BACKGROUND

Cancer and its treatment has long and long-term effects on survivors’ physical, cognitive, and emotional well-being. In 3% of cancer survivors experience limitations in their ability to perform activities of daily living.

Healthcare providers may employ a self-management approach to educate and empower cancer survivors to become active participants in their health and better manage their condition.

Traditional and technology-based self-management interventions shown to have a positive effect on outcomes for cancer survivors.

OBJECTIVES

To systematically evaluate the current evidence on the use of IHCAs supporting self-management of cancer survivors in order to:

1. Evaluate the effects of IHCAs on adult cancer survivors in terms of quality of life, functional status, symptom management, psychological well-being, health behaviors, self-efficacy, health literacy, patient participation, and patterns of healthcare utilization.
2. Compare the effects of self-management IHCAs and standard self-management interventions for cancer survivors.
3. Compare content, design, and features of self-management IHCAs and examine the effect of each component.
4. Identify user preferences toward individual components of IHCAs and evaluate the effect of the components among subgroup (e.g., gender, age, tumor site).
5. Compare the effectiveness of interventions built upon a defined theoretical base against those without.

METHODS

This review employs a mixed methods design and is based on the five-stage framework outlined by Arksey & O’Malley (2005). A protocol for this review was created a priori according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

RESULTS

• Titles, abstracts, and full articles have been reviewed (Fig. 1) and data extraction and critical appraisal has begun.
• The most common reason for exclusion was interventions not meeting our operationalization of IBCA.
• Preliminary Findings
  • 15 of 18 RCTs report significant positive effects of IHCAs on health outcomes (symptom distress and health information competence).

DISCUSSION

Next Steps:
• Continue data extraction and quality assessment
• Evidence tables will be created and the GRADE approach to rating the evidence will be employed
• Data will be synthesized quantitatively and qualitatively and compared to further assess the influence of personal and contextual factors on outcomes
• A theoretical framework will be created based on the findings of the review
• Results of this study will be presented in an article and submitted to a journal for publication.

CONCLUSIONS

The findings from this review will add to the knowledge base on the use of IHCAs for cancer survivors and gaps identified in the literature may highlight the need for further research.

Evidence from this review may inform future development of IHCAs for cancer survivors by identifying the effect of individual features or specific outcomes and demographics.

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