**Supplementary Table 4: Intervention and delivery details for included studies classified as teaching, guidelines and counselling 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*** |
| Aaronson 2007 (Duijts et al., 2012) (Netherlands) | To evaluate the effect of CBT and /or PE on menopausal symptoms | 3 –arm RCT (NTR1165) | 422 Adults (Breast, Surv) | 1. PE2. PE and CBT | CBT and relaxation | Group CBT and relaxation session. Information and advice about symptoms (e.g., hot flushes, night sweats and sexual functioning, relaxation and stress reduction, cognitive restructuring of unhelpful thoughts, elicited by group discussion; and encouraging helpful behavioural strategies  | SPEC\*(NF) | 1-to-1, Face-to-face, TC | Home, Outpatient | 6 sessions | 90 mins | 6 weeks | 540 mins |
| Aaronson 2010 (van Waart et al., 2015) (Netherlands)  | To evaluate the effectiveness of 2 exercise interventions in maintaining or enhancing physical fitness and minimising fatigue | 3-arm RCT (NTR2159) | 250 Adults(Breast, TX) | 1. OnTrack2. UC | Onco-move | Low intensity, home-based, individualized, self-managed physical activity program. Nurses encourage patients to pursue an active lifestyle | U(NL) | 1-to-1, Face-to-face | Home | 5 sessions/week | 30 mins | Until end of chemotherapy  | U |
| Aktas 2015 (Aktas and Terzioglu, 2015) (USA) | To investigate the effect of home care service on the sexual satisfaction of people with gynecologic cancer | Parallel RCT (NR) | 70 Adults(Gynaecological, TX) | UC | Nursing care service to discuss sexual issues | Nursing counselling service (sexual issues) with additional specialist nursing care and consultancy at hospital and at home | SPEC\*(NL) | 1-to-1, Face-to-face | HospitalHome | 3 visits/week (hospital)+ 2 home visits | NR | 12 weeks | U |
| Aranda 2006 (Aranda et al., 2006) (Australia) | The effectiveness of a brief nurse-delivered intervention to address the needs of urban women with advanced breast cancer | Parallel RCT (ACTRN12606000178549) | 105 adults(Breast, TX) | UC | Brief nurse delivered intervention | Aimed to elicit women’s key concerns; to provide relevant information; to promote self-care activities in relation to symptom management and referrals for other services as needed | SPEC(NL) | 1-to-1, Face-to-face, TC  | Hospital, home | 2 session  | 2 | 1 week | 90 mins |
| Armes 2007 (Armes et al., 2007) (UK) | The effectiveness of a brief behaviorally oriented intervention in reducing cancer related fatigue | Parallel RCT (NR) | 60 adults(Multiple, TX) | UC | Brief behaviourally oriented intervention | Information provision and education, coping strategies; goal setting, activity scheduling, graded task management, self monitoring and praise and encouragement | ADV(NL) | 1-to-1, Face-to-face  | Outpatient | 3 sessions | 60 mins/session | 9-12 weeks | 180 mins |
| Arving 2006 (Arving et al., 2006) (Sweden) | Compared individual psychosocial support delivered by specially trained oncology nurses with psychologists | 3-arm RCT (NR) | 120 adults(Breast, TX) | 1. Individual psychosocial support by a psychologist 2. UC | Individual psychosocial support delivered by specially trained oncology nurse  | Derived from CBT, relaxation, distraction, activity, scheduling and ways to improve communication therapeutic relationship  | SPEC(NL) | 1-to-1, Face-to-face  | Outpatient  | Varied | 45-60 mins/session | U (‘at termination’) | U |
| Aubin 2006 (Aubin et al., 2006) (Canada) | To assess the effect of an educational homecare program on pain relief in patients with advanced cancer | 2group, CBA (NR) | 80 adults(Multiple, EoL) | UC | Educational programme on pain management | Videotape on cancer pain and the role of opioid analgesics, daily pain diary and specific recommendations for patients to request a review of their analgesic regimens in case of uncontrolled pain | GEN(NL) | 1-to-1, Face-to-face, TC | Community health centre, home | One session | 15 mins | NA | 15 mins |
| Aveyard 2007 (Aveyard, 2007) (UK) | To determine whether primary care nurses can deliver effective behavioural support for smoking cessation | Parallel RCT (NR) | 925 adults(S&P, Prev & Risk) | Basic smoking cessation | Weekly smoking cessation support | Assessment, prescribe medication, behavioural support | GEN(NL) | 1-to-1; Face-to-face, TC  | Community  | 7 sessions | 10-20 mins | 4 weeks | 70-140 mins |
| Badger 2009 (Badger et al., 2011, Badger et al., 2013) (USA) | To test the effectiveness of two telephone-delivered psychosocial interventions for maintaining and improving QoL | 2 group, CBA (NCT00822510) | 71 adults and 70 intimate partners(Prostate, Surv) | Health education attention control | Telephone interpersonal counselling (TIP-C) | TC support intervention based on standard interpersonal psychotherapy (IPT), combined with cancer education  | ADV(NF) | 1-to-1, TC | Home | 12 session (8 weekly TC, partners received 4 TC) | Avg 31 mins (SD: 7 mins) | 8 weeks | Avg 372 mins |
| Badger 2005 (Badger et al., 2005) (USA) | To test the effectiveness of telephone counselling on symptom management in women with breast cancer | 2 group, CBA (NR) | 48 dyads (Breast, TX) | Attention control plus UC | Telephone interpersonal counselling (TIP-C) | TC support intervention. Focus on issues such as cancer education, interpersonal role disputes, social support, awareness, and management of depressive symptoms, and role transitions | ADV(NL) | 1-to-1, TC | Home | 9 session (6 weekly TC, partners received 3 TC) | Avg 32.9 mins  | 6 weeks | Avg 296 mins |
| Bailey 2004 (Bailey, 2004) (USA) | The effectiveness of the watchful waiting intervention in helping men manage the uncertainty of watchful waiting | Parallel RCT (NR) | 41 adults(Prostate, Surv) | UC | Telephone-Delivered Watchful Waiting Intervention  | Tailored TC. Identified thepatient’s problems and assessed the nature of the patient’s uncertainty. Using this information, the NI delivered interventions designed to help the patient reframe uncertaintyand find ways to incorporate uncertainty into his life structure | U(NL) | 1-to-1, TC | Home | 5 TC | Avg 13 mins (ranged 5 – 26 mins) | 5 weeks | Avg 65 mins |
| Barsevick 2004 (Barsevick et al., 2004) (USA) | To investigate the efficacy of energy conservation and activity management for fatigue reduction and functional performance in adults undergoing treatment | Parallel RCT (NR) | 396 adults(Multiple, TX) | Attention control | Energy conservation and activity management (ECAM) | TC sessions. Provided information on cancer-related fatigue andlearned energy conservation skills. An energy conservation plan was created (coping stage), evaluated and revised(appraisal stage) | SPEC(NL) | 1-to-1, TC | Home, Hospital | 3 sessions | 15-30 mins | 5 weeks | Average: 78 mins |
| Barsevick 2010 (Barsevick et al., 2010) (USA) | To evaluate the efficacy of an “energy and sleep enhancement” (EASE) intervention to relieve fatigue and sleep disturbance and improve health-related functional status | RCT (NR) | 292 adults(Multiple, TX) | Attention control | Energy and sleep enhancement (EASE) intervention | Tailored information and behavioral skills delivered via TC. Handbook. Built on the individual’s existing knowledge of energy conservation strategies, sleep management, and their symptoms  | SPEC(NL) | 1-to-1, TC | Home, Outpatient  | 3 sessions | NR | 4 weeks | Average: 69 mins |
| Barton 2010 (Barton et al., 2010) (UK) | Feasibility study of high vs low intensity training in breathing techniques for breathless patients with malignant lung disease | RCT (X) | 22 adults(Lung, TX) | Breathlessness management training (low intensity) | Breathlessness management training (high intensity) | Training in diaphragmaticbreathing, pacing, anxiety management and relaxation. Written and DVD/video reinforcement material plus TC follow up | SPEC(NF) | 1-to-1, Face-to-face, TC  | Outpatient | 3 sessions | 60 mins | 8 weeks | 180 mins |
| Berger 2009 (Berger, 2009) (USA) | Effectiveness of behavioral therapy on sleep quality and cancer related fatigue | Parallel RCT (NR) | 220 adults(Breast, TX) | Healthy eating control | Behavioural Therapy Sleep | BT plan included stimulus control, modified sleep restriction, relaxation therapy, and sleep hygiene. Plans were revised before each chemo treatment. Advice and information tailored to their specific needs | U(NL) | 1-to-1, Face-to-face | Home, Outpatient  | Average of 6.3 (SD 1.9) sessions | NR | 12 months | Avg: 327.3 (SD 86.6) minutes |
| Berglund 2007 (Berglund, 2007) (Sweden)  | To evaluate the effect of psychosocial rehabilitation on newly diagnosed prostate cancer patients | 4-arm RCT (NR) | 211 adults(Prostate, TX) | 1. Physio only,2. Info only3. UC | Physio and information (Physinfo) program | Light physical training plus information about prostate cancer, side effects and treatment | U(NL) | Group, Face-to-face | Outpatient | 7 sessions | 135 mins | 8 weeks | 945 mins |
| Bohnenkamp 2004 (Bohnenkamp et al., 2004) (USA)  | To measure the impact of tele-nursing on patients discharged with ostomies resulting from cancer treatment | 2 group, CBA (NR) | 28 adults(Multiple, TX) | Home health care | Home health visits plus tele-nursing | Twice weekly contacts (via TV monitor) by an ostomy CNS until patients or family members were competent with the care of the ostomy. Plus home visit to provide education | SPEC\*(NL) | 1-to-1, Face-to-face, TC, TV monitor  | Hospital (inpatient), Home | Average 5.43 range = 1–13) and a mean of 3.57 telenursing visits range = 2–6) | Average: 30 mins | ?Twice weekly | U |
