**Supplementary Table 2: Intervention and delivery details for included studies classified as case management interventions using the OMAHA category**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trial ID (Country)** | **Aim** | **Study design**  **(Trial regist. details)** | **Participants (Cancer Type, Trajectory)** | **Comparison group(s)** | **Name of intervention** | **WHAT (Procedures)** | **Interventionist using**  **CANO definition**  **(Nurse-led or Nurse-facilitated)** | **HOW** | **WHERE** | **WHEN** | | **HOW MUCH** | |
|  |  |  |  |  |  |  |  |  |  | ***Frequency*** | ***Time/session*** | ***Intervention duration*** | ***Total dose*** |
| Ammari 2015 (Ammari, 2015) (Denmark) | Nurse-led intervention aimed at helping families cope with physical and psychosocial problems | Parallel RCT (NCT01444157) | 57 participants (Advanced, EoL) | UC | Family- and coping-orientated palliative home care | Identify physical, psychosocial or practical problems & helping family to cope with problems together | SPEC  (NL) | 1-to-1, Face-to-face | Home | 6 sessions | 90 mins/visit | 16 weeks | 540 min |
| Andreyev 2012 (Andreyev, 2012)  (UK) | Do outcomes differ in people with GI symptoms after pelvic radiation if treated by nurse or GI using algorithm based management symptoms | 3-arm RCT (NCT00737230) | 218 adults (Colorectal/anus, TX) | 1.Gastroenterologists intervention  2. Booklet | GI Nurse-led intervention | Nurse-delivered, algorithm-directed care of bowel symptoms | SPEC\*  (NL) | 1-to-1, Face-to-face | Outpatients | 1 session | NR | NR | U |
| Bachmann-Mettler 2011 (Bachmann-Mettler et al., 2011, Scherz et al., 2017) (Switzerland) | Effectiveness of case management on QoL in people with cancer 1 year after ambulant rehabilitation | Parallel RCT (ISRCTN41474586) | 95 adults (Multiple, Surv) | UC | Case management | Allocated case manager to deal with non-medical issues, information provision, encouragement of self-management etc plus individually planning the rehabilitation program | SPEC  (NL) | 1-to-1; Face-to-face, TC | Home | Total: 3 meetings in first 3 months plus follow up TC | NR | 12 months | U |
| Bakitas 2009a,b (Bakitas et al., 2009, Bakitas et al., 2009) (USA) | Effectiveness of palliative care on QoL in people with advanced cancer | Parallel RCT (NCT00253383) | 322 adults (Multiple, EoL) | UC | Palliative care intervention (ENABLE II) | Multicomponent psycho-educational palliative care intervention with case management, aimed at encouraging patient activation, self-management, and empowerment | ADV  (NF) | 1-to-1 and group, Face-to-face, TC | Home and hospital | Min 5 TC | Initial TC: 41 mins; 4 weekly TC avg: 30 mins, monthly TC (avg 12 mins) | Monthly follow up until death | Estimated at least 161 mins |
| Bakitas 2015 (Bakitas, 2015) (USA) | Effectiveness of early vs delayed palliative care on QoL in people with advanced cancer | Parallel RCT (NCT01245621) | 207 adults (Multiple, EoL) | ENABLE (delayed) | Palliative care intervention (ENABLE III) (early initiation) | In-person palliative care consultation, structured palliative telehealth nurse coaching sessions using a manualised curriculum | ADV  (NL) | 1-to-1, Face-to-face, TC | Home and hospital | 6 sessions plus monthly TC | Sessions: 30 - 45 mins, TC duration - NR | Monthly follow up until death | Estimated at least: 180-270 ins |
| Bruera 2013 (Bruera et al., 2013) (USA) | Secondary aim to investigate the effects of combined interventions including MP plus nurse telephone intervention on cancer related fatigue | 4-arm RCT (NCT00424099) | 141 adults (Advanced cancer, EoL) | 1. MP + NTI  2. PL + NTI  3. MP + CTI  4. PL + CTI | Nurse-telephone intervention (NTI) | NTI phone call with 3 components (symptom assessment, review of the types and dosages of medications and adverse effect and psychosocial support and patient education) | SPEC  (NL) | 1-to-1, Face-to-face, TC | Home | 4 – 6 TC | NR | 2 weeks | U |
| Daly 2013 (Daly, 2013) (USA) | To evaluate effect of interdisciplinary cancer support team on QoL and quality of care in people with advanced cancer | 2 groups, CBA (NCT00684801) | 610 adults (Multiple, EoL) | UC | Cancer  Support Team | Individualised care coordination, symptom management, education, psychosocial and spiritual support, and ACP | ADV  (NF) | 1-to-1, Face-to-face, TC | Hospital | 15 contacts | NR | 15 months | U |
| de Raaf 2013 (de Raaf et al., 2013) (Netherlands) | Evaluate whether nurse-led monitoring and treatment of physical symptoms alleviates cancer related fatigue | Parallel RCT (NTR1170) | 152 adults (Multiple, EoL) | UC | Patient Tailored Treatment | Nurse-led monitoring. Symptom assessment followed by education on the importance of drug adherence and non-pharmacologic interventions | SPEC  (NL) | 1-to-1, Face-to-face, TC | Hospital | 6 sessions | 30 mins/session | 12 months | 180 mins |
| Goodwin 2003 (Goodwin et al., 2003) (USA) | Evaluate the effect of nurse case management on the treatment of older women with breast cancer | Parallel RCT (NR) | 335 older adults (Breast, TX) | UC | Nurse Case Management Intervention | Face-to-face assessment to identify problems and set goals. Nurse engaged in various roles, (e.g. educator, counsellor, advocate, and coordinator of care for the patient) across multiple activities (e.g. assessment, planning, implementation, and evaluation) | SPEC\*  (NL) | 1-to-1, Face-to-face, TC | Hospital | 12 sessions (1 face-to-face and remainder TC) | NR | 12 months | U |
