BMJ Open Palliative care interventions for patients with head and neck cancer: protocol for a scoping review

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ABSTRACT

Introduction A head and neck cancer (HNC) diagnosis significantly impacts a patient’s quality of life (QOL). Palliative care potentially improves their QOL. We will conduct a scoping review to identify existing knowledge about palliative care interventions for patients with HNC.

Methods and analysis This scoping review was designed in accordance with the JBI Manual for Evidence Synthesis: Scoping Reviews and will be reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews. Our eligibility criteria follow the Population, Intervention, Comparison or Control, Outcomes and Study characteristics framework. The population is adult patients with locally advanced, metastatic, unrespectable and/or recurrent HNC. We include peer-reviewed journal articles and articles in the press, in English, reporting on palliative care interventions with at least two of the eight National Consensus Project on Clinical Practice Guidelines for Quality Palliative Care domains; studies with and without comparators will be included. The outcomes are patient QOL (primary) and symptom severity, patients’ satisfaction with care, patients’ mood, advance care planning and place of death (secondary). We developed a search strategy across ten databases, to be searched from the inception to 11 September 2023: Medline ALL (Medline and Epub Ahead of Print and In-Process, In-Data-Review & Other Non-Indexed Citations), Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Embase Classic+Embase, Emscare and PsycINFO all from the OvidSP platform; CINAHL from EBSCOhost, Scopus from Elsevier, Web of Science from Clarivate and Global Index Medicus from WHO. We will extract data using a piloted data form and analyse the data through descriptive statistics and thematic analysis.

Ethics and dissemination Ethics approval is not needed for a scoping review. We will disseminate the findings to healthcare providers and policy-makers by publishing the results in a scientific journal.

INTRODUCTION

Head and neck cancer (HNC) is the seventh most common cancer worldwide, with 600,000 patients living with HNC and 325,000 deaths annually.1 HNC is derived from the epithelium in the paranasal sinuses, nasal cavity, oral cavity, pharynx and larynx.2 The diagnosis and treatments for HNC can impair basic human functions, such as eating, speaking, breathing and cause physical disfigurement, pain and psychological distress, resulting in poor quality of life (QOL).3–11 The provision of early and comprehensive palliative care can improve QOL for patients who face life-threatening illnesses like HNC.12–15 According to the WHO, palliative care prevents and relieves suffering through the early identification, comprehensive assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.16 Numerous studies have shown the uniqueness, complexity and barriers associated with palliative care for individuals with HNC.17–19

The complexity of the palliative care needs of patients with HNC is highlighted by challenges with prognostication. A study conducted by Mayland et al found that 9% of patients with HNC who were presumably undergoing ‘curative’ treatment died within 1 year, and 45.7% of the ‘curative’ group died in hospital.17 Timing and access to palliative care services are also variable.18 Common major barriers in palliative care services for both patients and clinicians include misconceptions of palliative care, lack of preparedness when transitioning from curable to incurable disease, lack of consensus about when to involve specialist palliative care, and uncertainties about treatment outcomes.18
These complexities and barriers must be taken into consideration when planning a palliative care intervention for patients with HNC.

Rationale
From a preliminary literature review, we did not identify any reviews specifically focused on palliative care interventions for patients with HNC. Most existing randomised controlled trials with palliative care interventions in oncology do not include patients with HNC.\textsuperscript{15} 20–26 We identified only one randomised controlled trial of palliative care specifically for patients with HNC.\textsuperscript{27}

Review objective
We propose to conduct a scoping review with the objective of comprehensively identifying and mapping all existing knowledge about the characteristics and components of palliative care interventions for patients with HNC.

METHODS AND ANALYSIS
The purpose of scoping reviews is to identify and map available evidence, unlike systematic reviews, which critically appraise evidence to answer a specific research question or inform practice.\textsuperscript{28} We developed this protocol using the JBI Manual for Evidence Synthesis,\textsuperscript{29} which is a comprehensive guide for conducting scoping reviews that is based on the Arksey and O’Malley and Levac methodological frameworks. Our reporting of this protocol is in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Review (PRISMA-ScR) checklist\textsuperscript{30} (online supplemental appendix I). We registered this protocol on Open Science Framework on 8 December 2022: https://doi.org/10.17605/OSF.IO/M2C5H

Eligibility criteria
We used the PICOS (Population, Intervention, Comparison or Control, Outcomes and Study characteristics) framework to structure our study eligibility criteria.\textsuperscript{31} Our ‘Population’ of interest for this review are adults (≥18 years old) with locally advanced, metastatic, unresectable and/or recurrent HNC deriving from the epithelium in the paranasal sinuses, nasal cavity, oral cavity, pharynx and larynx. We excluded patients who have thyroid, parathyroid and oesophageal cancers because these cancers are not typically considered HNC.\textsuperscript{2} We did not have any restrictions on gender or race/ethnicity. Our review focuses on ‘Interventions’ that are considered palliative care. ‘Palliative care’ was defined according to the WHO definition\textsuperscript{16} and the 2018 National Consensus Project on Clinical Practice Guidelines for Quality Palliative Care.\textsuperscript{32}

We included palliative care interventions that contain elements of care that address at least two of the following eight domains: (1) structure and process, (2) physical, (3) psychological and psychiatric, (4) social, (5) spiritual, religious and existential, (6) cultural, (7) care of the patient nearing the end of life and (8) ethical and legal.\textsuperscript{32}

For ‘Comparison’, we included studies without comparators and randomised control trial studies that compare the palliative care interventions to usual oncological care.

