

CADTH Reference List

Patient Navigation Programs for Adults at High Risk of Lung Cancer

February 2023

Authors: Candice Madakadze, Quenby Mahood

Cite As: *Patient Navigation Programs for Adults at High Risk of Lung Cancer*. (CADTH reference list: summary of abstracts). Ottawa: CADTH; 2023 Feb.

Disclaimer: The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up to date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners' own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein do not necessarily reflect the views of Health Canada, Canada's provincial or territorial governments, other CADTH funders, or any third-party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user's own risk.

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian *Copyright Act* and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Questions or requests for information about this report can be directed to requests@cadth.ca

Key Messages

- We found 1 systematic review about the clinical utility of patient navigation programs led by nurses for adults at high risk of lung cancer.
- We did not find any studies about the clinical utility of patient navigation programs led by nurses versus patient navigation programs led by other navigators for adults at high risk of lung cancer.
- We did not find any evidence-based guidelines regarding patient navigation programs led by nurses for adults at high risk of lung cancer.

Research Questions

1. What is the clinical utility of patient navigation programs led by nurses for adults at high risk of lung cancer?
2. What is the clinical utility of patient navigation programs led by nurses versus patient navigation programs led by other navigators for adults at high risk of lung cancer?
3. What are the evidence-based guidelines regarding patient navigation programs led by nurses for adults at high risk of lung cancer?

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), the Cochrane Database of Systematic Reviews, the International HTA Database, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were nurse navigators or patient navigation, lung cancer, cancer screening, and nurses. CADTH-developed search filters were applied to limit retrieval to guidelines for a secondary search of the concepts patient navigators and nurses. The search was completed on February 8, 2023, and limited to English-language documents published since January 1, 2018. Internet links were provided, where available.

Selection Criteria and Summary Methods

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in [Table 1](#). Full texts of study publications were not reviewed. The Overall Summary of Findings was based on information available in the abstracts of selected publications. Open access full-text versions of evidence-based guidelines were reviewed when available, and relevant recommendations were summarized.

Table 1: Selection Criteria

Criteria	Description
Population	Adults at high risk of lung cancer
Intervention	Patient navigation programs led by nurses
Comparator	Q1: No patient navigation or usual care Q2: Patient navigation programs led by other navigators (e.g., lay person) Q3: Not applicable
Outcomes	Q1 and Q2: Clinical utility (e.g., time to treatment, patient satisfaction, incidence of disease, mortality, quality of life) Q3: Recommendations and best practices regarding the use of patient navigation programs led by nurses (e.g., core competencies, implementation)
Study designs	Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, evidence-based guidelines

Results

One systematic review was identified regarding the clinical utility of patient navigation programs led by nurses for adults at high risk of lung cancer.¹ No relevant literature was identified regarding the clinical utility of patient navigation programs led by nurses versus patient navigation programs led by other navigators for adults at high risk of lung cancer. No relevant evidence-based guidelines were identified regarding patient navigation programs led by nurses for adults at high risk of lung cancer. No health technology assessments, randomized controlled trials, or non-randomized studies were identified.

Additional references of potential interest that did not meet the inclusion criteria are provided in [Appendix 1](#).

Overall Summary of Findings

One systematic review¹ described the effect of interventions that aimed to help health care professionals refer high risk individuals for lung cancer screening, including nurse navigation. The systematic review¹ found that nurse navigators improved patient outcomes related to lung cancer screening.

No relevant literature was found regarding the clinical utility of patient navigation programs led by nurses versus patient navigation programs led by other navigators for adults at high risk of lung cancer. Additionally, no relevant evidence-based guidelines were found regarding patient navigation programs led by nurses for adults at high risk of lung cancer; therefore, no summary can be provided.

References

Health Technology Assessments

No literature identified.

Systematic Reviews

1. Saab MM, O'Driscoll M, Sahn LJ, et al. Referring high-risk individuals for lung cancer screening: a systematic review of interventions with healthcare professionals. *Eur J Cancer Prev.* 2022;31(6):540-550. [PubMed](#)

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

No literature identified.

Guidelines and Recommendations

No literature identified.

Appendix 1: References of Potential Interest

Systematic Reviews

Adults at Risk of Lung Cancer Not Specified

Oh J, Ahn S. Effects of nurse navigators during the transition from cancer screening to the first treatment phase: a systematic review and meta-analysis. *Asian Nurs Res (Korean Soc Nurs Sci)*. 2021;15(5):291-302. [PubMed](#)

Li C, Liu Y, Xue D, Chan CWH. Effects of nurse-led interventions on early detection of cancer: a systematic review and meta-analysis. *Int J Nurs Stud*. 2020;110:103684. [PubMed](#)

Randomized Controlled Trials

Alternative Population – Adults at Risk of Colorectal Cancer

Temucin E, Nahcivan NO. The effects of the nurse navigation program in promoting colorectal cancer screening behaviors: a Randomized Controlled Trial. *J Cancer Educ*. 2020;35(1):112-124. [PubMed](#)

Nurse Navigation Not Specified

Percac-Lima S, Ashburner JM, Rigotti NA, et al. Patient navigation for lung cancer screening among current smokers in community health centers a randomized controlled trial. *Cancer Med*. 2018;7(3):894-902. [PubMed](#)

Non-Randomized Studies

Alternative Population – Patients Screened for Breast Cancer

Hung DY, Kim P, Li M, et al. Lean practices for resource use, timeliness, and coordination of care in breast cancer navigation. *Clin J Oncol Nurs*. 2022;26(5):503-509. [PubMed](#)

Guidelines and Recommendations

Unclear Methodology

Franklin E, Burke S, Dean M, Nevidjon B, Simms L. Professional Oncology Navigation Task Force. Oncology navigation standards of professional practice. *J Oncol Navig Surviv*. 2022;13(3). <https://www.jons-online.com/issues/2022/march-2022-vol-13-no-3/4399-oncology-navigation-standards-of-professional-practice>. Accessed 2023 Feb 15.
Refer to Oncology Navigation Standards of Professional Practice, Standard 1 to 19

Not Specific to Adults at High Risk of Lung Cancer

Baileys K, McMullen L, Lubejko B, et al. Nurse navigator core competencies: an update to reflect the evolution of the role. *Clin J Oncol Nurs*. 2018;22(3):272-281. [PubMed](#)
Refer to Figure 5: Updated 2017 ONN Core Competencies (page 278 to 279)

Review Articles

Gilbert J, Veazie S, Joines K, et al. Patient navigation models for lung cancer. *Rapid Evidence Product*. (Prepared by Scientific Resource Center under Contract No. 290-2017-00003-C.) AHRQ Publication No. 18(19)-EHC028-EF. Rockville (MD): Agency for Healthcare Research and Quality; 2018: <https://effectivehealthcare.ahrq.gov/products/nav-model-lung-cancer/rapid-product>. Accessed 2023 Feb 15.

Additional References

Position Statement

Oncology Nursing Society. Role of the oncology nurse navigator throughout the cancer trajectory. [2023]. <https://www.ons.org/make-difference/advocacy-and-policy/position-statements/ONN>. Accessed 2023 Feb 15.