| Braithwaite 2005 (Braithwaite et al., 2005) (UK) | Compared a computerised risk assessment tool (GRACE) with risk counselling by a specialist nurse | RCT (NR) | 72 adults(S&P, Prev & Risk) | GRACE prototype tool | Clinical nurse specialist | CNS drew a pedigree using information from the family history questionnaire, and assessed risk as low, moderate or high based on the same guideline that was implemented in GRACE. Consultation summarised and sent to participants  | SPEC(NL) | 1-to-1, Face-to-face | Hospital | One session | NR | NA | U |
| Brearley 2009 (Brearley, 2009, Molassiotis, 2009) (UK) | Effectiveness of a home care nursing Program in the symptom management in people receiving oral chemotherapy | Parallel RCT (NR) | 164 adults(Multiple, TX) | UC | Home Care Nursing Programme | Symptom assessment, patient education, and/or treatment of symptoms on the basis of agreed protocols. Weekly TC assessed and monitored symptoms, and provided emotional support and reassurance.  | SPEC(NL) | 1-to-1, Face-to-face, TC | Home | Varied (depend on need & chemo regime) | 3 – 10 hours  | 18 weeks | Min of 3 hours but *up to* 10 hours  |
| Brown 2006 (Brown, 2006) (USA) | Does improved QoL impact on fatigue in people receiving radiation therapy for advanced cancer | Parallel RCT (NR) | 103 adults(Multiple, TX) | UC | Structured multidisciplinary intervention | Each session had a theme focused on one or more of the 5 domains of QOL (i.e. mental, emotional, physical, social, spatial). Individualised home program was encouraged  | U(NF) | 1-to-1, Face-to-face | Hospital; home-based practice | Total: 8 sessions  | 90 mins/session | 4 weeks | 720 mins |
| Browning 2000 (Browning et al., 2000) (USA) | Effectiveness of a nurse-managed smoking cessation intervention in a lung cancer clinic  | 2 group, CBA (NR) | 25 adults(Lung, Surv) | UC | Nurse-managed smoking cessation intervention | Initial clinic visit. Telephone follow-up contact with the patient on the quit date. Intervention was personalised, strategies for quitting, problem solving skills, support and encouragement  | SPEC\*(NL) | 1-to-1, Face-to-face, TC | Hospital, home | 9-10 sessions  | NR | 21 – 28 weeks | U |
| Budin 2008 (Budin, 2008) (USA) | The effectiveness of education, telephone counselling and adjustment in people with breast cancer and their partners | 4-arm RCT (NR) | 249 patient-partner dyads(Breast, TX) | 1. UC (disease management)2. Standardised education3. Telephone counselling | Standardisedpsychoeducation plus telephone counseling | Disease management, phase specific psychoeducational videos and structured telephone counselling aimed at providing health-relevant information, skill development, and psychosocial support | U(NL) | Video, TC | Outpatient, home | NR | NR | U | U |
| Butt 2012 (Butt, 2012, Butt, 2012) (USA) | To test a psycho-educational group intervention effect on hope and quality of life in midlife cancer survivors. | Parallel RCT (NR) | 26 adults(Multiple, Surv) | Nutrition program | Mid-life Directions Workshop | Group workshop; 3-8 people/group. Topics include psychological growth and development with a focus on the second half of life  | ADV(NL) | Group, face-to-face | Outpatient | 6 group sessions  | 120 mins/session | 6 weeks | 720 mins |
| Byrom 2002 (Byrom et al., 2002) (Australia) | To evaluate whether offering pre-colposcopy group sessions reduces anxiety at the time of colposcopy | Parallel RCT (NR) | 147 adults(S&P, Scr) | UC | Educational Intervention | Local information leaflet and counselling by colposcopy nurse, plus additional group counselling session | SPEC(NL) | Group, Face-to-face  | Outpatient clinic | Single session  | 60 – 90 mins | NA | 60 – 90 mins |
| Chambers 2008 (Chambers et al., 2015) (Australia) | Efficacy of a couples based telephone support interventions aimed at improving couples sexual and psychosocial adjustment after prostrate cancer | 3-arm RCT (ACTRN12608000358347) | 189 dyads (Prostate, TX) | 1. UC 2. Peer-delivered telephone support | Nurse-delivered telephone counselling  | Education, behavioural homework based on cognitive-behavioural sex and couples therapy | ADV(NL) | 1-to-1, TC | NR | 6 – 8 sessions depending on stage of recruitment | Avg: 36.46 min (range 10–90 mins) | 24 weeks | U |
| Chambers 2014 (Chambers et al., 2014, Hutchison, 2012) (Australia)  | To compare the effectiveness of 2 low-intensity approaches for distressed patients with cancer and caregivers who had called cancer helplines seeking support | Parallel RCT (ACTRN12609000301268) | 354 patients and 336 caregivers(Multiple, TX) | Psychologist CBT telephone intervention | Nurse-led self management intervention | Single telephone support and education session, feedback about levels of distress and brief instruction in evidence-based strategies to reduce stress. Self-management materials  | SPEC(NL) | 1-to-1, TC | Community (cancer helplines) | One session | Mean: 46.51 minutes(SD = 12.74) | NA | Mean: 46.51 minutes(SD = 12.74) |
| Chan 2003 (Chan and Lam, 2003) (Hong Kong, PRC) | Effectiveness of a health education intervention provided by nurses to prevent second-hand smoke exposure in sick children | Parallel RCT (NR) | 1483 adults(S&P, Prev & Risk) | UC | Health education intervention | Standardised health advice, booklets, sticker, and telephone reminder  | U(NL) | 1-to-1, Face-to-face, TC | Paediatric wards/outpatient departments | 2 sessions | NR | 1 week | U |
| Chan 2011 (Chan et al., 2011) (Hong Kong, PRC) | Effectiveness of aPsycho-educational intervention on (anxiety,breathlessness, and fatigue) | Parallel RCT (NR) | 140 adults(Lung, TX) | UC | Educational package plus coaching | Educational package (leaflets, discussion about symptoms and self-care management) plus coaching of progressive muscle relaxation  | GEN(NL) | 1-to-1, Face-to-face | Outpatient | 2 sessions | 40 mins/session | 4 weeks | 80 mins |
| Chan 2015 (Chan et al., 2015) (Hong Kong, PRC) | To assess the feasibility of relaxation, and patient education Intervention in managing chemotherapy associated nausea and vomiting in children | 2 group, CBA (NR) | 20 childrenHaematological Oncology (Leukaemias and myeloma, TX) | Progressive Muscle Relaxation | Patient education | Patient and parent education focused on risk assessment, anti-emetics use and meal planning | U (NL) | 1-to-1, Face-to-face | Paediatric oncology unit, home | 2 sessions | 30 min/session | 1 week | 60 mins |
| Cheng 2013 (Cheng, 2013) (China) | Effects of a psychological nursing intervention on personality characteristics and quality of life of esophageal cancer patients | Parallel RCT (NR) | 86 adults(Head and neck, TX) | UC | Psychological Nursing Intervention | Communication, health education and information provision tailored to patients needs, distraction, social support and supportive care  | U(NL) | 1-to-1, Face-to-face | Hospital | Continuous | NR | U (6 months) | U |
| Cimprich 2005 (Cimprich et al., 2005) (USA) | To develop and evaluate Taking CHARGE, a self-management intervention  | RCT (NR) | 49 adults(Breast, Surv) | UC | Taking CHARGE Self-Management Intervention | Tailored group and TC sessions’ incl information provision, managing symptoms, transitioning successfully to family, work, and social roles and self-management strategies | SPEC(NF) | 1-to-1, group, Face-to-face, TC | Home, Outpatient  | 4 sessions | NR | 7 weeks | U |
| Clouston 2014 (Clouston, 2014) (Canada) | Evaluation of the effectiveness of a patient decision aid (nurse-managed telephone support line and/or colorectal cancer screening website) | RCT (NCT01026753) | 85 community based GPs; 2395 adults(S&P, Scr) | UC | Patient decision aid  | Fridge magnet to patients that facilitated patient decision aid access. Magnet provided information on how to access a study specific colorectal cancer information and screening nurse-managed telephone support line (telephone number) and website (URL) | U(NF) | 1-to-1, Face-to-face, TC, online | Community | 1 session | NR | NR | U |
| Coates 2009 (O'Connor et al., 2014) (UK) | Effectiveness of a tailored information pack for people undergoing surgery and treatment for rectal cancer | RCT (ISRCTN42959693) | 76 adults(Colorectal/anus, TX) | UC | Education leaflets | Tailored information pack (according to condition, treatment plan and choice of information). Practical demonstrations of care also given (e.g. stoma appliances and cleaning) | SPEC(NL) | 1-to-1, Face-to-face  | Outpatient | One session  | NA | 7 months | U |
| Coward 2003 (Coward, 2003) (USA) | Support group intervention study aimed at improving well being and mental health in breast cancer survivors | qRCT (NR) | 41 adults(Breast, Surv) | UC | Support Group | Encouraged to share experiences and emotions (negative and positive) related to their cancer and to use their experiences and emotions to help address concerns | ADV(NF) | Group, Face-to-face | Outpatient | 8 Sessions  | 90 mins/session | 8 weeks | 720 mins |
| Cox 2009 (Ness et al., 2015) (USA) | To evaluate the impact of an autonomy-supportive behavioral intervention in children newly diagnosed with acute lymphoblastic leukemia | Parallel RCT (NCT00902213) | 122 children(Haematological Oncology (leukaemias and myeloma), TX) | UC | Autonomy-supportive behavioral intervention | Autonomy-supportive behavioral intervention, combined with a standard but individually tailored set of seven physical therapy exercises, on bone health, physical function and HRQL. Visits with an Advanced Practice Nurse to support sustain motivation | U(NF) | 1-to-1, Face-to-face  | Home, Outpatient  | NR | NR | NR | U |