| Green 2014 (Green et al., 2010, Green, 2014) (USA) | Evaluated whether nurse navigation would increase the completion of colonoscopy after a positive screening test | Parallel RCT (NCT00697047) | 147 adults (S&P, Scr) | UC | Nurse navigator | Navigation included UC plus care coordination and patient self-management support. Nurses used motivational interviewing techniques | U  (NL) | 1-to-1, Face-to-face, TC | Hospital | NR | NR | 6 months | U |
| Johansson 2001 (Johansson et al., 2001) (Sweden) | Does individual support, group support or combined rehabilitation lead to a reduction in use of specialist care | 4-arm RCT (NR) | 416 older adults (Multiple, TX) | 1. UC  2. Group rehab  3. Combined Individual and group rehab | Individual support | Intensified primary healthcare, nutritional support and individual psychological support including CBT. Extended information routine also implemented | U  (NF) | 1-to-1, Face-to-face | Home visits | Varied across professional groups | NR | U | U |
| Jordhøy 2000 (Jordhøy, 2000) (Norway) | To assess the multidisciplinary co-ordinated care approach compared with conventional care | cRCT (NR) | 434 adults (Multiple, EoL) | UC | Palliative Care | Employed a *“holistic*  *philosophy”*, including a multidisciplinary co- ordinated approach to the patients’ needs. Intervention programme aims to enable patients to spend more time at home and die there if they prefer | U  (NF) | 1-to-1, Face-to-face | Home and hospital | U | U | U | U |
| Kerstjens 2012 (Geerse et al., 2017) (Netherlands) | Effectiveness of structural distress screening and supportive care from a psychosocial nurse on QoL in people with lung cancer | Parallel RCT (NTR3540) | 223 adults (Lung, TX) | UC | Nurse-led psychosocial care | Supportive care. Structural screening of distress. Follow-up visits from psychosocial nurse coupled with referral to psychosocial and/or paramedical healthcare provider | SPEC  (NL) | 1-to-1, Face-to-face | Hospital | Min 4 meetings | NR | NR | U |
| Kim 2011 (Kim et al., 2011) (South Korea) | Feasibility and pre­liminary effects of a simultaneous stage-matched exercise and diet intervention in breast cancer survivors | Parallel RCT (NR) | 45 adults (Breast, Surv) | UC | Nurse-led simultaneous stage-matched exercise and diet intervention | Protocolised. Stage-matched TC complemented with a workbook, individualized prescription for regular exercise, a balanced diet program based on guidelines for cancer survivors. | ADV  (NL) | 1-to-1, TC | Outpatients, Hospital | 1 self-selected exercise session, 5 days/week + 1 TC/ week | 30 mins; TC 30 mins | 12 weeks | 1800 mins exercise; + 300 mins TC |
| Koinberg 2003 (Koinberg et al., 2009, Koinberg, 2003, Koinberg et al., 2004, Koinberg, 2010) (Sweden) | To compare nurse-led follow-up on demand versus physician follow-up after breast cancer treatment | Parallel RCT (NR) | 264 adults (Breast, Surv) | Physician follow-up | Nurse-led follow-up on demand | Information giving; referrals, organising additional appointments, discussed results via telephone, advice giving and psychosocial support | U  (NL) | 1-to-1, Face-to-face, TC, letter | Hospital | U | U | 5 years | Est mean no. visits/ per patient/year = 0.8 |
| Kozachik 2001 (Kozachik et al., 2001) (USA) | Supportive nursing intervention on caregivers of patients with newly diagnosed cancer | Parallel RCT (NR) | 125 dyads (people with cancer + carers) (Multiple, TX) | UC | Cancer Care Intervention | Intervention was focused on assisting both patients and caregivers with symptom management and surveillance, training on disease and treatment, providing emotional support, and coordinating/mobilizing needed resources for home care | ADV  (NL) | 1-to-1, Face-to-face, TC | Outpatients, Hospital | 9 contacts (5 in person and 4 TC) | Face-to-face meetings (60 mins); TC: 20 mins/session | 16 weeks | 380 min |
| Kroenke 2010 (Kroenke, 2010) (USA) | To evaluated whether centralised telephone-based care management plus automated symptom monitoring improves depression and pain in people with cancer | Parallel RCT (NCT00313573) | 405 adults (Multiple, TX) | UC | Telecare Management | Centralised telecare management by a nurse-physician specialist team coupled with automated home-based symptom monitoring by interactive voice recording or internet. | SPEC\*  (NF) | 1-to-1, TC | Home and hospital | Min 4 scheduled TC plus “triggered” TC  (Mean of 11.2 ± 8.1 TC) | U | 3 months | Mean of 157 ± 104 mins of direct TC |
| Lee 2011a (Lee et al., 2011) (Korea) | Effectiveness of systematically developed nurse navigator interventions for newly diagnosed cancer patients | qRCT (NR) | 78 adults (Multiple, TX) | UC | Nurse Navigator Programme | Nurse navigator coordinated patient care and monitored progress and performed on-going assessments. | GEN  (NL) | 1-to-1, Face-to-face, TC | Outpatients | NR | U | 12 weeks | U |
| Li 2016 (Li et al., 2016) (China) | Effect of a home-based, nurse-led health program on quality of life and family function for postoperative patients with early-stage cervical cancer | Parallel RCT (NR) | 226 adults (Gynaecological, TX) | UC | Home-based, nurse-led health program | Individual home-based, nurse-led health program (family-care team provision, physiological rehabilitation, emotion-release management, informal social support system, and follow-up monitoring | U  (NL) | 1-to-1, Face-to-face, TC | Home | TC follow-up was carried out every two weeks, plus  home visit every two or three months | Contact time: NR | 6 months | U |
