LYMFOcare: The impact of providing feedback on patients* symptoms and health-related quality of life and offering a self-management website on the selfmanagement of patients with lymphoma. A randomized controlled populationbased registry trial.

Published: 28-10-2015 Last updated: 19-03-2025

To assess the impact of access to feedback and access to an internet-based selfmanagement intervention after primary treatment of lymphoma by increasing selfmanagement and decreasing distress. We hypothesise that patients who have access to...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Lymphomas NEC
Study type	Interventional

Summary

ID

NL-OMON42473

Source ToetsingOnline

Brief title LYMFOcare

Condition

• Lymphomas NEC

Synonym

haematological malignancy, Hodgkin and non-Hodgkin lymphoma

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Research involving

Human

Sponsors and support

Primary sponsor: Integraal Kankercentrum Nederland (IKNL) Source(s) of monetary or material Support: Jonker-Driessen Stichting

Intervention

Keyword: feedback on quality of life, lymphoma, self-management, web-based psychoeducation

Outcome measures

Primary outcome

self-management and psychological distress.

Secondary outcome

Anxiety and depression, health care utilization, psychological empowerment,

health-related quality of life (HRQoL) generic and specific, symptoms, illness

perceptions, personal control, coping, satisfaction with information provision,

remoralization, and fatigue.

Study description

Background summary

Since cancer patients survive longer, health-related quality of life (HRQoL) and other patient reported outcomes (PROs) are more and more recognized to be important. Particularly because many lymphoma survivors continue to face physical and psychosocial problems after completion of primary treatment. There is increasing recognition to improve information disclosure and cancer survivorship care. Providing web-based feedback on patient reported outcomes to patients has the potential to help detect unmet needs and symptoms leading to better control and monitoring of such issues, serve as a guide to discuss issues (empowerment), and facilitate individualized information provision and care. To diminish anxiety, depressive symptoms, emotional processing symptoms, and physical symptoms, interventions with cognitive behavioural therapy aspects through E-health has been proven to be effective as for example shown by the internet-based self-management BREATH intervention for breast cancer patients. However, no evidence exists concerning the access to feedback and access to an internet-based self-management intervention on adjustment after cancer for patients with lymphoma.

Study objective

To assess the impact of access to feedback and access to an internet-based self-management intervention after primary treatment of lymphoma by increasing self-management and decreasing distress. We hypothesise that patients who have access to feedback and/or the self-management website will report higher self-management and lower levels of distress, whereby we expect the effect to be larger for the patients who have access to both the feedback and internet-based self-management intervention.

Study design

Randomized controlled trial (RCT). The impact of access to feedback on PROs (study arm 2), and the impact of access to feedback plus access to a self-management intervention (study arm 3) will be compared to usual care (study arm 1).

Intervention

Feedback will be provided on quality of life, fatigue, emotional, physical, cognitive and social functioning, physical complaints, anxiety and depressive symptoms, coping and self-management. If patients prefer, they will also have access to a mean score of other people with lymphoma and to a mean score of a normative population of people without cancer.

The self-management website will focus on psychological problems (such as anxiety and depressive symptoms), emotional processing issues, social problems (such as work resumption and reactions to the environment), and physical problems (such as fatigue, pain and sexuality).

Study burden and risks

There are no risks involved for the participating patients of this study. Participants are asked to complete a questionnaire at 4 different points in time: baseline (i.e. 6-12 months after diagnosis), 16 weeks, 1 and 2 years after baseline. This study aims to contribute to efforts to improve adjustment after primary treatment for patients with lymphoma.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age Adults (18-64 years) Elderly (65 years and older)

Inclusion criteria

All patients (men and women) that are newly diagnosed with Hodgkin or non-Hodgkin lymphoma in one of the participating hospitals and were 18 years or older at time of diagnosis.

Exclusion criteria

Unable to complete a Dutch questionnaire. Patients with severe psychopathology or dementia.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)

Primary purpose: Treatment

Recruitment

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NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	25-04-2016
Enrollment:	500
Туре:	Actual

Ethics review

Approved WMO	
Date:	28-10-2015
Application type:	First submission
Review commission:	METC Brabant (Tilburg)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

ID: 27749 Source: Nationaal Trial Register Title:

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In other registers

Register	
ССМО	
OMON	

ID NL54096.028.15 NL-OMON27749