SUPPLEMENTARY MATERIAL

Informed Consent

Informed Page

Title of study: Effectiveness of a perioperative support program to reduce psychological distress for family caregivers of patients with early-stage lung cancer: A Randomized Controlled Trial

Principal investigator: Ms. ZHU Song, The Second Xiangya Hospital, Central South University

Purpose of the study: This study aims to evaluate the effectiveness of a perioperative support program on family caregivers of patients with early-stage lung cancer.

Contents of the study: You will be invited to participate in a perioperative support program. If you agree to participate, you will be randomly assigned to either A or B group. Participants in the A group will receive usual care consisting of pain management, perioperative care and rehabilitation exercise. In addition to usual care, participants in the B group will receive a perioperative support program conducted by the principal investigator, including four 1-hour face-to-face group sessions and two weekly 15-minute telephone follow-up sessions. The intervention begins at admission and continues for as long as two weeks after hospital discharge. Participants in both groups will receive a 12-week follow-up. All participants will be invited to complete a list of questionnaires at 3 time points: before, 4 and 12 weeks after the intervention.

Target participants: Around 154 family caregivers of patients with stage I or stage II lung cancer who are scheduled to undergo lung resection surgery will be recruited to
the study. **Inclusion criteria** for family caregivers are as follows: (1) identified by the patients as primary caregivers who will provide daily assistance and emotional support during patients’ perioperative period; (2) aged 18 years or older; (3) able to read and speak Chinese and (4) able to provide written informed consent. The **exclusion criteria** are as follows: (1) caregivers who are themselves undergoing active cancer treatment; (2) caregivers who have received a similar support intervention and (3) caregivers who are paid.

**Risks:** This procedure has no known risks. You may experience some mild fatigue and discomforts during the procedure, such fatigue and/or discomforts will be kept to a minimum because the tasks are self-paced and you are free to take short breaks.

**Benefits:** You will receive a manual containing pain management, perioperative care and rehabilitation exercise. In addition, if you are assigned to the B group, you will be invited to attend the perioperative support program. This program may improve your perioperative care knowledge and coping skills to reduce psychological distress and caregiver burden, as well as improve your quality of life.

**Information protection:** Any information obtained in this study will remain very strictly confidential and will be used for research purposes only. Codes, not names, are used on all test instruments and documents to protect confidentiality. Your name or any other subject identifiers will not be described in the study report. All research records will be stored securely and safely in a locked cabinet. Only the research team will have access to research records.

**Voluntary participation:** Your participation is voluntary. You can choose to stop at
any time without negative consequences. Your participation in this study will not affect
the services you are receiving from your healthcare center.

**Contact details:** The study has been approved by the Ethics Committee of the Second
Xiangya Hospital of Central South University (LYG2022003). If you have any
questions about the research, please feel free to contact Ms. ZHU Song (telephone
number: 86-18867350035).

Thanks for your time to consider attending this study.

The Second Xiangya Hospital
Central South University
ZHU Song
Informed Consent

Signature Page

Statement of Consent

I have read the above information and have received answers to any questions I asked.

I understood the nature of this study and agree that the information collected will be kept by the researcher for five years beyond the end of the study.

By signing below I indicate my consent to:

☐ Take part in the study.

Signature of  
Participant:  
Date:  
_________________________________  __________

Signature of  
Person Obtaining Consent:  
Date:  
_________________________________  __________