| Lim 2011 (Lim et al., 2011) (Canada) | Compares symptoms in people with cancer receiving nurse-led supportive care vs acupuncture | Parallel RCT (NR) | 20 adults (Multiple, EoL) | Acupuncture + nurse-led supportive care | Nurse-led supportive care | Supportive care with focus on symptom management, medication, lifestyle advice | SPEC  (NL) | 1-to-1, Face-to-Face | Outpatient clinic | 4 sessions | Session: 20-30 mins | 4 weeks | 80-120 mins |
| Liu 2006 (Liu et al., 2006) (Taiwan) | Explore the roles of continuing supportive care in increasing the social support and reducing perceived uncertainty | qRCT (NR) | 61 adults (Breast, TX) | UC | Education and continuing supportive care | Continuing supportive care, emotional and psychological support, appropriate referral, and continual follow-up | U  (NL) | 1-to-1, Face-to-Face, TC | Hospital | 4 contacts | Initial contact: 90 mins; Follow-up 15-60 mins | 3 months | 195 mins |
| Maughan 2001 (Maughan and Clarke, 2001) (UK) | Explore whether sexual functioning and QoL improves following specialist psychosocial counselling | Parallel RCT (with nested qual study) (ISRCTN72407850) | 36 adults (Gynaecological, TX) | UC | Psychosexual intervention | Emotional support, information provision,, support individual coping strategies, and promote social support network. Discuss effect of surgery on sexual functioning, information giving and advice about resuming sexual activity, facilitate communication between partners etc. | ADV  (NL) | 1-to-1, Face-to-Face | Home and hospital | Min 4 sessions (no max.) | NR | NR | U |
| McCorkle 2000 (McCorkle et al., 2000) (USA) | Effectiveness of a nurse-led specialist home care intervention on the length of survival in older people with post-surgical cancer | RCT (NR) | 375 older adults (Multiple, TX) | UC | Specialised Home Care Intervention | Assessed and monitored the physical, emotional and functional status of patients, provided direct care when needed, assist in obtaining services or other resources from the community, and provide teaching, counselling and support during the period of recovery | ADV  (NL) | 1-to-1, Face-to-Face, TC | Home | 8 sessions (3 home visits and 5 TC) | U (avail 24/7) | 4 weeks | U |
| McCorkle 2009 (McCorkle et al., 2009) (USA) | Effectiveness of a tailored nurse-led specialist intervention on QoL in post-surgical women with gynaecological cancers | RCT (NR) | 149 adults (Gynaecological, TX) | Attention control | Tailored nursing intervention | Stabilise post-surgery, Maintain ADLs, Symptom management for chemotherapy side effects, Counselling and support, Community referrals, and taught self-management skills | ADV  (NL) | 1-to-1, Face-to-Face, TC | Home and hospital | 18 contacts | NR | 6 months | U |
| McLachlan 2001 (McLachlan et al., 2001) (Australia) | Effectiveness of making patient reported cancer needs and psychosocial information available to health care team on the QoL of people with cancer | Parallel RCT (NR) | 450 adults (Multiple, TX) | UC | Patient-Reported Information Intervention | Computer-generated one-page summary made available immediately for consideration during the consultation with the doctor. Coordination nurse formulated an individualised management plan based on the issues and helped with implementation | U  (NF) | 1-to-1, Face-to-Face | Outpatient, Hospital | NR | NR | 6 months | U |
| Meyers 2004 (Meyers, 2004) (USA) | To explore the effectiveness of simultaneous investigational therapy and a structured programme of supportive care on QoL in people with advanced cancer | 2 groups, CBA (NR) | 44 adults (Multiple, TX) | UC | Simultaneous Care (investigational therapy plus supportive care) | Developed care plans, home visits, accompanied patient and family to physician visits. Nurse focused on chemotherapy toxicity, symptom management of advanced cancer, and care coordination. The social worker focused on emotional support issues, family and interpersonal issues, and end-of-life planning | SPEC  (NF) | 1-to-1, Face-to-Face | Cancer Centre, Home | Nurse - 2-3 times per week; Social worker 1-2 times per week | NR | U (“patients tracked until death”) | U |
| Moore 2002 (Moore et al., 2002) (UK) | Effectiveness of nurse led follow up in the management of patients with lung cancer | Parallel RCT (ISRCTN64726310) | 203 adults (Lung, Surv) | UC | Nurse-led follow-up | Protocolised. Monthly assessments to identify signs of disease progression, symptoms warranting intervention, or serious complications using telephone or in nurse-led clinic Provided information and support and coordinating input from other agencies or services | ADV  (NL) | 1-to-1, Face-to-Face, TC | Outpatient, Hospital | Average contact: U per month | Mean length of contact was 23 (range 2­- 120) minutes | U (“while patient is stable”; follow-up data reported at 3, 6 and 12 months) | U |
| Prince-Paul 2010 (Prince-Paul et al., 2010) (USA) | The effectiveness of integrating a advanced practice nurse into a community oncology clinic on patient outcomes and healthcare resource utilisation | 2 group, CBA | 101 adults (Advanced cancer, EoL) | UC | Palliative Care Advanced Practice Nurse (PC-APRN) | Responsibilities included comprehensive physical assessments, change in medication or additional monitoring, plus referrals (nutritionists, social workers, pastoral care) and developing individual care plan | ADV  (NF) | 1-to-1, Face-to-Face, TC | Community (cancer care) setting | Individualised | NR | 5 months | U |
| Ritz 2000 (Ritz et al., 2000) (USA) | QoL and cost effectiveness of APN interventions in women diagnosed with breast cancer | RCT (ISRCTN54211123) | 210 adults (Breast, TX) | UC | APN care plus UC | Information provision about breast cancer. Subsequent contacts provided to reinforce information, provide continuity of care and offer on-going support | ADV  (NL) | 1-to-1, Face-to-Face, TC | Outpatient, Hospital, Home | Varied | U | 24 months | Average 1377 mins/patient |
