained] | 89 |
| 15 | 12 or 13 or 14 | 16665 |
| 16 | limit 15 to yr="2015-2016" | 4705 |
| 17 | limit 15 to yr="2017-2018" | 5876 |
| 18 | limit 15 to yr="2019" | 3166 |
| 19 | 16 or 17 or 18 | 13747 |
| 20 | 15 not 19 | 2918 |
| 21 | remove duplicates from 16 | 2921 |
| 22 | remove duplicates from 17 | 3703 |

| | | |
|----|---------------------------|-------|
| 23 | remove duplicates from 18 | 2025 |
| 24 | remove duplicates from 20 | 1803 |
| 25 | 21 or 22 or 23 or 24 | 10452 |

(2) Database(s): EBM Reviews - Cochrane Database of Systematic Reviews 2005 to August 1, 2020 Search Strategy:

| # | Searches | Results |
|---|---|---------|
| 1 | (Telemedicine or Remote Consultation or Teleconsultation or Telerehabilitation or Telehealth or eHealth or e-Health or mHealth or m-Health or E-oncology).ti,ab. | 23 |
| 2 | ((virtual or distance or distant or remote or video or phone or smartphone or cellphone or cell phone or mobile or digital or teleconferenc: or videoconferenc: or computer or internet or online) adj3 (consult: or manage: or monitor: or follow-up or care or evaluat: or exam: or treat: intervene or intervention: or assess: or diagnos: or navigat: or "after-care" or deliver: or service: or contact:)).ti,ab. | 116 |
| 3 | (Cancer: or Tumor: or Tumour: or Neoplas: or Oncolog: or Metasta: or Malignan: or Carcinom: or Andenocarcinom: or Leukemia: or Leukaemia: or Lymphoma: or Sarcoma: or Melanoma:).ti,ab. | 1279 |
| 4 | 1 or 2 | 130 |
| 5 | 3 and 4 | 16 |

(3) CINAHL: July 29, 2020

| | Search Terms | Actions |
|----|---|-----------|
| S1 | (MH "Telehealth") OR (MH "Telemedicine+") OR (MH "Telerehabilitation") or (MH "Telenursing") or (MH "Remote Consultation") | (6,890) |
| S2 | ((virtual or distance or distant or remote or video or phone or smartphone or cellphone or cell phone or mobile or digital or teleconferenc: or videoconferenc: or computer or internet or online) N3 (consult: or manage: or monitor: or follow-up or care or evaluat: or exam: or treat: intervene or intervention: or assess: or diagnos: or navigat: or "after-care" or deliver: or service: or contact:)) OR AB ((virtual or distance or distant or remote or video or phone or smartphone or cellphone or cell phone or mobile or digital or teleconferenc: or videoconferenc: or computer or internet or online) N3 (consult: or manage: or monitor: or follow-up or care or evaluat: or exam: or treat: intervene or intervention: or assess: or diagnos: or navigat: or "after-care" or deliver: or service: or contact:)) | (6,013) |
| S3 | TI ((Telemedicine or Remote Consultation or Teleconsultation or Telerehabilitation or Telehealth or eHealth or e-Health or mHealth or m-Health or E-oncology)) OR AB ((Telemedicine or Remote Consultation or Teleconsultation or Telerehabilitation or Telehealth or eHealth or e-Health or mHealth or m-Health or E-oncology)) | (4,716) |
| S4 | ((MH "Oncologic Nursing+") OR (MH "Oncologic Care+") OR (MH "Cancer Patients") OR (MH "Oncology+") OR (MH "Neoplasms+")) OR TI ((Cancer: or Tumor: or Tumour: or Neoplas: or Oncolog: or Metasta: or Malignan: or Carcinom: or Andenocarcinom: or Leukemia: or Leukaemia: or Lymphoma: or Sarcoma: or Melanoma:)) OR AB ((Cancer: or Tumor: or Tumour: or Neoplas: or Oncolog: or Metasta: or Malignan: or Carcinom: or Andenocarcinom: or Leukemia: or Leukaemia: or Lymphoma: or Sarcoma: or Melanoma:)) | (135,700) |
| S5 | S1 OR S2 OR S3 | (13,959) |
| S6 | S4 AND S5 | (790) |

Above is limited to 2015- 2020, and excludes citations from Medline.

(4). Search terms for ongoing trials on clinicaltrials.gov included in-person, virtual care, telemedicine, and telephone (one term each time).

