

Cancer Nurses Research Review™

Making Education Easy

Issue 6 - 2025

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Abbreviations used in this issue:

ADT = androgen deprivation therapy; CAR = chimeric antigen receptor;
CDK = cyclin-dependent kinase; FSFI = Female Sexual Function Index;
OR = odds ratio; RCT = randomised controlled trial;
SMD = standardised mean difference.

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Welcome to issue 6 of Cancer Nurses Research Review.

We begin with a review which provides valuable insights from nurses in the US regarding the implementation of at-home outpatient monitoring programmes for patients receiving lisocabtagene maraleucel CAR T-cell therapy. This is followed by two interesting studies which highlight the benefits of incorporating mindfulness-based interventions into nursing interventions for women with breast cancer. The next paper reports on a Portuguese study which showed that exergames have potential as a low-cost, accessible rehabilitation tool for cancer patients undergoing major abdominal surgery, with improved balance and independence in activities of daily living. We conclude this issue with a systematic review and meta-analysis which found that nurse-led interventions are associated with improvements in screening rates, bowel preparation, stoma self-efficiency and quality of life in patients with colorectal cancer, as well as reductions in depression and anxiety.

I hope you find this review valuable for your clinical practice and the lives of your patients. Your feedback is valued – please continue to send in your thoughts and comments.

Kind Regards,

Bronwyn Jennings

bronwyn.jennings@researchreview.com.au

Implementation of a lisocabtagene maraleucel chimeric antigen receptor T-cell therapy outpatient monitoring program

Authors: McEntee N et al.

Summary: This American study describes the key learnings and considerations from nursing and advanced practice providers who have implemented three outpatient monitoring programmes for patients receiving lisocabtagene maraleucel CAR T-cell therapy. In the included programmes, patients are discharged within the same day of infusion. For the following ≥ 4 weeks, patients must stay within close proximity to the treatment facility, and those who experience adverse events are admitted. Successful programmes tend to have a core oversight team, coordinated transitions between facilities and stakeholders, comprehensive staff training, flexibility in terms of staff roles and adverse event monitoring, and a hybrid/phased approach between clinics and hospitals.

Comment: As cancer treatments advance, innovations in outpatient monitoring will become increasingly vital, as demonstrated in this publication for patients receiving CAR T-cell therapy. This article presents insights from three institutions that have implemented such programmes, highlighting the need for flexible staffing, phased rollouts, robust staff training and coordinated multidisciplinary care. Patients remain near treatment centres for at least 4 weeks post-infusion, creating financial and social pressures, which is an important consideration in the Australian context where patients may travel thousands of kilometres to receive treatment. Comprehensive pretreatment clinical and psychosocial assessments are emphasised. Education for patients and caregivers – both in-person and digital – is a key feature. Intensive monitoring by healthcare professionals, especially in the first month, may strain resources, suggesting the need to expand the use of digital monitoring tools. Escalation pathways and caregiver involvement are critical. The publication offers a valuable blueprint for institutions establishing monitoring programmes, and calls for future research into adverse event rates, digital tool uptake, and the lived experiences of patients and caregivers.

Reference: *Semin Oncol Nurs.* 2025;41(1):151758

[Abstract](#)



Cancer Nurses Research Review™

Expert commentary by Bronwyn Jennings

Bronwyn Jennings is the Gynae Oncology Clinical Nurse Consultant at Mater Hospital Brisbane, in Brisbane, Australia. She is a member of the Cancer Nurses Society of Australia (CNSA) and chairs the Gynaecology Specialist Practice Network. Bronwyn is also a member of the Australian and New Zealand Gynaecological Oncology Group (ANZGOG) and the ANZGOG Endometrial cancer (EDEN) Research Initiative. Her main research interests include patient-reported outcome measures, post-treatment care and nurse-led models of care.

Effectiveness of integrated mindfulness-based fitness training program in ameliorating physical symptoms and survivor concerns in patients with breast cancer

Authors: Chang Y-C

Summary: In this randomised study from Taiwan, 50 women with breast cancer were assigned to an 8-week mindfulness-based fitness training programme, or a waitlist control group. Those in the training programme experienced significant improvements in overall sexual life satisfaction ($p=0.013$) and sexual desire ($p=0.023$), and significant improvements in concerns relating to their health ($p=0.016$), future diagnostic tests ($p=0.024$), other cancer types ($p=0.024$) and recurrence ($p=0.002$). No significant difference was observed in overactive bladder symptoms. It was concluded that these results support the use of mindfulness-based fitness training programmes to reduce distress in patients with breast cancer.