| Sankaranarayanan 2007 (Sankaranarayanan et al., 2007) (India) | Screening using visual inspection on cervical cancer incidence and mortality | cRCT (NR) | 49311 adults (S&P, Scr) | UC | Visual screening on cervical cancer | Nurses counselled women who were VIA-positive, offered immediate colposcopy, directed biopsy (as reqd) during the same screening visit. Educated about prevention, early detection, and treatment of cervical cancer | GEN  (NL) | 1-to-1, Face-to-Face | Community (village) settings | 1 session | U | U | U |
| Sharpe 2004 (Sharpe et al., 2004, Strong et al., 2004) (UK) | The effectiveness of a multi-component cancer nurse delivered intervention in people with cancer diagnosed with MDD | 2 groups, CBA (NR) | 60 adults (Multiple, TX) | UC | Cancer Nurse-Delivered Intervention | Education about depression, problem-solving therapy intended to help patients to take a positive and systematic approach to tackling their problems. Coordinated and monitored the patient’s treatment with respect to the MDD. | SPEC  (NL) | 1-to-1, Face-to-Face, TC | Home, hospital | Sessions (approx 40 minutes duration), *up to max* of 10 sessions. | Mean: 6 hours/patient | Up to 10 days | Mean: 6 hours/patient, Plus 4 hours on admin, calls, travel/patient |
| Skrutkowski 2008 (Skrutkowski et al., 2008) (Canada) | Impact on continuity of nursing care delivered by a pivot nurse in oncology to improve symptom relief and outcomes in people with lung or breast cancer | Parallel RCT (NR) | 190 adults (Multiple, TX) | UC | Pivot Nurse in Oncology (PNO) | Needs assessment, symptom management, and offered additional education and support as needed. Coordinated care; initiated follow-up telephone calls as needed to provide support, information, coaching, or active listening to patients | SPEC  (NL) | 1-to-1, Face-to-Face, TC | Outpatient, Hospital | 8 sessions | NR | 6 months | U |
| Smeenk 2000 (Smeenk, 2000) (Netherlands) | The effectiveness of transmural homecare intervention on coordination and continuity of care | 2 groups, qRCT (NR) | 116 adults (Multiple, EoL) | UC | Transmural home care programme | Co-ordination and continuity of care. Specialist Nurse coordinator organised discharge and homecare as required; 24/7 TC service manned by trained nurses from the oncology ward; home visit was offered if needed. | SPEC\*  (NL) | 1-to-1, Face-to-face, TC | Home and hospital | NR | U | Until death | U |
| Strong 2008 (Strong et al., 2008) (UK) | Assess the efficacy and cost of a nurse-delivered  complex intervention that was designed to treat MDD in people with cancer | Parallel RCT (ISRCTN84767225) | 200 adults (Multiple, TX) | UC | Depression Care for People with Cancer | Education about depression and its treatment (including antidepressant medication); problem-solving treatment to teach the patients coping strategies designed to overcome feelings of helplessness; and communication about management of MDD with HCPs | SPEC  (NL) | 1-to-1, Face-to-Face; Telephone | Home and hospital | Mean number of sessions = 7 (up to max of 10 sessions) 3 TC delivered over 3 months | Sessions = 45 mins; TC duration NR | 6 months | U |
| Tattersall 2011 (Tattersall et al., 2011) (Australia) | To determine whether early contact with palliative care services improve patients’ EOL experiences | Parallel RCT (ACTRN12611001137987) | 120 adults (Multiple, EoL) | UC | Early link to palliative care nurse consultant with on-going oncologist care | Information provision (e.g. symptom control), referrals and contact details. Offered to telephone the patient monthly to check on their well being, or, if the patient preferred, provided contact details | ADV  (NL) | 1-to-1, Face-to-Face, TC | Palliative Care Service | Min of 1 session with the PC nurse plus average 3 TC | NR | 12 months | U |
| Walker 2009a  (Duarte et al., 2015, Sharpe, 2014, Walker et al., 2009) (UK) | Compared the effectiveness of an integrated treatment programme for MDD in people with cancer with UC | Parallel RCT (ISRCTN40568538) | 500 adults (Multiple, TX) | UC | Depression care | Manualised, multicomponent collaborative care, information provision about depression and treatment, deliver brief evidence-based psychological interventions (problem solving therapy and behavioural activation), and monitoring | SPEC  (NF) | 1-to-1, Face-to-Face, TC | Cancer clinic, home, hospice | Max. 10 sessions of ten 30-45 plus TC every 4 weeks | 10 sessions (30-45 mins); TC: NR | 12 months | Up to 350-400 mins, plus TC |
| Walker 2009b (Walker et al., 2009, Walker et al., 2014) (UK) | Efficacy of an integrated treatment programme for major depression in  patients with lung cancer compared with usual care | Parallel RCT (ISRCTN75905964) | 142 adults (Lung, EoL) | UC | Complex intervention (depression care for people with lung cancer) | See Walker 2009a (above) | SPEC  (NF) | 1-to-1, Face-to-Face, TC | Cancer clinic, home, hospice | Max. 10 sessions of ten 30-45 plus TC every 4 weeks | 10 sessions (30-45 mins); TC: NR | 8 months | Up to 350-400 mins, plus TC |
| Wulff 2013 (Wulff, 2013) (Denmark) | Hospital based case management in cancer care and the impact on GP services | Parallel RCT (NCT00845247) | 280 adults (Colorectal/anus, TX) | UC | Case management | Needs assessment, TC. Case manager kept the GP informed about medical and non-medical status and sent electronic summary to GP | SPEC  (NF) | 1-to-1, TC | Outpatients, Hospital | Average 9.7 contacts (median: 8, IQR: 5–13) | U | U | 170 mins |

