

**Statement from the Regional HTA Centre of Region Västra Götaland, Sweden**

## Specialist Nurse-Led Clinic

### Question at issue:

Is there any difference between specialist nurse-led clinic and doctor-led clinic, for patients with breast cancer, or head and neck cancer, regarding detection of tumor recurrence, mortality, psychological morbidity, quality of life, patient satisfaction, and health economy?

### PICO (Patient, Intervention, Comparison, Outcome)

- P1= Patients with head and neck cancer, during and after curative-intent radiation therapy
- P2= Patients with breast cancer
- I= Specialist nurse-led clinic/nurse-led clinic, by telephone, or by visit at the clinic (control of symptoms-adverse effects, drug dosage, control of self-care)
- C= Doctor-led clinic
- O= Mortality, patient satisfaction, quality of life, health economy, detection of tumor recurrence, psychological morbidity.

### **Summary of the health technology assessment:**

#### Method and target group:

Traditionally, all clinical appointments and follow-up visits, for patients with breast cancer, or head and neck cancer, are managed by doctors (i.e. MD). During recent years, specialist nurse clinics have been established to supplement, or in some cases, to replace doctor-led clinics.

In Sweden, there is no uniform policy on how nursing clinics should be arranged and what kind of health care services they should deliver. Most commonly, a specialist nurse is responsible for the follow-up and controls after surgery and subsequently for the annual controls.

#### Breast cancer

Breast cancer is the most common type of cancer among women. About 7,000 new cases are diagnosed annually in Sweden. In 2008, 1,343 cases were diagnosed in Västra Götaland. The risk of developing breast cancer increases with age and the median age of disease onset is 63 years. The survival rate for breast cancer has improved, to about a 75% survival rate over 10-years.

Approximately 40% of the tumors are detected by screening and mammography, without being palpable.

#### Head and neck cancer

In 2008, there were 981 new cases of head and neck cancer in Sweden, and 240 new cases in Västra Götaland. Head and neck cancer is a heterogeneous tumor group, which covers all malignant tumors that occur in the lip, oral cavity, pharynx, larynx, nose and sinuses, as well as in the salivary glands, and the thyroid. The age-specific incidence increases markedly after the age of 50 years.

#### Level of evidence and studied patient benefit

##### Breast cancer:

Systematic literature search located five randomized controlled trials (RCTs), one case series, and two health economical studies. One of the RCTs was of high-quality, one of moderate quality, and three of low quality. Only one (low quality) out of five selected RCTs studied breast cancer without restrictions. The remaining trials had restricted the studied populations to breast cancer patients with low/moderate recurrence risk. Thus, the conclusions below are based on breast cancer patients with low/moderate recurrence risk.

- ❑ One RCT of low quality reported no difference in *mortality* between the groups (very low level of evidence, GRADE ⊕).
- ❑ *Tumor recurrence* was reported in two RCTs, with high, and moderate quality, respectively, and in two trials of low quality. No differences were seen between the groups (low level of evidence, GRADE ⊕⊕).
- ❑ *Psychological morbidity* was reported in five RCTs (one of high quality, one of moderate quality, three of low quality). No differences in psychological morbidity were seen between the groups (moderate level of evidence, GRADE ⊕⊕⊕).
- ❑ *Quality of life* was reported in three RCTs (one of moderate quality, two of low quality). No differences in quality of life were seen between the groups (low level of evidence, GRADE ⊕⊕).
- ❑ *Patient satisfaction* was reported in four RCTs (one of high quality, three of low quality). Patients in the specialist nurse group were significantly more satisfied with the treatment than those in the control group (moderate level of evidence, GRADE ⊕⊕⊕).
- ❑ *Health economy* was reported in two trials, but was not assessed according to GRADE.

#### Head and neck cancer:

The systematic literature search located one controlled, non-randomized study, of low quality.

- ❑ The study reported no difference in *patient satisfaction* or *quality of life* between the groups (very low level of evidence, GRADE ⊕). The outcome measures: *mortality*, *tumor recurrence*, *psychological morbidity*, and *health economy*, were not reported.

#### **Risks**

No specific risks were reported. Tumor recurrence was reported as an outcome measure.

#### **Ethical aspects**

It is doubtful to introduce nurse-led clinics into routine care of head and neck cancer, since the level of evidence was very low, for any benefits in comparison to a doctor-led clinic.

Regarding breast cancer there is low to moderate level of evidence that specialist nurse-led clinics do not differ from doctor-led clinics regarding care-related outcomes. However, for mortality, and tumor recurrence the level of evidence ranges from very low to low, which makes introduction to routine medical care doubtful.

#### **Economic aspects**

There were two health economic studies regarding breast cancer. One of them (Swedish) showed lower costs when a specialist nurse-led clinic was introduced, compared to a doctor-led clinic, whereas the other study (from UK) showed that the specialist nurse-led clinic was more expensive.

#### **Summary and conclusion**

Breast cancer: There is no difference between specialist nurse-led clinic and doctor-led clinic regarding mortality (GRADE ⊕), tumor recurrence rate (GRADE ⊕⊕), psychological morbidity (GRADE ⊕⊕⊕), or quality of life (GRADE ⊕⊕). The patient satisfaction is improved (GRADE ⊕⊕⊕). It is unclear if introduction of specialist nurse-led clinic leads to any cost reductions.

Head and neck cancer: There is no difference between specialist nurse-led clinic and doctor-led clinic regarding patient satisfaction and quality of life (GRADE ⊕).

On behalf of the Regional HTA Centre of Region Västra Götaland, Sweden  
Göteborg, Sweden, 2011-05-25

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