| Davison 2002 (Davison and Degner, 2002) (Canada)  | To evaluate the feasibility of using a computer intervention to enhance communication between HCPs and women with breast cancer | Parallel RCT (NR) | 749 adults(Breast, TX) | UC | Computer programme/coaching | Computer programme/coaching immediately before the consultation to identify information needs. Nurse then coached patient in using computer print outs in the consultation to gather information.  | U(NL) | 1-to-1, Face-to-face, Computer | Outpatient | One session  | 15 mins | NA | 15 mins |
| De Wit 2001 (de Wit and van Dam, 2001) (Netherlands) | To investigate the role of district nurses in the care of cancer patients with chronic pain at home, as well as the effects of a Pain EducationProgramme for patients and their district nurses | Parallel RCT (NR) | Patients: 313;District Nurses: 115(Multiple, TX) | UC | Pain Education Programme | Part 1: enhance patients' knowledge about pain and pain treatment, instructing them in how to register their pain intensity in a pain diary in the home setting, and stimulating help-seeking behaviour. Part 2: district nurses informed about the pain education programme  | U(NF) | 1-to-1, Face-to-face, TC | Hospital, home | 3 sessions, plus average 9 DN visits  | NR | 2 weeks | U |
| Delbar 2001 (Delbar and Benor, 2001) (Israel) | The impact of a structured nursing intervention on a person with cancer’s ability to cope | 2 groups, qRCT (NR) | 94 adults(Multiple, TX) | UC | Structured nurse coaching intervention | Complaints and symptoms discussed ("coaching function"). Encouraged to generate alternative solutions, information provision and nurse helped to develop a plan for implementing the decision | SPEC(NL) | 1-to-1, Face-to-face  | Home, Outpatient  | 10 sessions  | 60-120 mins/session | 3 months | 600-1200 mins  |
| Dieperink 2013 (Dieperink, 2013) (Denmark) | Effectiveness of multidisciplinary rehabilitation on treatment-related adverse effects after completed radiotherapy in patients with prostate cancer | Parallel RCT (NCT01272648) | 153 adults(Prostate, Surv) | UC | Multidisciplinary Rehabilitation Programme | Individually tailored multidisciplinary programme Nurses initiated the dialogue based on patients needs, identified informationneeds about adverse effects, established an individual rehabilitation plan based on the patients’ personal goals, and, if needed, provided lifestyle advice  | SPEC(NF) | 1-to-1, Face-to-face  | Outpatient, home | 4 sessions | NR | 20 weeks | Estimated 4 hours |
| Dow Meneses 2007 (Dow Meneses, 2007, Loerzel, 2008, Meneses, 2008) (USA)  | Effectiveness of a psycho-educational intervention on QOL in breast cancer survivors | Parallel RCT (NR) | 256 adults(Breast, Surv) | Waiting list control | Breast Cancer Education Intervention (BCIE) | Psychoeducational support. Tailored management plans developed focusing on unique concerns. Written and audiotaped materials including a 50 page education binder | U(NL) | 1-to-1, Face-to-face, TC | Outpatient | 9 sessions  | 60-90 mins/session TC - NR | 6 months | 300-450 mins + TCs |
| Downe-Wamboldt 2007 (Downe-Wamboldt, 2007) (Canada)  | To assess the effectiveness and efficiency of nurse-led individualised, problem-solving counselling telephone intervention | Parallel RCT (NR) | 175 adults(Multiple, TX) | UC | Telephone Problem Solving Counselling Plus Usual Care | UC plus a series of telephone problem-solving counselling sessions. The telephone nurse counsellor facilitated the patient’s selection of the most effective solution and verified the efficacy or outcomes of the solutions using a study protocol | GEN(NL) | 1-to-1, TC  | Hospital,Home | Up to 5 TC | NR | 3 months | U |
| Dyar 2011 (Dyar, 2011) (USA) | Evaluate QoL in advanced cancer patients who received discussion-based palliative care interventions from an advanced registered nurse practitioner integrated into the oncology team | Parallel RCT (NCT00896792) | 26 adults(Multiple, EoL) | UC | Nurse practitioner directed intervention | Oncology ARNP who taught them about hospice, helped fill out the Five Wishes and living will forms, and assessed their psychological, physical, intellectual/ cognitive, social, and spiritual needs | SPEC(NL) | 1-to-1, Face-to-face  | NR | 2 sessions | NR | 4 weeks | U |
| Edgar 2001 (Edgar et al., 2001, Edgar and Watt, 2004) (Canada) | Effectiveness of an individual and a group presentation of the Nucare intervention | 4-arm RCT (NR) | 225 adults(Multiple, TX) | 1. No intervention (control)2. Group format Nucare3. Non-directive supportive group | Individual NuCare | Psycho-educational coping skills training CBT; enhance sense of personal control and learning emotional and instrumental coping responses | GEN(NF) | 1-to-1, Face-to-face  | Home practice, Outpatient  | 5 sessions | 90 mins/session | 6 months | 450 mins  |
| Etki 2008 (Ekti Genc and Conk, 2008) (Turkey) | To examine the effects of an effective nursing intervention to the fatigue syndrome of children 7 to 12 years of age who receive chemotherapy | Parallel RCT (NR) | 60 children(Multiple, TX) | UC | Effective Nursing Interventions | Educational materials about fatigue (handbook). Activities to reduce fatigue (e.g. interrupting night-time sleep, decreasing day-time naps, keeping busy etc) were discussed. Physical activity (e.g. walking). Nutrition and energy preservation were also discussed. | U(NF) | 1-to-1, Face-to-face  | Inpatient  | 7 sessions | 45-60 mins/session | 1 weeks | 315-420 mins |
| Fillion 2008 (Fillion et al., 2008) (Canada) | Effectiveness of a brief group intervention that combines stress management psycho-education and physical activity in reducing fatigue and improving energy level and QoL in breast cancer survivors | Parallel RCT (NR) | 94 adults(Breast, Surv) | UC | Multicomponent group-based intervention | Brief group intervention combining stress management psycho-education and physical activity (walking training) each week  | SPEC(NF) | Group, 1-to-1, Face-to-face, TC  | Home and Outpatient  | 4 sessions, 1 TC | 150 mins/session, TC: 5-15 min | 4 weeks | 605-615 mins |
| Forchuk 2004 (Forchuk, 2004) (Canada) | Usefulness of arm massage from a significant other following lymph node dissection surgery | Parallel RCT (NR) | 59 adults(Breast, TX) | UC | Arm Massage | Carers were taught the intervention to be delivered at home. Given demo of the massage techniques plus written information sheet. Patients were instructed to request massage as often as they liked | GEN(NF) | 1-to-1, Face-to-face | Home, Outpatient  | Unlimited  | 10 mins per session | 4 months (post-surgery) | U |
| Freysteinson 2012 (Freysteinson, 2012, Freysteinson, 2012) (USA)  | Examined the feasibility of a preoperative mirror program given by oncology nurse navigators to women who were scheduled for a mastectomy | Parallel RCT (NCT01642628) | 19 adults(Breast, TX) | UC | Body image/Mirror education | Women scheduled for mastectomy received a mirror and mirror viewing education from oncology nurse navigators. Written handout on body image and mirror-viewing  | SPEC(NL) | 1-to-1, Face-to-face  | Inpatient | 2 sessions | NR | U (up to 2 weeks post-op) | U |
| Fukui 2009 (Fukui et al., 2010, Fukui et al., 2009, Fukui et al., 2011, Fukui, 2008) (Japan) | To investigate whether a communication skill training program can improve nurse’s ability to detect the distress of patients who have just been informed of cancer diagnosis | Parallel RCT (NR) | Nurses: 8Patients: 89(Multiple, Diag) | UC | Communication Skills Training Programme | Brief educational course aimed at improving nurses’ communication. Two workshops: lectures about principles of communication skills, breaking bad news, how to detect distress. Educational materials and a checklist were given to each nurse | U(NF) | Group, Face-to-face  | Cancer institution | 3 sessions | 6 hours | 3 months | U |
| Gates 2012 (Gates, 2012) (Australia) | Effectiveness of nurse-led survivorship care interventions in long-term survivors of Hodgkin lymphoma | 2 groups, qRCT (NR) | 60 adults (Lymphoma, Surv) | UC | Nurse-led Intervention | Tailored education package. Nurse-led intervention focused health-related needs of survivors. Individualised survivorship care plan.  | SPEC(NL) | 1-to-1, Face-to-face, TC  | Home, Outpatient  | 4 session | NR | 4 weeks | U |
| Germino 2013 (Germino et al., 2013) (USA) | Effectiveness of uncertainty management In breast cancer survivors | Parallel RCT (NR) | 313 adults(Breast, Surv) | Attention control | Younger Breast Cancer Survivor Uncertainty Management Intervention (YS-UMI) | Scripted CD and guidebook provided specific cognitive and behavioral strategies to control uncertainty and to promote self-efficacy. Supplemented by TC  | U(NF) | 1-to-1, TC | Home | 4 TC | 20 mins | 4 weeks | 80 mins |