Abbreviations: ACP: advance care planning; ADL: activities of daily living; ADV: advanced oncology nurse; APN: Advanced practice nurses; BF: biofeedback training; BMA: bone marrow aspiration; CBA: controlled before and after study; CBT: cognitive behavioural therapy, CNS: clinical nurse specialist; cRCT: cluster RCT; CTI: nontherapeutic call from a nonprofessional; CVC: central venous catheter; EoL: end-of-life; RCT; GEN: generalist nurse; GI: gastroenterologist; GP: general practitioner; HBHC: hospital-based homecare; HCP: healthcare professionals; IT: intrathecal therapy; LLLT: low level laser therapy; MDD: major depression disorder; MDT: multidisciplinary team; MLD: manual lymphatic drainage; MP: methylphenidate; NA: not applicable; NF: nurse-facilitated; NL: nurse-led; NP: nurse practitioner; NR: not reported; NTI: nurse telephone intervention; PFMT: pelvic floor muscle training; PL: placebo, PMRT: Progressive Muscle Relaxation Training; PT: physiotherapist; QoL: quality of life; qRCT: quasi-randomised controlled trial; RCT: randomised controlled trial; RN: registered nurses; Scr: screening; SPEC: specialist oncology nurse; TC: telephone contact; TURP: transurethral resection of the prostate; TX: treatment; U: unclear; UC: usual care