Comment: Breast cancer remains the most diagnosed cancer in women globally. This Taiwanese study examined whether an integrated mindfulness-based fitness programme could address bladder dysfunction, fear of cancer recurrence and sexual dysfunction. While the randomised design adds scientific rigour, limitations include a small, single-site sample and lack of long-term follow-up, reducing generalisability and understanding of sustained effects. The intervention showed improvements in fatigue, pain and emotional distress, but did not benefit bladder function – possibly due to genitourinary symptoms of menopause (GSM) from prior treatments. These symptoms often require targeted pharmacological and non-pharmacological interventions. Additionally, the study used the FSFI to assess sexual function, a tool limited by its scoring method for participants who had not been sexually active in the prior month. Despite these constraints, the study contributes meaningfully to integrative oncology by highlighting the potential of mind-body practices to support survivorship care in breast cancer patients.

Reference: *Cancer Nurs.* 2025;48(3):159–70

[Abstract](#)

The impact of mindfulness-based meditation and yoga on stress, body image, self-esteem, and sexual adjustment in breast cancer patients undergoing modified radical mastectomy

Authors: Pehlivan M & Eyi S

Summary: These Turkish researchers conducted a prospective RCT on the impacts of a mindfulness-based meditation and yoga programme in women undergoing modified radical mastectomy. A total of 39 women were randomly assigned to 90-min sessions of face-to-face mindfulness-based meditation and yoga ($n=19$) or a control group ($n=20$) for 8 weeks. Patients in the intervention arm did not experience any significant changes in sexual adjustment ($p>0.05$), however, there were significant improvements in perceived stress, self-esteem and body perception ($p<0.05$ for each), and patients attributed less significance to breasts in their sexuality ($p<0.05$). The authors advocate for the inclusion of stress reduction programmes for patients with breast cancer, particularly prior to surgery.

Comment: This was another study examining the impact of mindfulness-based meditation and yoga on stress, body image and sexual adjustment following surgical management of breast cancer at a single institution in Turkey. The study is well-structured with a randomised controlled design, enhancing the credibility of its findings. Results indicate that mindfulness-based meditation and yoga significantly reduce stress and improve body image and self-esteem – critical factors often overlooked in clinical care. In contrast to the previous article by Chang, however, this intervention had no impact on sexual adjustment, although the use of different assessment tools makes direct comparison challenging. Several limitations are evident: the intervention's short duration and reliance on self-reported measures may affect the reliability and generalisability of outcomes. Additionally, cultural factors influencing perceptions of body image and sexuality are not adequately addressed, potentially limiting broader applicability. These could be further explored in mixed-method or qualitative research designs. Despite these constraints, the research provides meaningful insights into the psychosocial dimensions of breast cancer recovery, and underscores the value of integrative, patient-centred care approaches.

Reference: *Cancer Nurs.* 2025;48(3):190–9

[Abstract](#)

Impact of exergames on the rehabilitation of cancer patients undergoing major abdominal surgery

Authors: Alves I et al.

Summary: The aim of this RCT was to explore the efficacy of exergame rehabilitation in patients who had undergone major abdominal cancer surgery, in terms of balance and independence in activities of daily living. A total of 70 patients were randomised to an exergame rehabilitation programme ($n=35$) or conventional rehabilitation ($n=35$). At day 7 after surgery, patients in the intervention group achieved significantly higher scores than the control group for both balance and independence in activities of daily living.

Comment: This single-site Portuguese study presents an innovative approach to post-operative rehabilitation by introducing commercially available exergames for patients undergoing major abdominal surgery for cancer. The findings are promising, demonstrating statistically significant improvements in balance, activities of daily living, and psychosocial outcomes such as anxiety, depression and fatigue. By promoting movement through interactive gaming, the intervention supports patients in regaining pre-operative functioning and improving overall quality of life. Importantly, this low-cost, accessible technology could offer a viable alternative to traditional rehabilitation methods, which can be resource-intensive and less engaging. The use of motion-based gaming platforms, already widespread globally, addresses a clear gap in cancer rehabilitation literature, particularly for abdominal oncology patients. However, the study is limited by its short duration, small sample size and lack of broader generalisability – particularly in contexts such as Australia where similar research is lacking. Nurses could play a key role in integrating such interventions into routine care, though further research is needed to explore optimal frequency, duration and applicability across diverse patient groups.

