

Accepted Manuscript

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PII: S0147-0272(16)30084-8
DOI: [10.1016/j.currprobcancer.2018.03.006](https://doi.org/10.1016/j.currprobcancer.2018.03.006)
Reference: YMCN 390

To appear in: *Current Problems in Cancer*

Received date: 6 November 2016
Revised date: 15 January 2018
Accepted date: 30 March 2018

Please cite this article as: Li Yanwei , Fang minghui , Quan manman , Yan zhuchun , Liu dongying , Pan zhanyu , Influence of wellness-education on first-line icotinib hydrochloride patients with stage IV non-small cell lung cancer and their family caregivers, *Current Problems in Cancer* (2018), doi: [10.1016/j.currprobcancer.2018.03.006](https://doi.org/10.1016/j.currprobcancer.2018.03.006)

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Abstract

Objective: This study aims to examine the effects of wellness-education (WE) intervention on the behavioral change, psychological status, performance status on patients with stage IV non-small cell lung cancer (NSCLC) undergoing icotinib hydrochloride treatment and their relationships with family caregivers.

Methods: We conducted an intervention study involving 126 individuals with confirmed activating epidermal growth factor receptor (*EGFR*) mutation-positive stage IV NSCLC who received Icotinib hydrochloride as first-line therapy between 01/2014 and 01/2016; their caregivers were also included in the study. For a period of 12 weeks, participants were randomly assigned into WE and control groups. The patients and family members in the WE group were provided with WE information about treatment, diet, social needs, rehabilitation, physical/mental health education, communication strategies, and patient care advice at least 3 times per week during treatment. Qualitative feedback of the participants was recorded during the intervention. Food Composition Database, the Family Environment Scale (FES), patients/caregivers quality-of-life [Functional Assessment of Cancer Therapy–Lung (FACT-L)/Caregiver Quality of Life Index–Cancer Scale (CQOLC)], and Hospital Anxiety and Depression Scale (HADS) were measured at baseline and for 12 weeks. Data were analyzed to compare the different outcomes.

Results: Of the 126 caregivers (64 WE and 62 control), 120 completed the study. We observed significant differences between the WE group and control group with respect to low daily calorie intake (31.0% vs. 77.4%, $p < 0.05$), smoking cessation and awareness of cancer (85.48% vs. 100%, $p < 0.05$). The WE group showed high ratings on awareness of cancer risk and benefit, as well as confidence relating to the behaviors of healthful diet and self-motivation to conduct cancer test. Family caregivers had high ratings on 30-min daily moderate physical activity ($p > 0.05$). After 12 weeks, WE intervention had improved scores on FACT-L-EWB and CQOLC adaptation. In addition, the patients also showed improvements in HADS.

Conclusion:

WE interventions in patients with stage IV NSCLC undergoing icotinib hydrochloride treatment

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