\*Nurse training and/or qualifications were not clear, but two content experts reviewing full text thought that the description was most closely aligned with this category.

**References:**

Ammari, A.B.H.H., C.; Rydahl-Hansen, S., 2015. Recruitment and Reasons for Non-Participation in a Family-Coping-Orientated Palliative Home Care Trial (FamCope). In: Journal of psychosocial oncology. pp. 655-674.

Andreyev, H.J.T., K.; Benton, B.; Lalji, A.; Lindsay, J. O.; Gage, H.; Norton, C., 2012. Optimising radiation bowel injury therapy, the orbit study, a randomised controlled trial. In: Gut. pp. A36.

Bachmann-Mettler, I., Steurer-Stey, C., Senn, O., Wang, M., Bardheci, K., Rosemann, T., 2011. Case management in oncology rehabilitation (CAMON): the effect of case management on the quality of life in patients with cancer after one year of ambulant rehabilitation. a study protocol for a randomized controlled clinical trial in oncology rehabilitation. Trials 12, 103.

Bakitas, M., Lyons, K.D., Hegel, M.T., Balan, S., Barnett, K.N., Brokaw, F.C., Byock, I.R., Hull, J.G., Li, Z., McKinstry, E., Seville, J.L., Ahles, T.A., 2009. The project ENABLE II randomized controlled trial to improve palliative care for rural patients with advanced cancer: baseline findings, methodological challenges, and solutions. In: Palliative & supportive care. pp. 75-86.

Bakitas, M., Lyons, K.D., Hegel, M.T., Balan, S., Brokaw, F.C., Seville, J., Hull, J.G., Li, Z., Tosteson, T.D., Byock, I.R., Ahles, T.A., 2009. Effects of a palliative care intervention on clinical outcomes in patients with advanced cancer: the Project ENABLE II randomized controlled trial. JAMA : the journal of the American Medical Association 302 (7), 741-749.

Bakitas, M.A.T., T. D.; Li, Z.; Lyons, K. D.; Hull, J. G.; Li, Z.; Dionne-Odom, J. N.; Frost, J.; Dragnev, K. H.; Hegel, M. T.; Azuero, A.; Ahles, T. A., 2015. Early Versus Delayed Initiation of Concurrent Palliative Oncology Care: Patient Outcomes in the ENABLE III Randomized Controlled Trial. In: Journal of clinical oncology : official journal of the American Society of Clinical Oncology. pp. 1438-1445.

Bruera, E., Hui, D., Dalal, S., Torres-Vigil, I., Trumble, J., Roosth, J., Krauter, S., Strickland, C., Unger, K., Palmer, J.L., Allo, J., Frisbee-Hume, S., Tarleton, K., 2013. Parenteral hydration in patients with advanced cancer: a multicenter, double-blind, placebo-controlled randomized trial. Journal of clinical oncology : official journal of the American Society of Clinical Oncology 31 (1), 111-118.

Daly, B.J.D., S. L.; Gunzler, D.; Lipson, A. R., 2013. Clinical trial of a supportive care team for patients with advanced cancer. In: Journal of pain and symptom management. pp. 775-784.

de Raaf, P.J., de Klerk, C., Timman, R., Busschbach, J.J.V., Oldenmenger, W.H., van der Rijt, C.C.D., 2013. Systematic monitoring and treatment of physical symptoms to alleviate fatigue in patients with advanced cancer: a randomized controlled trial. Journal of Clinical Oncology 31 (6), 716-723 718p.

Duarte, A., Walker, J., Walker, S., Richardson, G., Holm Hansen, C., Martin, P., Murray, G., Sculpher, M., Sharpe, M., 2015. Cost-effectiveness of integrated collaborative care for comorbid major depression in patients with cancer. J Psychosom Res 79 (6), 465-470.

Geerse, O.P., Hoekstra-Weebers, J.E., Stokroos, M.H., Burgerhof, J.G., Groen, H.J., Kerstjens, H.A., Hiltermann, T.J., 2017. Structural distress screening and supportive care for patients with lung cancer on systemic therapy: A randomised controlled trial. Eur J Cancer 72, 37-45.

Goodwin, J.S., Satish, S., Anderson, E.T., Nattinger, A.B., Freeman, J.L., 2003. Effect of nurse case management on the treatment of older women with breast cancer. In: Journal of the American Geriatrics Society. pp. 1252-1259.

Green, B.B., Wang, C.Y., Horner, K., Catz, S., Meenan, R.T., Vernon, S.W., Carrell, D., Chubak, J., Ko, C., Laing, S., Bogart, A., 2010. Systems of support to increase colorectal cancer screening and follow-up rates (SOS): design, challenges, and baseline characteristics of trial participants. In: Contemporary clinical trials. pp. 589-603.

Green, B.B.A., M. L.; Wang, C. Y.; Vernon, S. W.; Chubak, J.; Meenan, R. T.; Fuller, S., 2014. Results of nurse navigator follow-up after positive colorectal cancer screening test: a randomized trial. In: Journal of the American Board of Family Medicine : JABFM. pp. 789-795.

Johansson, B., Holmberg, L., Berglund, G., Brandberg, Y., Hellbom, M., Persson, C., Glimelius, B., Sjödén, P.O., 2001. Reduced utilisation of specialist care among elderly cancer patients: a randomised study of a primary healthcare intervention. In: European journal of cancer (Oxford, England : 1990). pp. 2161-2168.

