

Effectiveness of Social Prescribing in Cancer Care: A Scoping Review Protocol

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INTRODUCTION

The diagnosis of cancer often marks a profound shift in the trajectory of a patient's life (1). Besides commonly initiating a series of serious treatments such as chemotherapy, radiation therapy and surgery, it frequently has an enormous impact on every aspect of the patient's life, such as psychosocial or financial issues. Globally, the incidence of cancer diagnoses is rising (2). In 2020 alone, there were 19.3 million new cases worldwide. One in every five individuals will confront cancer during lifetime (3).

Meanwhile, the total number of cancer survivors increases due to more effective treatment approaches and supportive care as well as improvements in early detection (4). As of 2022, over 18 million individuals with a medical history of cancer reside in the US alone underscoring the progress made in prolonging the lives of cancer patients (5).

Prior research has highlighted that the journey of treatment does not stop with the final chemotherapy session. Cancer patients have a multitude of diverse needs from diagnosis until follow-up (6) that often remain insufficiently addressed (7,8). These needs encompass a range of aspects, include psychological factors such as anxiety, feelings of helplessness, depression, as well as physical and social needs (6). Physical activity, though a powerful treatment option, frequently encounters obstacles in the form of initiation or access barriers (9,10). In conclusion, the diagnosis and treatment of cancer creates a high demand for healthcare that goes beyond addressing purely medical concerns (6). Embracing a more comprehensive approach to care, one that is supportive, patient-centered and personalized, could yield significant benefits. Thus, further research in this area is warranted (4,11–13).

In response to these challenges, tertiary prevention programs have gradually emerged in both trials and routine care settings. These programs aim to address patient needs and enhance health behaviors, yet their integration into routine cancer care remains limited (14). Ijsbrandy et al. identified barriers such as insufficient patient information and a lack of referrals hindering the implementation of interventions like physical activity in cancer survivorship (15). Stanton further emphasizes the crucial role of referrals in facilitating access to psychosocial interventions (16).

A promising approach to help overcome this is social prescribing, which may also be used as an effective tool to deliver comprehensive patient-centered cancer care. Social prescribing is a model of healthcare that is developing rapidly around the world, starting in the UK (17). It is a person-centered concept and involves patient participation and supported referrals between medical and community settings to meet the physical and psychosocial (health) needs of patients (18–20).

Previous studies demonstrated that the use of social prescribing can help to improve wellbeing, reduce anxiety and feelings of social isolation and loneliness (20), improve quality of life (21) and increase physical activity (22). There is also evidence that it reduces the number of emergency admissions and general physician visits (23). It stands to reason that social prescribing will also prove to be a helpful tool in the care of cancer survivors, thus closing the care gap (24,25). However, little is known of where research efforts on social prescribing in oncology have been directed to.

The aim of this scoping review is to provide an overview of interventional studies on social prescribing in cancer patients. The results will help to identify gaps in the literature and provide insights into where future research and clinical practice related to tertiary prevention in oncology should be directed to.

Review question:

Does an adequate and comprehensive volume of research exist that examined the effectiveness of social prescribing in improving the outcomes of cancer patients?

METHODS

A preliminary search of MEDLINE and the Cochrane Database of Systematic Reviews did not reveal any systematic or scoping review on social prescribing and cancer care. We will conduct a scoping review and report according to the respective PRISMA guidelines (26,27). The current protocol will be registered on the University of Regensburg publication server.

Inclusion Criteria:

Participants:

Studies eligible for inclusion in the scoping review must include participants aged 18 years or older with a documented history of cancer disease or treatment. Studies that investigated cancer-related challenges during active treatment, palliative care or survivorship will be included. Survivorship is defined according to the Definition of the National Cancer Institute as an individual being „considered a cancer survivor from the time of diagnosis through the balance of life (...), including those living with cancer and those free of cancer”(28).

Whether to include studies that focus on a specified subgroup of cancer patients will be decided jointly by the authors. The focus of the scoping review is on studies that examined the impact on patients but not on relatives or (other) caregivers.

Intervention:

This review will focus on the use of various interventions targeting the needs of cancer survivors, initiated through social prescribing. These include psychological interventions, promotion of physical activity, social support or coping with mental health problems. Studies that used social prescribing as an intervention method will be considered. Included studies must have used explicitly social prescribing as a referral in the respective intervention protocols.