Our ‘Outcomes’ of interest are patients’ QOL, which is the primary outcome of interest, and the secondary outcomes are symptom severity, patients’ satisfaction with care, patients’ mood, advance care planning, and place of death. Lastly, for ‘Study characteristics’, we included peer-reviewed journal articles and articles in the press that are published in English up to 11 September 2023. We included all study types (randomised controlled trials, systematic reviews/meta-analyses, controlled studies, cohort studies, case-control studies, cross-sectional studies, case series/case reports and qualitative studies). We also handsearched the references of reviews identified in our search for any potentially relevant studies that we may want to include in our review. We restricted our studies to those published in English because we did not have the resources to translate non-English studies. We excluded grey literature including abstracts, dissertations/theses, commentaries/opinions and books/book chapters because they are not usually peer-reviewed and can have incomplete results.

Information sources and search strategy
In collaboration with an information specialist, we developed a comprehensive search strategy that searched the following ten databases from inception to 11 September 2023: Medline ALL (Medline and Epub Ahead of Print and In-Process, In-Data-Review & Other Non-Indexed Citations), Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Embase Classic+Embase, Embcare and PsycINFO all from the OvidSP platform; CINAHl from EBSCOhost, Scopus from Elsevier, Web of Science from Clarivate and Global Index Medicus from WHO. Where applicable, the search was limited to human studies, adults and the English language, excluding books, conference abstracts, dissertations and theses. Where available, ongoing clinical trials were included, and in addition, we searched ClinicalTrials.gov, International Clinical Trials Registry Platform (ICTRP) and International Standard Randomised Controlled Trial Number Registry over the same timespan to identify any ongoing clinical studies.

Our search strategy included a combination of controlled vocabulary terms and text words, and adaptation of the database-specific search syntax into four subject block structures. The first block included palliative terms and related synonyms; the second block included HNC terms and relevant synonyms; the third block contained QOL terms adapted from Canadian Agency for Drugs and Technologies in Health with some additional terms to ensure the search strategy’s robustness for the scope of this study.\textsuperscript{33} We combined the results from each block using Boolean operator ‘AND.’ We added the fourth block quality-of-life tools specifically for HNC as a separate block to ensure comprehensive coverage of relevant...
studies. Online supplemental appendix II presents the full search strategy for all databases.

Selection of sources of evidence
The search results will be uploaded into Covidence, which is a web-based literature review software.33,34 The titles and abstracts will be screened for duplicates by the research team and Covidence and then removed. An introductory abstract screening training will be carried out to all the reviewers. The screening process will be pilot tested on 25 references and adjusted based on the reviewer feedback. Two of our research team members will independently screen the remaining titles/abstracts to determine if they meet the PICO eligibility criteria. The full-text articles of the titles/abstracts deemed potentially eligible will then be retrieved and screened in duplicate by two research members. The screeners will convene bimonthly during this process and to address any matter. The reasons for excluding the full-text articles will be recorded and reported in the scoping review results. Any disagreements that arise between the reviewers at each stage of the selection process will be resolved by a third research team member.

Data charting process
We will develop a data extraction Google spreadsheet to extract the following information: author/organisation, publication year, journal, country of the corresponding author, article type, population (sex, gender, age, race/ethnicity, cancer diagnosis and stage) and information about the palliative care intervention. Specifically, we will extract information about the name given for the intervention, setting in which the intervention is provided (outpatient (ie, home, clinic) or inpatient care (ie, acute care, long-term care, rehabilitation, complex continuing care, hospice or palliative care unit)), on whom the intervention is targeted at (patients, caregivers or both), mode of delivery (in person, virtual or hybrid), the intervention’s elements of care according to the National Consensus Project’s Clinical Practice Guideline eight domains, materials used for the intervention (ie, booklets, videos), when and how much is delivered (ie, number of sessions, their schedule and their duration), whether it was a tailored or generalised, and how well the intervention was delivered (whether the intervention adherence or fidelity was assessed and improved accordingly). If a comparison group is present, the standard care given to this group will be explained with the same level of detail given for the intervention group with practical constraints.35

Moreover, the information about the outcome of the intervention (ie, patients’ QOL, symptom severity, patients’ satisfaction with care, patients’ mood, advance care planning and place of death) will be extracted from the studies. The research team will pilot this data extraction form prior to implementation to ensure that the form captures all needed information. The data extraction will be done independently. If there are unclear or missing data, then the research team will attempt to contact the study investigators by email to obtain and confirm the data.

Synthesis of results
We will present the selection of the included studies in a PRISMA-ScR flow diagram, which will state the total number of identified records, studies assessed for eligibility and final number of studies included in the review. We will present the reasons for exclusion for the full text articles. The quantitative data will be synthesised using descriptive statistics and presented in tabular format. The qualitative data will be analysed using thematic analysis and presented as narrative descriptions.36 A critical appraisal of the included studies will not be carried out in this review.

Patient and public involvement
Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

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