Jordhøy, M.S.F., P.; Saltnes, T.; Ahlner-Elmqvist, M.; Jannert, M.; Kaasa, S., 2000. A palliative-care intervention and death at home: a cluster randomised trial. In: Lancet (London, England). pp. 888-893.

Kim, S.H., Shin, M.S., Lee, H.S., Lee, E.S., Ro, J.S., Kang, H.S., Kim, S.W., Lee, W.H., Kim, H.S., Kim, C.J., Kim, J., Yun, Y.H., 2011. Randomized pilot test of a simultaneous stage-matched exercise and diet intervention for breast cancer survivors. In: Oncology nursing forum. pp. E97-106.

Koinberg, I., Engholm, G., Genell, A., Holmberg, L., 2009. A health economic evaluation of follow-up after breast cancer surgery: results of an rct study. Acta Oncologica 48 (1), 99-104 106p.

Koinberg, I.F., B.; Engholm, G. B.; Holmberg, L., 2003. Comparison between nurse-led check-ups on demand and follow-ups by a physician after breast cancer surgery [abstract]. In: European journal of cancer. pp. S362.

Koinberg, I.L., Fridlund, B., Engholm, G.B., Holmberg, L., 2004. Nurse-led follow-up on demand or by a physician after breast cancer surgery: a randomised study. In: European journal of oncology nursing : the official journal of European Oncology Nursing Society. pp. 109-117; discussion 118-120.

Koinberg, I.L.B., M.; Johansson, T.; Jellvert, A.; Bergh, C.; Svanberg, T.; Holmberg, Y., 2010. Specialist nurse-led clinic (Structured abstract). In: Health Technology Assessment Database. The Regional Health Technology Assessment Centre (HTA-centrum), Region Vastra Gotaland.

Kozachik, S.L., Given, C.W., Given, B.A., Pierce, S.J., Azzouz, F., Rawl, S.M., Champion, V.L., 2001. Improving depressive symptoms among caregivers of patients with cancer: results of a randomized clinical trial. Oncology nursing forum 28 (7), 1149-1157.

Kroenke, K.T., D.; Wu, J.; Norton, K.; Morrison, G.; Carpenter, J.; Tu, W., 2010. Effect of telecare management on pain and depression in patients with cancer: a randomized trial. In: Jama. pp. 163-171.

Lee, T., Ko, I., Lee, I., Kim, E., Shin, M., Roh, S., Yoon, D., Choi, S., Chang, H., 2011. Effects of nurse navigators on health outcomes of cancer patients. Cancer Nursing 34 (5), 376-384 379p.

Li, J., Huang, J., Zhang, J., Li, Y., 2016. A home-based, nurse-led health program for postoperative patients with early-stage cervical cancer: A randomized controlled trial. Eur J Oncol Nurs 21, 174-180.

Lim, J.T., Wong, E.T., Aung, S.K., 2011. Is there a role for acupuncture in the symptom management of patients receiving palliative care for cancer? A pilot study of 20 patients comparing acupuncture with nurse-led supportive care. In: Acupuncture in medicine : journal of the British Medical Acupuncture Society. pp. 173-179.

Liu, L.N., Li, C.Y., Tang, S.T., Huang, C.S., Chiou, A.F., 2006. Role of continuing supportive cares in increasing social support and reducing perceived uncertainty among women with newly diagnosed breast cancer in Taiwan. Cancer Nurs 29 (4), 273-282.

Maughan, K., Clarke, C., 2001. The effect of a clinical nurse specialist in gynaecological oncology on quality of life and sexuality. Journal of Clinical Nursing 10 (2), 221-229 229p.

McCorkle, R., Dowd, M., Ercolano, E., Schulman-Green, D., Williams, A., Siefert, M.L., Steiner, J., Schwartz, P., 2009. Effects of a nursing intervention on quality of life outcomes in post-surgical women with gynecological cancers. Psycho-Oncology 18 (1), 62-70 69p.

McCorkle, R., Strumpf, N.E., Nuamah, I.F., Adler, D.C., Cooley, M.E., Jepson, C., Lusk, E.J., Torosian, M., 2000. A specialized home care intervention improves survival among older post-surgical cancer patients. Journal of the American Geriatrics Society 48 (12), 1707-1713.

McLachlan, S.A., Allenby, A., Matthews, J., Wirth, A., Kissane, D., Bishop, M., Beresford, J., Zalcberg, J., 2001. Randomized trial of coordinated psychosocial interventions based on patient self-assessments versus standard care to improve the psychosocial functioning of patients with cancer. Journal of clinical oncology : official journal of the American Society of Clinical Oncology 19 (21), 4117-4125.

Meyers, F.J.L., J.; Beckett, L.; Christensen, S.; Blais, J.; Gandara, D. R., 2004. Simultaneous care: a model approach to the perceived conflict between investigational therapy and palliative care. In: Journal of pain and symptom management. pp. 548-556.