Table S2. Ongoing trials.

| Author and source; trial name; recruitment or follow-up period; estimated study completion date | # Patients anticipated | Patient characteristics | Trial type and comparison | Outcome |
|---|--|--|---|--|
| Chau, 2019 [1] REACH PC NCT03375489 Massachusetts General Hospital + 19 other sites 2018-2022 (estimated) Estimated completion May 31 2023 | 1250 patients Up to 1250 caregivers if patient chose to invite them | Advanced non-small cell lung cancer within 12 weeks of diagnosis and being treated with non-curative intent. Recruited through 20 Palliative Care Research Cooperative institutions in USA. Patients may invite caregiver (family or friend who lives with them or contact at least twice a week) to participate with them. | RCT. Telehealth by videoconferencing early palliative care (monthly) vs. in-person early palliative care (monthly) by specialty-trained experienced or board-certified PC physicians or advanced practice nurses who provide care in the outpatient oncology setting. Initial visit for both groups is in-person | QoL, mood, and quality of communication with oncologists at baseline before randomization and at 12, 24, 36, and 48 weeks Health care utilization, including length of stay in hospice, will be collected from patients' health records |
| Telemedicine Nurse-Led Intervention for Rural Cancer Survivors (CARING) [2] NCT04267627 University of Virginia 2020-2025 (estimated) Estimated completion January 1, 2026 | 450 | Patients with head and neck cancer at any stage who completed treatment within the last 6 weeks or anticipated to be within 3 months of end of treatment Plan to oversample rural patients | RCT (3 arm) Nurse-lead supportive care (CARING) by telemedicine videoconferencing vs. CARING in-person vs. usual care | Unmet needs, QoL (FACT-HN) Cost effectiveness Patient perceptions of telemedicine |
| Telehealth for palliative care patients in metropolitan and rural settings [3] ACTRN12618001007224 HREC/18/MonH/348 2018-2020 (anticipated) Monash, Victoria, Australia Estimated completion date not reported | 140 | Patients admitted to an associated community palliative care service, a Monash Health inpatient palliative care unit, or engaged with a Monash Health palliative care consult service or the Monash Health Oncology Support-including community palliative Care Outpatient Clinic. Diagnosed with life-limiting illness (cancer, cardiovascular, musculoskeletal, neurological) | RCT. Telehealth videoconference with palliative care physician and nurse facilitation at 2 weeks then as required for 3 months vs. standard care (usual care provided including community palliative care, other community services, hospital services, specialists, and general practice) | Clinical symptoms (sleep, nausea, pain, fatigue, breathing problems, bowel problems), QoL, Performance Status (Karnofsky), Secondary outcomes: emergency department attendances, teleconference efficiency (setup), user experience, health professional score of symptom severity (pain, other symptoms, psycho-spiritual distress, carer distress), QoL (family), Hospital Anxiety and Depression Scale, hospital admissions, home visit duration |

| Author and source; trial name; recruitment or follow-up period; estimated study completion date | # Patients anticipated | Patient characteristics | Trial type and comparison | Outcome |
|---|------------------------|---|---|---|
| Supportive Care Delivered by Telemedicine to Cancer Patients at Home [4] NCT04136340 2019-2021 (estimated) Rockefeller Outpatient Pavilion, Memorial Sloan Kettering Cancer Center, New York Estimated completion October, 2023 | 466 | Cancer; planned for Supportive Care Service, resident of New York, New Jersey, or Connecticut | RCT, non-inferiority pilot trial Supportive palliative care specialist in-person for first visit then follow-up care by in-home video telemedicine vs. in-person at clinic. At least 3 follow-up visits over 14 weeks | Health-related QoL (FACT-G) at baseline and week 14 |
| Assessing the System for High-Intensity Evaluation During Radiotherapy During Changes in Response to COVID-19 (CORONA-SHIELD) [5] NCT04357574 Duke Cancer Center, Durham, North Carolina, USA 2020-2021 (estimated) Estimated completion April 2022 | 1000 | Patients undergoing radiation oncology during COVID-19 outbreak; no concurrent systemic therapy | Observational study Patients during COVID-19 outbreak and their healthcare provider experience Comparison of rates of acute care for telehealth (telephone or video) vs. prior rates | Healthcare provider perceptions of telehealth Rates of acute care (emergency department visits and hospitalizations) |

Table S3. Summary Table for Risk of Bias Assessment for Randomized Controlled Trials.