Comparators:

The control groups of the trials will be used as a comparator.

Outcome:

Each effectiveness parameter of the included studies will be used and summarized under different outcome categories. Likewise, depending on the literature found, the type of cancer, addressed need, and country are considered. In addition, ongoing studies will be presented to provide a comprehensive and up to date overview of this field of research.

Evidence search

Studies published in English and German since 2000 will be considered for inclusion. This starting point was chosen after the publication of the pivotal report 'Ensuring Quality Cancer Care' in 1999, resulting in the patient-centered care model becoming more prominent (29).

Given the limited findings from the preliminary search, a comprehensive search approach will be adopted, covering multiple databases, including MEDLINE (Ovid), Cochrane Library (Wiley), CINAHL (EBSCOhost), PsycInfo (EBSCOhost), PSYINDEX (EBSCOhost), Google Scholar, ClinicalTrials.gov, NICE Evidence, Livivo (ZB MED), ASSIA (ProQuest), Social Services Abstracts (ProQuest).

An initial, sensitive search strategy for MEDLINE (via Ovid) built on search blocks defining target population (disease) and intervention was developed. To be as comprehensive as possible, we consulted a number of relevant systematic reviews on social prescribing (18,20,22,30–39) seeking search terms adequate for our research question. Following a piloting search in MEDLINE via Ovid and screening the titles and abstracts of the first 1000 results, the initial search strategy was refined. A broad range of terms for the concepts Population: Cancer and Intervention: Social Prescribing were chosen. The final search strategy is provided in Appendix 1.

The MEDLINE search strategy will be tailored for each included database and/or information source regarding syntax and controlled vocabulary. The reference lists of all included sources will be examined to identify further relevant studies.

Study selection

In accordance with the evidence pyramid, the scoping review will primarily include systematic reviews, meta-analyses, randomized controlled trials and cohort studies (40). If too few studies at these levels of evidence are available, the authors will jointly decide whether to include case-control studies or case series. Qualitative studies will be considered if they provide evidence of efficacy. If they are relevant, they will be treated similarly to text and opinion articles, and their results will be included in the summary presentation in the review.

Data Extraction and Data Management

After the final search, all identified records will be collected in Endnote and exported to Covidence and de-duplicated. Two independent reviewers (DM; TO) will screen titles and abstracts for compliance with the review's inclusion criteria. Potentially relevant records will undergo full-text retrieval. Subsequently, the full text of selected records will be thoroughly assessed against the inclusion criteria by the same independent reviewers. Reasons for exclusion of records not meeting the inclusion criteria will be documented and presented in the scoping review using the PRISMA flow-diagram (26). Any discrepancies between the reviewers during both stages of the selection process will be resolved through discussion among all authors.

Data Analysis and Presentation

The scoping review findings will be accompanied by a descriptive summary to provide context within the existing literature and evaluate the extent to which the review question can be adequately addressed. Pertinent studies will be presented in a clear tabular format, including publication year, inclusion and exclusion criteria, a succinct overview of the studied population with specific focus on social prescription, and a concise summary of results emphasizing efficacy in line with the review question.

Appendix 1

Search Strategy for MEDLINE (Ovid)

1	exp neoplasms/ or (cancer* or tumor* or tumour* or neoplas* or malign* or carcinoma* or adenocarcinoma* or choriocarcinoma* or melanom* or leukemia* or leukaemia* or metasta* or sarcoma* or teratoma* or oncolog*).ti,ab,kf. [Population: Cancer]
2	((social* or communit* or wellbeing or well-being or nonmedical or non-medical or lifestyle or life-style) adj3 (prescri* or intervention* or referral* or activit* or program*)).ti,ab,kf.
3	(holistic intervention*).ti,ab,kf.
4	(referral scheme* or link* scheme* or (communit* adj3 link*)).ti,ab,kf.
5	(social program* or communit* program*).ti,ab,kf.
6	Community Health Workers/
7	(link worker* or linkworker* or communit* navigat* or health advis?r* or medical advis?r* or health trainer* or health navigat* or community health worker* or health facilitator* or care navigat* or peer navigat* or signpost).ti,ab,kf.
8	((wellbeing or well-being) adj (coordinator* or co-ordinator*)).ti,ab,kf.
9	or/2-8 [Intervention: Social prescribing]
10	1 and 9 [Population AND Intervention]
11	10 and (english or german).lg. [English or German language only]

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