| Giesler 2005 (Giesler et al., 2005) (USA)  | To develop and test a nurse-driven, cancer care intervention for improving the QoL of people with prostate cancer | Parallel RCT (NR) | 99 dyads(Prostate, TX) | UC | Nurse-driven, computer-assisted intervention | Assessment program (interactive computer program). For each problem, an extensive number of strategies could be called up in menu format from the program. Focus initially on bowel and urinary function but follow-up dealt with problems related to sexual functioning, cancer worry, dyadic adjustment, depression, and other cancer-related problems | SPEC\*(NL) | 1-to-1, Face-to-face, Computer-mediated, TC | Hospital, Home | 6 sessions | NR | 6 months | U |
| Godino 2006 (Godino et al., 2006) (Spain) | To determine whether nursing education decreased the perception of fatigue in patients with colon or gastric cancer | Parallel RCT (NR) | 40 adults (Multiple, TX) | UC | Patient Education programme | Multifaceted individualised patient education programme (nutrition, stress management, rest and sleep, activity to maintain energy, lifestyle changes and adjustment). Written information and contact details for nurses and relevant patient societies  | SPEC\*(NL) | 1-to-1, Face-to-face, Computer  | Hospital  | 3 sessions | NR | 1 month | U |
| Goedendorp 2009 (Goedendorp, 2009, Goedendorp, 2009) (Netherlands) | To demonstrate the efficacy and to determine the contribution of physical activity | 3-arm RCT (NTR183, ISRCTN20583070) | 220 adults(Multiple, TX) | 1. UC2. CBT | BriefNursing intervention (BNI) | Booklet with easily understood general information about fatigue during active treatment. Additional information about physical activity with instructions also given | U(NL) | NR | NR | 2 sessions | 60 mins/session | 3 months | 120 mins |
| Grunfeld 2011 (Grunfeld et al., 2011) (Canada) | To determine if an survivorship care plan for breast cancer survivors improves patient-reported outcomes | Parallel RCT (ISRCTN86567908) | 408 adults(Breast, Surv) | UC | Survivorship Care Plan | Personalised treatment summary, guidelines and a resource kit tailored to the patient’s needs on available supportive care resources. Explicit statement that follow-up care was now the responsibility of the primary care provider | U(NF) | 1-to-1; face-to-face. | Hospital, home | 1 session | 30 mins | 3 months | 30 mins |
| Haggmark 2001 (Häggmark et al., 2001) (Sweden) | To test the effectiveness of different information supplied on satisfaction with information and QoL in people receiving curative radiation therapy | 3-arm RCT (NR) | 210 adults(Multiple, TX) | 1. UC2. UC plus brochure   | Information plus nurse group and repeated individual information | The group information diagnosis-specific. Patients were informed that it was possible for them to get further individual information at a special group meeting with the nurse giving group information or by telephone | U(NL) | Group, 1-to-1, Face-to-face, TC | Outpatient | One session | 60 mins | 1 week | 60 mins |
| Hall 2007 (Hall, 2007) (UK) | To assess the potential effectiveness, acceptability and feasibility of a brief smoking cessation intervention delivered as part of cervical screening | cRCT (NR) | 242 adults(S&P, Scr) | UC | Smoking Cessation advice and information | Brief smoking cessation advice as part of the smear test visit to all smokers who consented to take part in the study. Written information | GEN(NL) | 1-to-1, face-to-face  | Outpatient | 1 session | 3 mins | NA | 3 mins |
| Harrison 2009 (Harrison et al., 2011, Harrison, 2010, Harrison, 2009) (Australia) | Effectiveness of a nurse-delivered telephone supportiveintervention (the “CONNECT” intervention). | RCT (ACTRN12609000601235) | 75 adults(Colorectal/anus, TX) | UC | CONNECT telephone intervention | Standardised to address physical, psychosocial, rehabilitation areas of supportive care domains of unmet need. Designed to address common problems. Relevant informationprovided when need identified.  | ADV(NL) | 1-to-1, TC  | Home, Outpatient | 5 TC | NR | 6 months | U |
| Heidrich 2007a (Heidrich, 2007) (USA) | To test the feasibility and acceptability of an individualisedrepresentational intervention to improve symptom management (IRIS) in older breast cancer survivors | Parallel RCT (NR) | 41 older adults (Breast, Surv) | UC | Individualised Representational Intervention forSymptom management(IRIS) | Tailored intervention based on need. Counselling interview conducted by APN. Session 2 symptom management plan. | ADV(NL) | 1-to-1, Face-to-face, TC  | Home, Outpatient | 2 sessions | 30 – 75 mins | 4 weeks | 30 – 75 mins |
| Heidrich 2007b (Heidrich, 2007)(USA)  | As above  | Parallel RCT (NR) | 20 older adults (Breast, Surv) | Delayed IRIS (wait-list control) | IRIS (as abo ve) | As above but with 4 more additional TC from APN | ADV(NL) | 1-to-1, Face-to-face, TC  | Home, Outpatient | 6 sessions | U (> 30-75 mins) | 10 weeks | > 30-75 mins |
| Hershman 2013 (Hershman, 2013) (USA) | Effectiveness of an in-person survivorship intervention following adjuvant breast cancer therapy on health worry, treatment satisfaction, and the impact of cancer | Parallel RCT (NCT00821288) | 126 adults(Breast, Surv) | UC | Survivorship intervention group | Information provision. Met NP and nutritionist to receive a personalized treatment summary, surveillance and risk factors, screening and lifestyle recommendations | GEN\*(NF) | 1-to-1; face-to-face  | Hospital | 1 session | 60 mins | NA | 60 mins |
| Herth 2000 (Herth, 2000) (USA) | To determine if a specific nursing intervention program designed to enhance hope would positively influence levels of hope and QoL | qRCT (NR) | 115 adults (Multiple, TX) | 1. UC2. Attention control  | Hope group | Intervention aimed to increased hope. Meetings centred on one component of the Hope Process Framework: searching for hope, connecting with others, expanding boundaries and learning cognitive reframing strategies | SPEC(NF) | Group, Face-to-face  | Outpatient  | 8 sessions  | 120 mins/session | 8 weeks | 960 mins |
| Hinds 2000 (Hinds et al., 2000) (USA) | Effectiveness effects of a three-part educational intervention designed to facilitate coping on psychological) and clinical outcomes among adolescents newly diagnosed with cancer | Parallel RCT (NR) | 78 TYA(Multiple, TX) | UC | Facilitation of self-care coping strategies | Information provision on self-care and coping, video in which four adolescents demonstrated or described behavioural and coping strategies that they hadfound helpful and rehearsal of those strategies which the study participant selected as most likely to help him or her cope with the demands of treatment | GEN(NF) | 1-to-1, Face-to-face | Inpatient and outpatient | One session | 40 mins | NA | 40 mins |
| Hoff 2005 (Cartledge Hoff and Haaga, 2005) (USA) | Effects of an education program on radiation oncology patients and families | 2 group, CBA (NR) | 96 adults(Multiple, TX) | UC | Education and orientation program | Familiarising patients and families with the Cancer Centre (tour), informing them of support services available to them, encouraging them to be advocates for themselves and ask for support as needs arose during treatment. Written information, map and contact details | SPEC(NF) | 1-to-1; face-to-face | Outpatient | One session | NR | NA | U |
| Hopkinson 2010 (Hopkinson et al., 2010) (UK) | To develop the first psychosocial intervention for weight and eating-related distress in people with advanced cancer | cRCT (NR) | 50 adults(Multiple, TX) | UC | MacMillan Approach to Weight and Eating (MAWE) | Tailored nurse-led home consultations using information leaflets appropriate to their needs (e.g ‘breaking through the weight loss taboo’ etc)  | SPEC(NL) | 1-to-1, Face-to-face, TC | Home | 5 sessions | 60 mins | 5 weeks | 300 mins |
| Hudson 2014 (Hudson et al., 2014) (USA) | To determine whether the addition of APN telephone counseling to aprinted survivorship care plan increases cardiomyopathy screening | RCT (NCT01003574) | 472 adults(Multiple, Surv) | UC | Survivorship careplan + APN intervention group | Standard care plus two APN telephone counselling sessions using motivational interviewing. Printed survivorship care plan  | ADV(NL) | 1-to-1, TC | Home, hospital | 2 TC | NR | 3 weeks | U |
| Jahn 2009a (Jahn, 2009, Schmidt et al., 2017) (Germany) | To evaluate the effectiveness ofan interdisciplinary care programme to enhance self-management in patients with haematopoietic stem cell transplantation  | 2 groups, CBA (NCT00804817) | 79 young adults and adults(Haematological Oncology (leukaemias and myeloma), TX) | UC | SCION-HSCT (Self Care Intervention in Oncology Nursing Hematopoietic Stem Cell Transplantation) | Three modules: activation and relaxation, prevention of OM and nutritional support. Each module combines self-assessment of symptom occurrence and severity (patient-reported outcomes) and professional assessment with counselling and training of the patients | SPEC(NF) | 1-to-1, Face-to-face  | Inpatient | Applied continuously after HSCT during hospitalisation  | U | 19.7 (SD 8.1) days  | U |
| Jahn 2009b (Jahn, 2009) (Germany) | To evaluateSelf-care Improvement through Oncology Nursing (SCION)program to reduce distressing anorexia, nausea, and emesis(ANE) in cancer patients undergoing chemotherapy | cRCT (NR) | 208 Adults (Multiple, TX) | UC | Self-care Improvement through Oncology Nursing (SCION) program to reduce distressing anorexia, nausea, and emesis (ANE) | Four modular algorithm-based protocols summarized in a clinical practice guideline for the professionals supplemented by teaching booklet tailored to the patient’s need | GEN(NL) | 1-to-1, Face-to-face  | Inpatient and outpatient  | 4 sessions | 20 -30 mins | U | 80-120 mins |
