

Randomized trial of a clinical nurse specialist–led enhanced survivorship and early palliative care intervention for patients with metastatic cancer.

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Background: While the benefits of early palliative care and clinician empathy for patients with metastatic cancer are well established, cancer survivorship remains inadequately integrated into the care of patients with distant metastases (Langbaum, N Engl J Med 380: 1300, 2019). Moreover, the optimal model of care delivery is poorly defined. Based on these data, we developed a novel multidisciplinary care model in which the radiation oncology Clinical Nurse Specialist develops therapeutic relationships with survivors with metastatic cancer and identifies and coordinates interventions to address their unmet physical and emotional issues. The goal of this intervention is to improve quality of life and overall survival. **Methods:** Eligible patients are adult patients with metastatic solid tumor malignancy with a predicted median survival of ≥ 1 year using the validated NEAT model. Using block randomization with varying block sizes of 4, 6 and 8, we plan to randomize 100 patients to either usual care or a supplemental Clinical Nurse Specialist led survivorship and palliative care intervention. Patients randomized to the Clinical Nurse Specialist have personalized coordination of services, patient education and referral to supportive care services resulting from additional in-person and phone-based touchpoints. These supplemental interactions address individual needs, such as medication side effects, physical therapy, end-of-life planning and access to community and spiritual resources. The primary endpoint of this trial is patient reported symptom burden using the Edmonton Symptom Assessment System score. Secondary endpoints are patient reported quality of life using the NCCN survivorship assessment and long-term overall survival. To date, 45 patients have been enrolled. Clinical trial information: NCT05947695. Research Sponsor: Good Samaritan Hospital Foundation.