Moore, S., Corner, J., Haviland, J., Wells, M., Salmon, E., Normand, C., Brada, M., O'Brien, M., Smith, I., 2002. Nurse led follow up and conventional medical follow up in management of patients with lung cancer: randomised trial. In: BMJ (Clinical research ed.). pp. 1145.

Prince-Paul, M., Burant, C.J., Saltzman, J.N., Teston, L.J., Matthews, C.R., 2010. The effects of integrating an advanced practice palliative care nurse in a community oncology center: a pilot study. Journal of Supportive Oncology 8 (1), 21-27 27p.

Ritz, L.J., Nissen, M.J., Swenson, K.K., Farrell, J.B., Sperduto, P.W., Sladek, M.L., Lally, R.M., Schroeder, L.M., 2000. Effects of advanced nursing care on quality of life and cost outcomes of women diagnosed with breast cancer. Oncology Nursing Forum 27 (6), 923-932 910p.

Sankaranarayanan, R., Esmy, P.O., Rajkumar, R., Muwonge, R., Swaminathan, R., Shanthakumari, S., Fayette, J.M., Cherian, J., 2007. Effect of visual screening on cervical cancer incidence and mortality in Tamil Nadu, India: a cluster-randomised trial. In: Lancet (London, England). pp. 398-406.

Scherz, N., Bachmann-Mettler, I., Chmiel, C., Senn, O., Boss, N., Bardheci, K., Rosemann, T., 2017. Case management to increase quality of life after cancer treatment: a randomized controlled trial. BMC Cancer 17 (1), 223.

Sharpe, M., Strong, V., Allen, K., Rush, R., Maguire, P., House, A., Ramirez, A., Cull, A., 2004. Management of major depression in outpatients attending a cancer centre: a preliminary evaluation of a multicomponent cancer nurse-delivered intervention. In: British journal of cancer. pp. 310-313.

Sharpe, M.W., Jane; Holm Hansen, Christian; Martin, Paul; Symeonides, Stefan; Gourley, Charlie; Wall, Lucy; Weller, David; Murray, Gordon; S. MaRT Oncology-2 Team, 2014. Integrated collaborative care for comorbid major depression in patients with cancer (SMaRT Oncology-2): a multicentre randomised controlled effectiveness trial. Lancet (London, England) 384 (9948), 1099-1108.

Skrutkowski, M., Saucier, A., Eades, M., Swidzinski, M., Ritchie, J., Marchionni, C., Ladouceur, M., 2008. Impact of a pivot nurse in oncology on patients with lung or breast cancer: symptom distress, fatigue, quality of life, and use of healthcare resources. Oncology Nursing Forum 35 (6), 948-954 947p.

Smeenk, F.W.W., L. P.; Nooyen, I. W.; Crebolder, H. F., 2000. Effects of transmural care on coordination and continuity of care. In: Patient education and counseling. pp. 73-81.

Strong, V., Sharpe, M., Cull, A., Maguire, P., House, A., Ramirez, A., 2004. Can oncology nurses treat depression? A pilot project. Journal of Advanced Nursing 46 (5), 542-548 547p.

Strong, V., Waters, R., Hibberd, C., Murray, G., Wall, L., Walker, J., McHugh, G., Walker, A., Sharpe, M., 2008. Management of depression for people with cancer (SMaRT oncology 1): a randomised trial. Lancet 372 North American Edition (9632), 40-48 49p.

Tattersall, M., Martin, A., Devine, R., Ryan, J., Jansen, J., Hastings, L., Boyer, M., Glare, P., Stockler, M., Butow, P., 2011. Early contact with palliative care services: A randomised trial of metastatic cancer patients with <12 months survival expectation. In: Supportive care in cancer. pp. S309.

Walker, J., Cassidy, J., Sharpe, M., 2009. The second Symptom Management Research Trial in Oncology (SMaRT Oncology-2): a randomised trial to determine the effectiveness and cost-effectiveness of adding a complex intervention for major depressive disorder to usual care for cancer patients. Trials 10, 18-18 11p.

Walker, J., Cassidy, J., Sharpe, M., 2009. The third symptom management research trial in oncology (SMaRT oncology-3): a randomised trial to determine the efficacy of adding a complex intervention for major depressive disorder (depression care for people with lung cancer) to usual care, compared to usual care alone in patients with lung cancer. In: Trials. pp. 92.

Walker, J., Hansen, C.H., Martin, P., Symeonides, S., Gourley, C., Wall, L., Weller, D., Murray, G., Sharpe, M., 2014. Integrated collaborative care for major depression comorbid with a poor prognosis cancer (SMaRT Oncology-3): a multicentre randomised controlled trial in patients with lung cancer. Lancet Oncology 15 (10), 1168-1176 1169p.

Wulff, C.N.V., P.; Søndergaard, J., 2013. A randomized controlled trial of hospital-based case management in cancer care: a general practitioner perspective. In: Family practice. pp. 5-13.