| Jones 2011 (Jones et al., 2013) (Canada) | To test the effectiveness of a single-session group psycho-educational intervention compared with standard print material  | Parallel RCT (NCT01305915) | 442 adults (Breast, TX) | UC | Getting Back on Track (GBOT) | Brief psychoeducational group (max 10 people) intervention. Handbook plus powerpoint slides and scripts Topics included Nursing (changing relationships with the health care team, management of treatment side effects), Radiation Therapy, Physiotherapy, Nutrition, Social Work and Occupational Therapy  | SPEC(NF) | Group; Face-to-face  | Classroom | One session | 120 mins | NA | 120 mins |
| Katz 2004 (Katz et al., 2004) (Canada) | Development, validation and pilot-testing of a psycho-educational intervention for oral cancer patients | Parallel RCT (NR) | 19 adults(Head and neck, TX) | UC | Psycho-education intervention | Psycho-educational intervention: delivered verbally alongside a booklet divided into (a) Preparing for surgery and post-op course and (b) Preparing for your return home  | GEN\*(NL) | 1-to-1, Face-to-face, TC | Home and hospital | 2 TC  | 60-90 mins | U (pre-and post-op) | 120-180 mins |
| Kim 2004 (Kim et al., 2004) (USA) | To evaluate the effectiveness of a psycho-educational program (i.e., PRO-SELF© Pain Control Program | Parallel RCT (NR) | 174 adults(Multiple, TX) | UC | Pro-Self Pain Control Programme | Psychoeducational intervention. Tailored. Written material regarding pain and side-effect management. Practical teaching (e.g. using a weekly pillbox, communication with HCPs). Coached about how to modify their pain management plan  | GEN\*(NL) | 1-to-1, Face-to-face, TC | Outpatient, home  | 3 sessions | NR | 6 weeks | U |
| Kim 2013 (Kim, 2013) (South Korea) | Effectiveness of standardised education and telemonitoring for improving pain, distress, anxiety, depression, QoL in people with advanced cancers. | Parallel RCT (NR) | 108 adults(Multiple, TX) | Pain education alone | Pain education plus telemonitoring | Standardised pain education included individualised education and advice using a video-aided presentation and a booklet coached by nurse specialist. Daily telemonitoring for pain  | U(NL) | 1-to-1, Face-to-face, TC | Outpatients, Home | 8 sessions | Face-to-face: 30 mins, telemonitor: NR | 1 week | > 30 mins |
| Kitchener 2011 (Kitchener et al., 2016) (UK) | To measure the feasibility, clinical effectiveness and cost-effectiveness of a range of interventions to increase the uptake of cervical screening among young women | cRCT (ISRCTN52303479) | 10126 adults(S&P, Scr) | 1. Self sampling kits (SSK) offered2. Timed appointment3. SSK sent4. Choice5. Control | Nurse navigator arm | Nurse navigator arm (Phase 2): women receiving the offer of speaking to a specialist nurse to help a woman overcome her barriers to screening | SPEC(NL) | 1-to-1, TC | Home | 1 session | NR | NA | U |
| Koller 2013 (Koller et al., 2013) (Germany) | To evaluate the effects of a self-management intervention for cancer pain | Parallel RCT (NCT00920504) | 39 adults(Multiple, TX) | Attention control (“friendly visits”) | PRO-SELF Plus pain control program | Daily pain and symptom diary. Program contained structured and tailored components and was based on three key strategies: provision of information, skills building, and on-going nurse coaching. Written information. | GEN(NL) | 1-to-1, Face-to-face, TC | Home or outpatient clinic | 10 sessions (6 visits + 4 TC)  | Visits (up to 60 mins), TC: 5-10 mins | 10 weeks | Up to 400 mins  |
| Krebber 2012 (Krebber, 2012) (Netherlands) | To evaluate the efficacy of stepped care targeting psychological distress  | Parallel RCT (NTR1868) | 156 adults(Multiple, TX) | UC | Stepped care programme | Stepped care programme included watchful waiting, guided self-help via Internet or a booklet, problem solving treatment, specialised psychological interventions (e.g. CBT or medication)  | U(NF) | 1-to-1, Face-to-face, TC, Online  | Outpatient, home | 11 sessions | Varied (5 x 15 mins1 x 60min5x 45 mins) | 13 weeks | 300 mins |
| Kuhlenschmidt 2016 (Kuhlenschmidt et al., 2016) (USA)  | To determine the effect of tailored, nurse-delivered on patient perception of risk for falls, confidence in fall prevention, and willingness to ask for assistance | Parallel RCT (NR) | 91 adults(Haematological Oncology, TX)  | UC | Tailored nurse-delivered education intervention  | Tailored intervention based on the nurse’s risk assessment and patient’s perception of risk. Video, printed education targeted to patient’s misconceptions about risk and discussion with nurse | GEN(NL) | 1-to-1, Face-to-face  | Inpatient | 1 session | 15 mins | NA | 15 mins |
| Lauver 2003 (Lauver, 2003) (USA) | To test the effects of alternative messages on mammography and clinical breast examination (CBE) utilization over time and to examine the combined effects of such messages and external barrier | 3-arm RCT (NR) | 559 older adults(S&P, Scr) | 1. UC2. Recommendations about screening | Recommendations about screening plus tailored discussion | Screening recommendations plus tailored discussion with APN about beliefs, feelings and external barriers (i.e. costs, and access) | ADV\*(NL) | 1-to-1, TC | Home | 1 session | 20-35 mins | NA | 30 -35 mins |
| Lee 2006 (Lee, 2006) (Canada) | The efficacy of a novel psychological intervention designed to address existential issues through the use of meaning-making coping strategies onpsychological adjustment to cancer | Parallel RCT (NR) | 82 adults(Multiple, TX) | UC | Meaning-making intervention | Individualised sessions based on ‘‘Lifeline’’ exercise used to guide participants through a review of the cancer experience using a narrative, story-telling approach | ADV(NL) | 1-to-1, Face-to-face | Home and Outpatient  | Up to 4 sessions  | Up to 120 mins | Mean: 32 days (SD: 25. 46 days) | Up to 120 mins |
| Lee 2011b (Lee et al., 2011) (South Korea) | Effects of nurse-led CBT on breast cancer patients undergoing radiotherapy | 2 group, CBA (NR) | 71 adults(Breast, TX) | UC | Nurse-Led group CBT | Intervention consisted of relaxation, health education, cognitive behaviour counselling, and rehabilitation exercise. Group counselling format (5 to 8 participants) | GEN(NL) | Group, Face-to-face | Outpatient | Total: 6 sessions | 50 – 120 mins/session | 6 weeks | 300-720 mins  |
| Lepore 2003 (Lepore et al., 2003) (USA) | To compare QOL outcomes in patients receiving UC or one of two types of group education interventions for cancer patients | 3-arm RCT (NR) | 250 adults(Prostate, TX) | 1. UC2.Education alone | Education plus facilitated peer discussion | Lecture series and 45 additional minutes of groupdiscussion | SPEC(NF) | Group, Face-to-face | Outpatient | 6 sessions | 105 mins/session | 6 weeks | 630 mins |
| Lev 2000 (Lev and Owen, 2000) (USA) | To report findings from a study that used a theory-based counseling intervention with breast cancer patients | Parallel RCT (NR) | 18 adults(Breast, TX) | UC | Efficacy-Enhancing Counselling Intervention | Counselling aimed at enhancing women’s ability to self-care. Video, booklet, counselling interventions to practice behaviours | GEN\*(NL) | 1-to-1, Face-to-face | Home, Outpatient  | 5 sessions | NR | 5 months | U |
| Liu 2005 (Liu, 2005) (China) | To explore effective nurse-patient communication skills in cancer care | qRCT (with qualitative study) (NR) | Nurses: 129;Patients qualitative study: 20Patients Quantitative: 179(Multiple, TX) | UC | Communication Skills Training Programme | Intensive learning group in large group, and the other was clinical unit-based learning in smaller groups. Focus on communication knowledge, attitudes and skills | SPEC\*(NF) | 1-to-1, Face-to-face | Hospital, Class | 3-day course  | 21 hours | 3 weeks | 21 hours |
| Mahendran 2015 (Mahendran et al., 2015) (Singapore)  | To test the efficacy of a brief nurse-led psychosocial intervention aimed at alleviating distress and psychosocial concerns | 2 group, CBA (NR) | 121 adults(Multiple, TX) | UC | Brief nurse-led psychosocial intervention | Psycho-education on stress management, sleep hygiene measures, recognising symptoms of anxiety and depression, and how to access help. Counselling and supportive therapy provided. Also taught PMR and given print and audio materials for home based practice  | SPEC(NL) | 1-to-1, Face-to-face | Outpatient  | 4 sessions | 20 – 30 mins/session | 6 months | 80 – 120 mins |
| Matthews 2014 (Matthews, 2014) (USA) | To examine the effect of CBT for insomnia on sleep improvement,Daytime symptoms, and QoL in breast cancer survivors (BCSs) after cancer treatment | Parallel RCT (NR) | 56 adults(Breast, Surv) | Behavioural placebo treatment  | Cognitive behavioral therapy for insomnia (CBTI) | Nurse-delivered Cognitive behaviour therapy for patients with insomnia. Educated about sleep restriction, stimulus control, sleep hygiene education, and cognitive therapy  | SPEC (NL) | 1-to-1, Face-to-face, TC | Office setting | 6 sessions | 4 Face-to face: (30–60 mins/session);2 TC: 15-20 mins | 6 months | 150-280 mins  |
