

# Continuous nursing at home for well-being after stomach cancer surgery

<b>Submission date</b> 31/10/2025	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 25/11/2025	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 05/11/2025	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Gastric cancer (GC) is the fifth most common malignant tumor in the world in terms of incidence rate and the second most common malignant tumor in terms of mortality. The postoperative condition of patients with GC metastasis is still poor. How to effectively improve the quality of life (QoL) of postoperative patients has gradually become the key target of current treatment. This study aimed to explore the impact of continuous nursing care on the QoL of GC lung metastasis patients, to better implement treatment for GC patients and improve their QoL.

### Who can participate?

Patients who have a confirmed diagnosis of stomach cancer that has spread to the lungs.

### What does the study involve?

This study will compare two interventions: routine nursing care, which involves regular telephone follow-ups and continuous nursing care, which involves a structured program of telephone follow-ups, scheduled home visits, priority appointments at a specialist clinic, and support through an online health platform.

These measurements will be taken at the time of hospital discharge, and again at 3 months, 6 months, and 1 year after discharge using a questionnaire.

### What are the possible benefits and risks of participating?

By enrolling, participants might gain access to a new and potentially better treatment that isn't available to everyone, all while receiving very close medical care from a team of experts. The research team will explain all the known risks, like tiredness or disturbance, in detail.

### Where is the study run from?

The First Hospital of China Medical University, Shenyang, China.

### When is the study starting and how long is it expected to run for?

June 2022 to October 2025

Who is funding the study?  
Investigator initiated and funded

Who is the main contact?  
Yueyang Jiang, yueyang\_jiang@hotmail.com

## Contact information

### Type(s)

Public, Scientific, Principal investigator

### Contact name

Mrs Yueyang Jiang

### Contact details

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## Additional identifiers

### Clinical Trials Information System (CTIS)

Nil known

### Protocol serial number

Nil known

## Study information

### Scientific Title

Effect of continuous nursing care on postoperative quality of life in patients with gastric cancer lung metastasis

### Study objectives

This study aimed to explore the impact of continuous nursing care on the quality of life (QoL) of gastric cancer (GC) lung metastasis patients, to better implement treatment for GC patients and improve their QoL.

### Ethics approval required

Ethics approval required

### Ethics approval(s)

approved 17/07/2025, Ethics Committee of the First Hospital of China Medical University (No. 155 Nanjing North Street, Heping District, Shenyang City, 110001, China; -; ethics@cmu1h.com), ref: 101022119

## **Study design**

Randomized controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Quality of life

## **Health condition(s) or problem(s) studied**

Gastric cancer

## **Interventions**

This was a 1-year follow-up study where 102 patients with GC lung metastasis in the First Hospital of China Medical University were randomized to routine telephone follow-ups (Control) or a comprehensive continuous nursing program involving phone calls, home visits, clinic services, and online support (Observation). The anxiety, depression and QoL scores of patients: physical function, role function, emotional function, cognitive function, and social function, were observed at the time of discharge, 3 months, 6 months and 1 year after discharge.

Control Group Protocol: the patients received regular telephone follow-ups conducted by a nurse specialist, which included: medication guidance, dietary counseling and mental health monitoring. All follow-up records were documented in a discharge follow-up logbook.

The randomization process was designed to ensure robustness and minimize bias, beginning with a computer-generated random number sequence created by an independent statistician uninvolved in patient care. Assignment occurred only after patients had provided informed consent and their eligibility was definitively confirmed. To enforce allocation concealment, sequentially numbered, opaque, sealed envelopes were used, and a research nurse opened each envelope solely after a participant's baseline assessment was complete, thereby ensuring the enrolling team remained blinded to the upcoming group assignment throughout implementation.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

The following primary outcome measures were assessed at discharge, 3 and 6 months, and 1 year after discharge:

1. Anxiety measured using a simplified version of the General Anxiety Disorder-7 (GAD-7) questionnaire
2. Depression measured using a simplified version of the Patient Health Questionnaire-9 (PHQ-9)

## **Key secondary outcome(s)**

There are no secondary outcome measures

## **Completion date**

31/10/2025

## **Eligibility**

**Key inclusion criteria**

1. Pathologically confirmed diagnosis of gastric cancer with lung metastasis
2. Possessing self-awareness and ability to cooperate in answering questions
3. Patients who showed clinical improvement after surgical treatment

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

40 years

**Upper age limit**

80 years

**Sex**

All

**Total final enrolment**

102

**Key exclusion criteria**

1. Comorbidities with other severe systemic diseases
2. Patients with cognitive dysfunction
3. Patients unwilling to cooperate with home visits
4. Other reasons preventing participation

**Date of first enrolment**

01/06/2022

**Date of final enrolment**

01/06/2025

**Locations****Countries of recruitment**

China

**Study participating centre**

**First Hospital of China Medical University**

No. 155 Nanjing North Street

Heping District

Shenyang

China  
110001

## Sponsor information

### Organisation

First Hospital of China Medical University

### ROR

<https://ror.org/04wjghj95>

## Funder(s)

### Funder type

Other

### Funder Name

Investigator initiated and funded

## Results and Publications

### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be available upon request from Mrs Yueyang Jiang (Yueyang\_jiang@hotmail.com)

### IPD sharing plan summary

Available on request