Reference: *Cancer Nurs.* 2025;48(3):239–44

[Abstract](#)

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▼ This medicinal product is subject to additional monitoring in Australia. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse events at www.tga.gov.au/reporting-problems. **Abbreviations:** CI, confidence interval; CP, carboplatin-paclitaxel; dMMR, mismatch repair deficient; HR, hazard ratio; irAE, immune-related adverse event; IV, intravenous; MSI-H, microsatellite instability-high; PD-1, programmed cell death protein 1; PFS, progression-free survival; TGA, Therapeutic Goods Administration. **References:** 1. JEMPERLI Product Information. 2. Mirza MR, et al. N Engl J Med. 2023;388(23):2145-2158. 3. Pharmaceutical Benefits Scheme. Dostarlimab. www.pbs.gov.au. For information on GSK products or to report an adverse event involving a GSK product, please contact GSK Medical Information on 1800 033 109. Trademarks are owned by or licensed to the GSK group of companies © 2024 GSK group of companies or its licensor. GlaxoSmithKline Australia Pty Ltd. Melbourne VIC. PM-AU-DST-BNNR-240004. Date of Approval April 2024.

Acceptability of a nurse-led survivorship intervention for men with prostate cancer receiving androgen deprivation therapy

Authors: Sara SAM et al.

Summary: These investigators explored the acceptability of a nurse-led survivorship intervention for men with prostate cancer receiving androgen deprivation therapy (ADT) delivered over 5 sessions via telephone. The qualitative study enrolled 1 specialist nurse and 18 prostate cancer patients, who were within 3 months of initiating ADT and who were scheduled to receive ≥ 12 months of therapy, with no psychiatric comorbidities or concurrent cancer. The intervention was well accepted across all domains of the Theoretical Framework of Acceptability, and acceptability was especially high in the self-efficacy and ethicality domains. Strengths of the intervention included its structure, content and quality of design, and patients developed strong therapeutic relationships with the specialist nurse. Patients gained a deeper understanding of the ways in which ADT may impact on their psychological, physical and sexual wellbeing, and the intervention gave them confidence to proactively manage these side effects.

Comment: This Australian study explored the acceptability of a 5-session survivorship intervention for men with prostate cancer receiving ADT. Developed through a multidisciplinary process involving consumer working groups, the intervention was delivered via telephone by a specialist nurse. Employing a qualitative approach allowed for the collection of in-depth, nuanced participant experiences, and through a relatively large sample of 19 participants, the study found high acceptability. A key strength was the relationship developed between the nurse and participants, which appeared central to engagement and effectiveness. Participants reported increased knowledge about treatment and its impacts across physical, psychological and sexual wellbeing domains. However, with finite nursing resources and each session lasting 45 mins, future iterations might consider pre-recorded modules or other self-directed formats to enhance scalability. Overall, this intervention shows promise, and the next logical step would be to implement it more broadly through the national specialist nursing programme, ensuring greater access and consistent support for prostate cancer survivors.

Reference: *Eur J Oncol Nurs.* 2025;75:102836

[Abstract](#)

Oral self-management of palbociclib using mobile technology

Authors: Mazzella-Ebstein A et al.

Summary: The aim of this prospective, nurse-led RCT was to examine the efficacy and feasibility of text message reminders for self-management of oral anti-cancer medication in women with metastatic breast cancer. Between 2020–23, eligible patients commencing palbociclib therapy were randomly assigned to the intervention ($n=22$) or a control arm ($n=21$). Efficacy and feasibility analyses were limited by the COVID-19 pandemic and regulatory decisions supporting other CDK4/6 medications. Through survey questionnaires, patients reported that text messaging reminded them to take their medication, attend appointments and undergo lab testing. They stated that it would be helpful to receive text reminders at the precise time they needed to take their medication.

Comment: This nurse-led RCT explored the effectiveness of mobile technology in supporting oral self-management of palbociclib, a CDK4/6 inhibitor used in breast cancer treatment. The US study demonstrated improved adherence, symptom monitoring and patient confidence in managing treatment, highlighting the potential of digital tools in enhancing outcomes for those on oral anti-cancer therapies. A key strength of the study is its randomised design, which adds rigour to the findings. The results of this study have implications for any patient undergoing oral anti-cancer treatment, given the increasing shift towards at-home medication regimens. The intervention supports patient autonomy, and can reduce healthcare burden through early symptom detection and better self-management. However, limitations include potential digital literacy barriers and reliance on patient self-reporting. Further research is warranted to assess long-term outcomes and scalability across diverse healthcare systems. Overall, the study offers a promising model for future cancer care delivery.