| McCorkle 2015 (McCorkle et al., 2015) (USA) | Effectiveness of a multidisciplinary coordinated intervention by APN at the clinic level on outcomes with patients newly diagnosed with late-stage cancer | cRCT (NCT01272024) | 146 adults(Multiple, TX) | Enhanced UC | APN-coordinated multidisciplinary intervention | APN coordinated intervention included monitoring patients’ status, symptom management, executing complex care procedures, teaching, coordinating care, responding to the family, enhancing QOL, and collaborating with other providers | ADV(NF) | 1-to-1, Face-to-face | Home and Outpatient  | 10 sessions (5 clinic visits and 5 TC) | NR | 10 weeks | U |
| McDonald 2005 (USA) | Effectiveness of two nurse-targeted, e-mail–based interventions to increase home care nurses’adherence to pain assessment and management guidelines | 3-arm RCT (NR) | Nurses: 336;Patients: 673(Multiple, TX) | 3 arms, 1. UC2. Basic computer-based (email reminder)  | Augmented computer-based (email reminder) intervention | E-mail reminder. Augmented intervention had substantially expandedinformation and resources available plus morepro-active approach. An e-mail was sent by the CNS to the nurse a week after thefirst e-mail and reminded the augmented groupnurse that the CNS was available for consultation | GEN + SPEC(NF) | 1-to-1, Face-to-face, Online | Home | 2 emails  | 1 | 1 weeks | U |
| Mishel 2002 (Mishel et al., 2002) (USA) | To test the efficacy of an individualised uncertainty management intervention delivered by telephone | 3-arm RCT (NR) | 239 adults(Prostate, TX) | 1. UC 2. Uncertainty management (Treatment supplemented: patient only + other) communication strategy | Uncertainty Management Intervention(Treatment direct: patient only)  | Psychoeducational intervention (treatment direct). Semi-structured interview. Discuss problems and uncertainties. Cognitive reframing (support, validation) and strategies for coping and self- management. Educational materials relevant to each patient were posted | GEN(NL) | 1-to-1, TC | Outpatient,Home | 8 TC | NR | 8 weeks | U |
| Mishel 2005 (Gil et al., 2005, Mishel et al., 2005) (USA) | Tested the efficacy of a theoretically based uncertainty management intervention delivered to older long-term breast cancer survivors | RCT (NR) | 509 older adults(Breast, Surv) | UC | Uncertainty Management Intervention | Cognitive strategies delivered via audiotapes to teach active emotion-focused coping responses. Behavioural strategies in a self-help manual designed to provide management skills, information and resources on long-term treatment side effects and cancer resources  | GEN(NL) | 1-to-1, TC | Outpatient, Home | 4 TC | NR | 10 months | U |
| Mishel 2009 (Mishel et al., 2009) (USA) | To examine the effects of a theory-based decision-making uncertainty management intervention in new diagnosed men with prostate cancer | 3-arm RCT (NR) | 252 adults(Prostate, TX) | 1. UC 2. Uncertainty management (Treatment supplemented: patient only+other) communication strategy | Uncertainty management (Treatment direct: patient only) communication strategy | Treatment direct (patient receives the intervention). Communication strategies through a DVD and 4 TC Booklet, a patient-focused, evidence-based guide to treatment issues for early stage prostate  | GEN(NL) | 1-to-1, TC | Outpatient, Home | 4 TC | NR | 7-10 days | U |
| Mock (2005) (Mock et al., 2005) (USA) | To determine the effects of exercise on fatigue levels during treatment for breast cancer | RCT (NCT00181129) | 119 adults(Breast, TX) | UC | Nurse-directed, home-based walking exercise program | Individualised exercise program (home based self paced walking program). Written prescription to walk five to six times per week (15-minute walk that increased to 30 min as training progressed). In addition, the program was detailed in a booklet and a video | SPEC(NL) | 1-to-1, Face-to-face | Home based practice | U | U | 6 weeks | U |
| Moller 2005 (Moller et al., 2005) (Denmark) | Impact of patient education regarding provision of their own catheter care on the frequency of CVC-related infections | RCT (NR) | 82 adults(Multiple, TX) | UC | Patient Education Catheter Care | Individualised training and supervision. Education included practical and theoretical training  | SPEC\*(NL) | 1-to-1, Face-to-face, TC | Inpatient and outpatient | No limitations on the number of sessions | NR | 2 months | U |
| Northouse 2006 (Northouse, 2007) (USA) | To determine whether a family-based intervention could improve appraisal variables, coping resources or symptom distress, and quality of life in men with prostate cancer and their spouses | Parallel RCT (NCT00708968) | 263 (patient-spouse dyads)(Prostate, TX) | UC | Family Intervention (FOCUS) | Multiple components including family involvement, optimistic attitude, coping effectiveness, uncertainty reduction and symptom management. Targeted to needs of the couples | U(NL) | 1-to-1, Face-to-face, TC | Home | Five sessions,  | 3 home visits (90 mins/session) and 2 follow-up phone calls (30 mins each) | 4 months | 370 mins |
| Northouse 2013 (Northouse et al., 2013) (USA) | To determine if patient-caregiver dyads, randomly assigned to either a Brief or Extensive dyadic intervention (i.e., the FOCUS Program have improved QoL | 3-arm RCT (NCT00709176) | 484 dyads(Multiple, TX) | 1. UC2. Brief dyadic intervention (FOCUS) | Extensive dyadic intervention (FOCUS) | Home-based, dyadic multicomponent intervention aimed to, provide information and support to cancer patients and caregivers together (See above) | U(NL) | 1-to-1, Face-to-face, TC | Home | 6 sessions  | 4 home visits (60 mins/session), 2 TC (30 mins/session) | 10 weeks | 460 mins |
| Oldenmenger 2011 (Oldenmenger et al., 2011, Oldenmenger and van der Rijt, 2017) (Netherlands) | The effect of PC combined with PEP on pain and interference by pain with daily functioning  | Parallel RCT (NTR613, ISRCTN68236655) | 72 adults(Advanced cancer, TX) | UC | Pain consultation combined with pain education program (PC-PEP)  | Intervention designed to enhance patient knowledge about pain and treatment. Educated about relevant pain topics. Leaflets. Nurses also sought to improve help-seeking behaviour | SPEC(NL) | 1-to-1, Face-to-face, TC | Outpatient,Home | 9 sessions  | NR | 8 weeks | U |
| Park 2013 (Park et al., 2013) (South Korea) | To examine the effects of tailored message education about breast cancer risk in obese Korean women | 2 group, CBA (NR) | 64 adults(S&P, Prev & Risk) | UC | Tailored message intervention | Tailored message education: cognitive (accurate knowledge about risk factors and guidelines); emotional (targeted women's awareness of their own emotional barriers by having each woman evaluate and discuss her own breast cancer risks and mammography results) and behavioural domain (Screening and lifestyle behaviours) | U(NL) | 1-to-1, Face-to-face | U (private room) | One session (45 mins) with a 10-minute interval between topics ('domains') planned to allow some flexibility  | 45 mins  | NA | 45 mins |
| Phelan 2003 (Phelan, 2003) (USA) | Effect of providing high-risk patients with standard brochures versus personalized photo books aspart of a comprehensive nursing intervention on knowledge, awareness, and confidence with skin self-examination  | Parallel RCT (NR) | 100 adults(S&P, Prev & Risk) | UC | Nurse Teaching using a Photo-book | Personalised photo books. Whole body digital photography, incorporating 27 body sector photos. Nurse explained how to examine body in a systematic way using photo book and leaflets provided | GEN\*(NL) | 1-to-1; face-to-face  | Outpatient | One session  | 120 mins | NA | 120 mins |
| Pisani 2006 (Pisani, 2006) (Phillipines) | Assess feasibility of mass breast screening | Parallel RCT (NR) | 138392 adults(Breast, Scr) | UC | Clinical Breast Examination | Women were taught breast self-examination, provided with a leaflet in the local language explaining the purpose and methodology of BSE. If abnormalities were detected and classified ‘‘positive’’ for a suspected lump were referred for diagnosis to special clinics established  | GEN(NL) | 1-to-1, Face-to-face. | Outpatient, Home | One session | NR | 2 years | U |
| Platt 2013 (Causarano et al., 2015, Platt et al., 2013) (Canada) | The feasibility and effect of a pre-consultation educational group intervention on the decision-making process for breast reconstruction | Parallel RCT (NCT01857882) | 41 adults (Breast, Surv) | UC | Pre-consultation educational groupintervention | Pre-consultation educational group intervention delivered by peers and HCP. Aims to manage unrealistic expectations, clarify personal values, improve knowledge about the complex surgical options, risks and benefits, probable outcomes, and alternatives to surgery, and provide social/peer support  | SPEC(NF) | Group, face-to-face | Hospital | 2 sessions | 105 mins | NA | 105 mins |
| Raje 2007 (Raje et al., 2007) (UK) | To determine whether young low-risk patients with rectal bleeding can be managed with a structured telephone interview and dietary advice, rather than anoutpatient visit | Parallel RCT with two stages (NR) | 89 adults(Colorectal/anus, TX) | UC | Telephone Dietary Advice Alone | Dietary advice from the CNS during the telephoneinterview. Given outpatient appointment and then followed up 6 weeks later with TC | SPEC(NL) | 1-to-1, TC | Home, Outpatient | 2 sessions | NR | 6 weeks | U |
| Ream 2006 (Ream et al., 2006) (UK) | Evaluated a supportive intervention for fatigue in patients undergoing chemotherapy | Parallel RCT (NR) | 103 adults(Multiple, TX) | UC | Educational Intervention | Assessment/ monitoring of fatigue; education on fatigue; coaching in self-care; and provisionof emotional support | SPEC(NL) | 1-to-1, Face-to-face  | Home | 3 home visits | NR | 3 months | U |