| Study | Outcome | Domain 1: Randomiza- tion Process | Domain 2: Deviation from Inter- vention | Domain 3: Missing Outcome Data | Domain 4: Measure- ment of Outcome | Domain 5: Reported Results | Overall Risk of Bias | |
|---|---|---|--|---|---|----------------------------------|----------------------|-----------|
| | | | | | | | Per out- come | Per study |
| Lleras de Frutos, 2020 [6] | Emotional dis- tress | Some con- cerns | Some con- cerns | High | Low | Low | High | High |
| | Post-traumatic stress | Some con- cerns | Some con- cerns | High | Low | Low | High | |
| | Post-traumatic growth | Some con- cerns | Some con- cerns | High | Low | Low | High | |
| Watson, 2017 [7] | Anxiety and depression | Low | Some con- cerns | High | Low | Low | High | High |
| | Mental adjust- ment to cancer | Low | Some con- cerns | High | Low | Low | High | |
| | Cancer con- cerns | Low | Some con- cerns | High | Low | Low | High | |
| | Cancer coping questionnaire | Low | Some con- cerns | High | Low | Low | High | |
| Harrigan, 2016 [8] | Body composi- tion | Some con- cerns | High | High | Low | Low | High | High |
| | Physical activ- ity | Some con- cerns | High | High | Low | Low | High | |
| | Diet | Some con- cerns | High | High | Low | Low | High | |
| | Serum bi- omarkers | Some con- cerns | High | High | Low | Low | High | |
| Buchanan, 2015 [9]; Datta, 2011 [10] | Cost | Low | Low | Low | Low | Low | Low | High |
| | Satisfaction | Some con- cerns | High | Low | Low | Low | High | |
| | Attendance | Some con- cerns | High | Low | Low | Low | High | |
| Steffen, 2017 [11]; Kinney, 2016 [12]; Chang, 2016 [13] | Psychosocial | Low | Some con- cerns | Low | Low | Low | Some con- cerns | High |
| | Genetic testing uptake | Low | Some con- cerns | High | Low | Low | High | |
| | Counselling moderators of genetic test- ing ¹ | Low | Some con- cerns | High | Low | Low | High | |
| | Cost | Low | Low | Low | Low | Low | Low | |
| Jacobs, 2016 [14]; Peshkin, 2016 [15]; Schwartz, 2014 [16]; | Knowledge | Low | Low | Low | Low | Low | Low | Low |
| | Patient satis- faction | Low | Low | Low | Low | Low | Low | |
| | Decision con- flict | Low | Low | Low | Low | Low | Low | |

¹ Cancer-specific distress, perceived risk of a genetic mutation compared to population risk, counselor patient-centeredness, cost barriers, decisional conflict, education, social support, family history of cancer

| | | | | | | | | |
|--|--|---------------|---------------|---------------|---------------|---------------|------|------|
| Butrick, 2015 [17] | Distress | Low | Low | Low | Low | Low | Low | |
| | Genetic counsellor questionnaire | Low | Low | Low | Low | Low | Low | |
| Kelleher, 2019 [18]; Winger, 2020 [19] | Access ² | Low | High | Some concerns | Low | Low | High | High |
| | Pain ³ | High | High | Some concerns | Low | Some concerns | High | |
| | Symptoms, distress ⁴ | High | High | Some concerns | Low | Some concerns | High | |
| Walle, 2018, 2020 [20,21] | Feasibility | Low | Low | Low | Low | Low | Low | High |
| | Patient cost | Some concerns | Some concerns | Some concerns | Low | Low | High | |
| | Patient time | Some concerns | Some concerns | Some concerns | Low | Low | High | |
| | Satisfaction | Some concerns | Some concerns | Some concerns | Low | Low | High | |
| | Physician-patient relationship | Some concerns | Some concerns | Some concerns | Low | Low | High | |
| Beaver, 2017 [22]; Dixon, 2018 [23]; Beaver, 2020 [24] | Psychological morbidity | Low | Low | Low | Low | Low | Low | Low |
| | Satisfaction | Low | Low | Low | Low | Low | Low | |
| | Quality of life | Low | Low | Low | Low | Low | Low | |
| Viers, 2015 [25] | Recurrence | Low | Low | Low | Low | Low | Low | High |
| | Efficiency (duration of visit + waiting) | Some concerns | Some concerns | Some concerns | Some concerns | Low | High | |
| | Satisfaction | Some concerns | Some concerns | Some concerns | Some concerns | Low | High | |
| | Patient cost | Some concerns | Some concerns | Some concerns | Some concerns | Some concerns | High | |

² Aim 1: intervention access (feasibility [attrition, adherence, completion time], patient burden [physical, emotional, financial], engagement, acceptability)

³ Aim 2: primary outcomes: pain severity and pain interference

⁴ Aim 2: secondary outcomes: physical well-being and symptoms, psychological distress, self-efficacy for pain management

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