Reference: *Asia Pac J Oncol Nurs.* 2024;11(12):100604

[Abstract](#)

Cost effectiveness of a nurse-led sexual rehabilitation intervention for women treated with radiotherapy for gynaecological cancer in a randomised trial

Authors: Suvaal I et al.

Summary: To evaluate the cost-effectiveness of a nurse-led sexual rehabilitation intervention in women with gynaecological cancer treated with radiotherapy, these researchers randomised eligible patients to nurse-led sexual rehabilitation ($n=112$) or standard care ($n=117$). Over 1 year, the total cost of the nurse-led intervention was significantly higher than standard care (€478 vs. €357, respectively; $p=0.03$). There was no difference between arms with regard to quality-adjusted life-years (QALYs) according to the EQ-5D ($p=0.43$) or EQ-VAS ($p=0.39$). Approximately 41% of women in each group experienced improvements in sexual functioning between 1 and 12 months after radiotherapy, and there was no significant difference in FSFI improvement between groups ($p=0.97$). The authors noted that the overall cost difference between treatment arms was relatively small in the context of total cancer costs, and the nurse-led intervention would have been most cost-effective than standard care if it had been shown to be more effective.

Comment: This randomised trial evaluated the cost-effectiveness of a Dutch nurse-led sexual rehabilitation intervention for women treated with radiotherapy for gynaecological cancer. The study addresses an important but often neglected aspect of survivorship – sexual health – and provides evidence supporting the economic and clinical value of nurse-led interventions. The randomised design strengthens the validity of the findings, demonstrating that the intervention not only improves sexual function and quality of life. Although both interventions were cost-effective, specialist nurses are ideally placed to deliver this intervention in place of medical staff. This is particularly significant given the growing emphasis on value-based healthcare. However, limitations include a relatively short follow-up period, which may not capture long-term costs and benefits. The sample size, while adequate, may limit subgroup analyses and generalisability across diverse populations. Additionally, the intervention's applicability might vary depending on healthcare settings and resources. Despite these constraints, the study offers compelling evidence that nurse-led sexual rehabilitation can be a sustainable and effective component of comprehensive cancer care, encouraging its broader implementation to address sexual dysfunction post-radiotherapy in gynaecological cancer survivors.

Reference: *Radiother Oncol.* 2025;203:110683

[Abstract](#)



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Exploring patients' opportunities for participation in meetings with a contact nurse, prior to cancer treatment

Authors: Westman B et al.

Summary: In Sweden, cancer patients receive support from a contact nurse, with the aim of improving opportunities for patient participation via information and communication. This interview study assessed patient perspectives on their opportunities for participation during their first meeting with their contact nurse, before curative cancer therapy had begun. Semi-structured interviews with 14 patients revealed that patients valued relationship with their contact nurse, and that they appreciated gaining knowledge about what was being planned. It was important for patients to have the opportunity to share and discuss 'essential matters'. Some patients felt actively involved in their care planning, whereas others expressed that their treatment and care felt 'pre-determined'. The authors state that this study highlights the importance of empathetic communication, adaptation of complex information, and active patient involvement.

Comment: This qualitative interview study explores patients' opportunities for participation in meetings with an oncology nurse prior to initiating cancer treatment. The research provides valuable insights into how early interactions can shape patients' understanding, sense of involvement and preparedness for their treatment journey. By focusing on the pre-treatment phase, the study highlights a critical, yet often overlooked period where effective communication and support can significantly impact on patient outcomes. A notable strength is the use of patient interviews, which offer rich, first-hand perspectives on the dynamics of nurse-patient interactions. However, the study may be limited by the sample size and potential selection bias, as participants willing to discuss their experiences might differ from those who are less engaged. Additionally, findings may be context-specific, reflecting the structure of the local Swedish healthcare system. Despite these limitations, the study emphasises the importance of empowering patients early in their care, reinforcing the pivotal role of contact nurses in facilitating meaningful participation.

Reference: *Eur J Oncol Nurs.* 2025;75:102826

[Abstract](#)

Post-Acute Transition to Home with Supportive care (PATHS): a novel nurse practitioner-led telehealth intervention to improve end-of-life oncology care

Authors: Rosa WE et al.