| Reif 2012 (Reif et al., 2013) (Germany) | To evaluate a patient education program that aims at reducing perceived fatigue in cancer survivors | Parallel RCT (NCT00552552) | 261 adults(Multiple, Surv) | Waiting list control | Patient educational Intervention | Structured patient education program about fatigue and fatigue management d for groups of 8 cancer survivors. Lectures, discussions, individual tasks, behavioural training, and home tasks | U(NF) | Group, Face-to-face | Home and Outpatient  | 6 sessions  | 90 mins/session | 6 weeks | 540 mins |
| Ritvo 2011 (Ritvo et al., 2015) (Canada) | Impact of a patient navigation intervention that included support for performance of the participants' preferred screening test (colonoscopy or stool blood testing) | Parallel RCT (NCT01506687) | 5240 adults(S&P, Scr) | UC | Personal navigation | Provision of general information regarding colorectal cancer screening, elicited participant screening test preference (colonoscopy or stool blood testing) and organised preferred test | U(NL) | 1-to-1, Face-to-face, TC  | Community (not clear) | One session | NR | NA | U |
| Roshanai 2009 (Roshanai, 2009) (Sweden) | To investigate the effect of receiving extended cancer genetic information on counselees’ knowledge, risk perception, information sharing and satisfaction with the service | Parallel RCT (NR) | 147 adults, 82 relatives(S&P, Prev & Risk) | UC | Extended Information Genetic Counselling | Information provision (e.g. basic genetics etc). In addition, the geneticist estimates the risk for non-affected counselees’ or for affected counselees’ close relatives. Specialist nurse discusses the given information again and discusses how to share the information with relatives  | U(NF) | 1-to-1, Face-to-face, video  | Outpatient | 2 sessions | NR | 2 weeks | U |
| Ross 2005 (Ross et al., 2005) (Denmark) | The effect of home visits on the well-being of colorectal cancer patients | Parallel RCT (NR) | 249 adults(Colorectal/anus, TX) | UC | Psychosocial intervention | Home visits to deliver emotional and educational support, encouraging use of participant’s social networks for support. TC between visits were also offered | U(NF) | 1-to-1, Face-to-face, TC | Home | 10 home visits  | 60 mins | 2 years | 10 hours |
| Ruland 2012 (Ruland, 2012) (Norway) | To examine the effects ofWebChoice on symptom distress depression, self-efficacy, health-related QoL and social support  | Parallel RCT (NCT00710658) | 325 adults(Multiple, TX) | UC (Usual access to publicly available URLs) | WebChoice | WebChoice allows patients to monitor and report their symptoms; tailored symptom self-management support; an information section; a communication section where patients can share their experiences with other patients and obtain professional support. And diary access  | SPEC\*(NF) | 1-to-1, Internet | Online; home | Use of the system was entirely voluntary | U | 12 months | U |
| Rustonen 2014 (Rustøen, 2014) (Norway) | To evaluate the efficacy of the PRO-SELF Pain Control Program that was modified for Norwegian cancer patients in decreasing pain and increasing opioid intake | Parallel RCT (NCT00760305) | 179 adults (Multiple, TX) | UC | PRO-SELF management  | Pain management pain control program, tailored educational information, written information, telephone contact, nurse coaching | SPEC(NL) | 1-to-1, Face-to-face, TC | Home | 3 home visits, 3 TC | NR | 6 weeks | U |
| Sandgren 2003 (Sandgren and McCaul, 2003) (USA) | To compare two brief therapies, delivered by telephone, intended to help women cope with breast cancer | 3-arm RCT (NR) | 222 adults(Breast, TX) | 1. UC2. Emotional expression | Breast cancer health education | Education included understanding breast cancer and treatment, managing post-surgical changes, managing treatment side effects and fatigue, promoting a healthy lifestyle, and follow up.  | SPEC(NL) | 1-to-1, TC | Home | 6 TC | 30 mins | 6 weeks | 180 mins |
| Schjolberg 2014 (Schjolberg et al., 2014) (Norway) | Effects of an educational intervention for managing fatigue in women with early stage breast cancer | Parallel RCT (NR) | 160 adults (Breast, TX) | UC | Educational Intervention | Educational packages contained information about fatigue; strategies to ease the experience of fatigue, and information about physical exercise activities were provided to groups of 10 patients, tailored to the specific needs of patient groups.  | SPEC(NL) | Group, Face-to-face | Outpatient | 3 sessions  | 120 mins | 3 weeks | 360 mins |
| Schneider 2009 (Schneider et al., 2014) (USA) | The effective­ness of a tailored intervention to promote adherence to oral chemo­therapeutic agents  | Parallel RCT (NCT00932490) | 48 adults(Multiple, TX) |  UC | Tailored adherence intervention | Personalised assessment and a tailored intervention plan developed by an APN. Strategies were evaluated for effectiveness and modified or reinforced as needed | SPEC\*(NL) | 1-to-1, TC | Home | 14 TC | NR | 6 months (or until they completed their medication) | U |
| Schofield 2006 (Schofield et al., 2016) (Australia) | The relative benefits of a group nurse-led intervention on psychological morbidity, unmet needs, treatment-related concerns and prostate cancer-specific QoL in men | cRCT (ACTRN12606000184572) | 330 adults(Prostate, TX) | UC | Psycho-educational group consultations | Assess patient needs and values; information provision information; self-care and communication coaching strategies. Psychosocial peer support and information exchange | SPEC(NL) | 1-to-1 and group, Face-to-face, TC | Outpatient | 4 group and 1 indiv session | 60 mins | 3 months | 300 mins |
| Secginli 2011 (Secginli and Nahcivan, 2011) (Turkey) | The effectiveness of a breast health promotion program on mammography and clinical breast examination use | CBA (NR) | 190 adults(S&P, Scr) | UC | Breast health promotion | Breast health promotion program incl. breast health education, film, breast self-examination instruction, and a booklet, a calendar, a card designed specifically for the study | GEN(NL) | 1-to-1, Face-to-face | Community | One session  | 120 mins | NA | 120 mins |
| Sloman 2002 (Sloman, 2002) (Australia) | To compare the effects of progressive muscle relaxation and guided imagery on anxiety, depression, and QoL in people with advanced cancer | 4-arm RCT (NR) | 56 adults(Advanced cancer, TX) | 1. Guided imagery training2. PMR+ guided imagery 3. UC | Progressive Muscle Relaxation (PMR) | Nurse used tape recording to deliver PMR. Followed by brief discussion about their feelings, any problems that they may have experienced. Asked to practice 2x day | GEN(NL) | 1-to-1, Face-to-face | Home | Home-based practice 2x day; home visit from nurse 2x week | 30 mins/session | 3 weeks | 180 mins |
| Stanton 2005 (Stanton et al., 2005) (USA) | To evaluate the effectiveness of psychoeducational interventions in women with breast cancer | 3-arm RCT (NR) | 558 adults(Breast, Surv) | 1.Standard print control 2. Videotape intervention | Brief psychoeducational counselling | Face-to-face intervention based on CBT, developed an approach-oriented action plan to address concerns plus educational material incl. video tape with manual provided, plus TC | U(NF) | 1-to-1, Face-to-face, TC | Outpatient | 2 sessions | 110 min | 2 weeks | 110 mins |
| Suh 2012 (Suh, 2012) (South Korea) | To evaluate the effects of pericardium 6 (P6) acupressure and nurse-provided counselling on chemotherapy-induced nausea and vomiting in women with breast cancer | 4-arm RCT (NR) | 105 adults(Breast, TX) | 1. Control (placebo on SI3) 2. P6 acupressure only 3. P6 acupressure plus nurse-provided counselling only | Nurse-provided counselling only | Counsellng session included an introduction, ‘cognitive preparation’, symptom acceptance, the use of available resources, and a question-and-answer session | U(NL) | 1-to-1, Face-to-face | Outpatient | U | U | 1 week | U |
| Tamminga 2013 (Tamminga et al., 2012, Tamminga et al., 2010, Tamminga et al., 2013, Tamminga et al., 2013)(Netherlands) | Effectiveness of a hospital-based return to work intervention compared to UC in women with cancer  | Parallel RCT (NTR1658) | 133 adults(Multiple, Surv) | UC | Hospital based work support intervention | Patient education and support at the hospital plus improved communication between treating and occupational physicians. Return to work plan organised | SPEC\*(NF) | 1-to-1, Face-to-face | Hospital | 4 sessions | 15 mins/session | 14 months | 60 mins |
| Templeton 2004 (Templeton and Coates, 2004) (UK) | To evaluate the effect of an evidence-based education package on the knowledge of disease and treatment, QoL coping and satisfaction with care in men with prostrate cancer | Parallel RCT (NR) | 55 adults(Prostate, TX) | UC | Evidence-based education package | Information booklet used in addition to verbal teaching of urology nurse | U(NL) | 1-to-1, Face-to-face  | Outpatient | 1 session | NR | NA | U |
| Thomas 2012 (Thomas et al., 2012) (USA) | To test the effectiveness of two interventions compared to usual care aimed at improving cancer pain management | 3-arm RCT (NR) | 318 adults(Multiple, TX) | 1. UC2. Standardised education | Coaching | Video and leaflet about managing cancer pain plus TC that explored beliefs about pain, use of analgesics and non-pharmacologic pain management strategies, and communication about pain management | ADV(NL) | 1-to-1, Face-to-face, TC | Outpatient, home | 4 TC sessions | 30 mins | 6 weeks | 120 mins |
| Vallerand 2010 (Vallerand et al., 2010)(USA) | To determine the effect of the“Power Over Pain” intervention | 4-arm qRCT (NR) | Agencies: 14Nurses -232Patients - 50;Caregivers - 46(Multiple, TX) | 1. Only nurses received intervention; 2. Only patients and caregivers received the intervention; 3. Neither nurses nor patients and caregivers received the intervention | Nurses, patients, and caregivers received “Power over Pain” intervention  | Structured educational intervention for nurses, patients and caregivers managing cancer-related pain in the home | U(NL) | 1-to-1, Face-to-face | Home  | Nurses: 4 hours training session; Patients and carers: 1 hour education session | 5 hours | 4 weeks | 5 hours |
| van der Peet 2009 (van der Peet et al., 2009) (Netherlands) | Effectiveness of an intensivehome-based education program delivered by nurses affectshort-term and long-term pain levels. | Parallel RCT (NR) | 83 adults(Advanced cancer, TX) | UC | Home-Based Patient Education Programme (PEP) | Specialised nursing care at home, which included the PEP and the monitoring of other symptoms. Information provision about pain knowledge and pain management brochure, pain diary, and encouraged help-seeking behaviour | SPEC\*(NL) | 1-to-1, Face-to-face | Home | Total: 3 sessions | 60-90 mins/session | 6 weeks | 180 – 270 mins |
| Visser 2014 (Visser et al., 2015, Visser, 2014) (Netherlands) | Feasibility and efficacy of GMCs in the follow-up of breast cancer | Parallel RCT (NTR3771) | 69 adults(Breast, Surv) | UC | Group medical consultation (GMC) | GMC with 8 other patients, physical examinations will be performed before the start of the group consultation. During a GMC a clinician and social worker or a nurse are collaborating.  | ADV(NF) | Group, Face-to-face | Outpatient | Single session  | 90 mins | NA | 90 mins |
| Visser 2015 (Visser, 2015) (Netherlands) | To evaluate the feasibility of CNS-led BSE education as part of BRCA surveillance | RCT (NR) | 37 adults(S&P, Scr) | UC | CNS-led breast self-examination (BSE) education + leaflet | Educated about BSE during annual clinic. Additional written BSE instructions provided information on how to improve skills for BSE, information about the best period to perform BSE, and instructions on how to proceed after detection of abnormal changes | SPEC(NL) | 1-to-1, face-to-face  | Outpatient | Single session  | NR | NA | U |
| Wagner 2014 (Ludman, 2014, Ludman et al., 2015, Wagner et al., 2014) (USA) | To determine whether a nurse navigator intervention improves QoL and patient experience with care for people recently given a diagnosis of breast, colorectal, or lung cancer | Parallel RCT (NCT00921713) | 251 adults(Multiple, TX) | UC | Nurse navigator support | Identified problems, monitored progress, collaborated with patients to develop goals and action plans  | SPEC(NL) | 1-to-1, Face-to-face, TC | Home, Outpatient  | Average of 18 sessions  | NR | 16 weeks | U |
| Wangnum 2013 (Wangnum, 2013) (Thailand) | To examine fatigue scores in patients with lung cancer after chemotherapy treatment, and to compare the scores of the group receiving the MDT education program in self-care group with UC | Parallel RCT (NR) | 60 adults (Lung, TX) | UC | Multidisciplinary education program in self-care on fatigue nurse led | MDT training given to patients from specialists. Self-care program to decrease the risk of fatigue that might occur during the course of chemotherapy delivered by MDT specialists  | SPEC(NF) | 1-to-1, Face-to-face | Home, Outpatient  | Total: 4 face-to-face sessions | 60-90 mins/session | 9 weeks | 240 – 360 mins |
| Wells 2003 (Wells et al., 2003) (USA) | To determine if continued access to information following a baseline pain education program would improve pain control | 3-arm RCT (NR) | 64 adults(Multiple, TX) | 1. Pain hotline2. UC  | Brief post-education follow-up telephone contact | Oncology nurse assessedpatients’ understanding of their prescribed analgesic regimens, probed for any difficulties attributed to the analgesics, and encouraged patients to contact the treating oncologist if problems were identified | SPEC(NL) | 1-to-1, TC | Home | Total: 4 TC  | NR | 4 weeks | NR |
| Wilson 2005 (Wilson et al., 2005) (UK) | To test whether trained geneticsnurse counsellors are as effective as current models of service for familial breast cancercounselling and to explore factors influencingcost-effectiveness | 2 Concurrent RCTsRCT (Nurse) (ISRCTN60569158) | Grampian Patients: 289Wales Patients: 297(patients: 586)(S&P, Scr) | UC (offered by geneticists) | Nurse counsellor intervention | Nurse counsellor saw new patients at the first appointment and referred back to the GP or on to a clinical geneticist according to locally developed protocol, under the supervision of a consultant geneticist | U(NF) | Face-to-Face | Outpatient | One session | 60 – 90 mins | NA | 60 – 90 mins |
| Wu 2015 (Wu and Lin, 2015) (UK) | To compare the efficacy of an individually-tailored telephone counseling and NCI brochure to increase mammography adherence among Chinese-American women | Parallel RCT (NR) | 193 adults(S&P, Scr) | UC | Interactive, individually-tailored telephone counselling intervention | Counselling content provided individualised messages that are pertinent to the participant based baseline assessment | SPEC(NF) | 1-to-1, TC, online | Home | 2 TC  | Up to 60 mins  | 4 months | Up to 60 mins |
| Wyatt 2004 (Wyatt, 2004) (USA) | To test the efficacy of a sub-acute home nursing intervention following short-stay surgery for breast cancer | 3-arm RCT | 240 adults(Breast, TX) | 1. Agency-based home nursing care 2. No home nursing care | In-home nursing intervention | Designed to facilitate self-care (for the drain and surgical site care, and emotional and QOL concerns) and empowerment. Also taught breast self-examination, upper body range of motion, and lymphedema protectionstrategies | GEN(NL) | 1-to-1, Face-to-face, TC | Home | Min. 4 sessions (2 home visits, 2 TC)  | NR | 2 weeks | U |
| Xu 2015 (Yu-Juan, 2015) (Taiwan)  | The effects of a walk-and-eat intervention for patients with esophageal cancer undergoing neoadjuvant chemoradiotherapy | RCT (NCT01952210) | 59 adults(Upper Gastro-intestinal, TX) | UC | Walk and Eat nurse supervised intervention | Nurse supervised walking three times a week and weekly nutrition advice | U(NL) | 1-to-1, Face-to-face | Hospital | 3 sessions/week | 25 mins/session | 4-5 weeks | 300-350 mins |
| Yates 2004 (Yates et al., 2004) (Australia) | Evaluated an educational intervention that aimed to optimise patients’ ability to manage pain | Parallel RCT (NR) | 189 adults(Multiple, TX) | UC | Pain management education | Personalised pain management plan (based on CBT with information provision, coaching to assist patients to learn more adaptive ways to communicate pain)  | GEN(NL) | 1-to-1, Face-to-face, TC | Outpatient, home | Total: 2 sessions | Face-to-face: 30 mins; TC: 15 mins  | 2 weeks | 45 mins |
| Yates 2005 (Yates et al., 2005) (Australia) | To evaluate the efficacy of a psychoeducational intervention in improving cancer-related fatigue | Parallel RCT (NR) | 109 adults(Breast, TX) | UC | Educational intervention | Psycho-educational intervention to improve patients’ knowledge and skills in performing self-care behaviours to minimise fatigue | SPEC(NL) | 1-to-1, Face-to-face, TC | Outpatient, home | Total: 3 sessions  | 10-20 mins | 3 weeks | 30 -60 mins |
| Young 2006 (Young et al., 2006) (Australia) | To identify the best way in which to communicate risk information: letter or personal interview? | Parallel RCT (NR) | 87 adults(S&P, Scr) | Letter | Interview | Genetic risk information, interview with a genetics associate or nurse specialist + personal letter summarising the discussion | U(NF) | 1-to-1, Face-to-face  | Outpatient | 1 session | NR | NA | U |
| Zhang 2014 (Zhang et al., 2014) (China) | To compare the effects of a six-month nurse-led self-efficacy-enhancing intervention for patients with colorectal cancer, compared with routine care | Parallel RCT (NR) | 152 adults(Colorectal/anus, TX) | UC | Self-efficacy-enhancing intervention | Multiple components including education with oncology nurse, handbook, relaxation audiotape and health-coaching telephone follow up sessions | SPEC(NL) | 1-to-1, Face-to-face, TC  | Home, hospital | Total: 5 sessions (1, face-to face; 4 TC) | Face-to-face: 60 mins, audio tape: 30 mins,TC: 20-40 mins each | 6 months | Up to 250 mins |

Abbreviations: ADV: advanced oncology nurse; APN: Advanced practice nurses; BF: biofeedback training; BMA: bone marrow aspiration; BSE: breast self examination; CBA: controlled before and after study; CBT: cognitive behavioural therapy; CNS: clinical nurse specialist; cRCT: cluster RCT; CVC: central venous catheter; EoL: end-of-life; RCT; GEN: generalist nurse; GI: gastroenterologist; HBHC: hospital-based homecare; HCP: healthcare professionals; IT: intrathecal therapy; LLLT: low level laser therapy; MDT: multidisciplinary team; MLD: manual lymphatic drainage; NA: not applicable; NF: nurse-facilitated; NL: nurse-led; NP: nurse practitioner; NR: not reported; PE: physical exercise; PFMT: pelvic floor muscle training; 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.

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