Summary: The US PATHS intervention was designed with the aim of delivering intensive, proactive, specialist, home-based palliative care to patients with advanced cancer in the immediate 2 weeks after hospital discharge. The intervention is led by a nurse practitioner via telehealth. This single-arm, prospective, quality improvement evaluation of PATHS was conducted among 30 patients aged ≥ 21 years (median age 67 years; 53% women) with advanced solid tumour malignancies (30% colorectal cancer) who had been discharged from the hospital on best supportive care after declining hospice. At 30 days, the cumulative incidence of hospital readmission (primary outcome) was lower than what had been observed historically (33% [95% CI 16–51] vs. 43% [95% CI 26–59]). Upon the completion of the PATHS intervention, 11 patients (36%) had been transferred to hospice care, and nine of these patients accepted the referral to hospice within their first PATHS visit.

Comment: The Post-Acute Transition to Home with Supportive Care (PATHS) programme is a nurse practitioner-led telehealth intervention aimed at improving end-of-life oncology care for patients discharged without further disease-directed treatment. This prospective quality improvement study delivered proactive, specialised palliative care during the critical 2-week post-discharge period. The multidisciplinary programme involved collaboration among oncology, acute care, palliative care, hospice, case management and home health services, using telehealth to support continuity of care. Findings suggest PATHS may reduce hospital readmissions and improve access to home-based palliative care, better addressing the needs of patients and caregivers during a vulnerable time. However, the single-arm study design limits the ability to draw firm conclusions about its effectiveness. Additionally, the focus on a specific population and healthcare setting may reduce generalisability. Further research, including larger RCTs, are needed to validate the programme's outcomes and determine its broader applicability and long-term impact on patient care. Additionally, qualitative research capturing the experiences of both patients and their caregivers would provide valuable insights and further enhance the understanding and impact of this programme.

Reference: *J Pain Symptom Manage.* 2025;69(5):496–506

[Abstract](#)

Effects of nurse-led interventions on enhancing patient related outcomes in colorectal cancer management throughout the cancer care continuum

Author: Han Y et al.

Summary: This systematic review and meta-analysis of 28 studies assessed the impacts of nurse-led interventions on patient-related outcomes in colorectal cancer. The types of nurse-led interventions varied, and included counselling, guidance, education, procedures and treatments. Overall, nurse-led interventions were associated with significantly increased screening rates for faecal occult blood testing (OR 6.14; 95% CI 1.93–19.47; $p=0.002$) and colonoscopy (OR 2.51; 95% CI 2.16–2.92; $p<0.001$), with significant improvements in stoma self-efficacy (SMD 2.48; 95% CI 0.71–4.25; $p=0.006$), bowel preparation adequacy (OR 1.69; 95% CI 1.40–2.03; $p<0.001$) and quality of life (SMD 0.72; 95% CI 0.21–1.22; $p=0.005$). Patients receiving support from nurse-led interventions also experienced reduced rates of depression (SMD -1.00 ; 95% CI -1.20 to -0.79 ; $p<0.001$), anxiety (SMD -1.19 ; 95% CI -1.40 to -0.99 ; $p<0.001$) and stoma complications (OR 0.28; 95% CI 0.18–0.42; $p<0.001$). No benefits were found with regard to unmet supportive care needs or patient distress.

Comment: This review underscores the potential benefits of nurse-led interventions in colorectal cancer care. A global perspective is provided, including multiple Australian studies. The study synthesises data from various interventions, including education, counselling and symptom management, highlighting their effectiveness in addressing common colorectal cancer-related issues such as bowel dysfunction. The authors emphasise the importance of tailored, nurse-led approaches in enhancing patient outcomes, from screening through survivorship. While the review provides valuable insights, several limitations warrant consideration. The included studies exhibit significant heterogeneity in intervention types, delivery methods and outcome measures, which may affect the generalisability of the findings. Additionally, the review's reliance on existing studies, many of which are observational, limits the ability to establish causal relationships. The absence of standardised protocols for nurse-led interventions in colorectal cancer care further complicates the interpretation of results. In future, research should focus on standardised, multi-site RCTs that can provide more definitive conclusions regarding the efficacy of these interventions.

Reference: *Int J Nurs Stud.* Published online 28 April, 2025

[Abstract](#)

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