Retrospective Study

Effect of Internet multiple linkage mode-based extended care combined with in-hospital comfort care on colorectal cancer patients undergoing colostomy

Effect of Internet multiple linkage mode-based extended care combined with in-hospital comfort care

Li Xu, Meizhen Zhou
Abstract

BACKGROUND
Patients with colorectal cancer stomy need postoperative nursing to improve prognosis, while conventional nursing is not effective. Clinical research is needed to explore nursing methods that can more effectively improve postoperative conditions on colorectal cancer patients undergoing colostomy.

AIM
This study aimed to explore the effect of Internet multiple linkage mode-based extended care combined with in-hospital comfort care on colorectal cancer patients undergoing colostomy.

METHODS
Data of 187 patients with colostomy treated in our hospital from May 2019 to March 2022 were collected and divided into three groups: A (n = 62), B (n = 62) and C (n = 63) according to different intervention methods. Group C received usual care intervention; group B received Internet multiple linkage mode-based extended care; and group A received Internet multiple linkage mode-based extended care combined with in-hospital comfort care. Complications were compared among the three groups. The stoma self-efficacy Scale (SSES), Hamilton Anxiety Scale (HAMA), Hamilton Depression Scale (HAMD), Brief Fatigue Inventory (BFI) and City of Hope-quality of Life-ostomy Questionnaire (COH-QOL-OQ) before and after intervention were compared among the three groups.

RESULTS
The complication rate of group A, B and C (16.13%, 20.97%, 60.32%) was significantly different (all $P<0.05$). The incidence of complications in groups A and B was lower than that in group C, and there was no significant difference between groups A and B ($P>0.05$). After intervention, the scores of ostomy care, social contact, diet choice,
confidence in maintaining vitality, confidence in self-care of ostomy, confidence in sexual life, confidence in sexual satisfaction and confidence in physical labor in the three groups were all higher than before intervention, and the scores of groups A and B were higher than those of group C, with statistical significance (P<0.05). HAMA and HAMD scores of the three groups after intervention were lower than those before intervention; the scores of groups A and B were lower than those of group C; and the score of group A was lower than that of group B, all with statistical significance (all P<0.05). There was statistically significant difference in cancer-induced fatigue among the three groups (P<0.05). After intervention, the scores of physical health, psychological health, social health and mental health of the three groups were lower than before the intervention; the scores of group A and B were lower than that of group C; and the score of group A was lower than that of group B, all with statistical significance (all P<0.05).

CONCLUSION

Internet multiple linkage mode-based extended care combined with in-hospital comfort care can effectively improve self-efficacy, bad mood, cancer-related fatigue, and life quality of colorectal cancer patients undergoing colostomy.

Key Words: Internet multiple linkage mode; extended care; in-hospital comfort care; colorectal cancer patients; patients undergoing colostomy

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Core Tip: Comfort care and continuous care are widely used in patients with colorectal cancer. In this study, the Internet multiple linkage model was introduced into the continuous nursing of patients with colorectal cancer ostomy, and the traditional
nursing methods were integrated into the Internet multiple linkage model. The purpose of this study is to compare the nursing effect of the combined comfort nursing in the hospital based on the Internet multiple linkage model, the traditional conventional nursing, and the Internet multiple linkage model of the extended nursing. The internet multiple linkage mode-based extended care combined with in-hospital comfort care has good effect.

INTRODUCTION

Colorectal cancer refers to the malignancy occurring at the junction of rectum and sigmoid colon, ranking second largest gastrointestinal malignancy after gastric cancer. The main clinical manifestations of patients are pus and blood stool, constipation, and diarrhea. The incidence of colorectal cancer is related to diet, environment, genetics and other factors [1-3]. The 2018 Chinese cancer statistics show that the incidence and mortality of colorectal cancer in China ranks fifth among all malignant tumors, including 376,000 new cases and 191,000 deaths [4]. At present, laparoscopic-assisted transabdominal perineal combined radical rectal resection (Miles operation) has the same indications as traditional laparotomy. Generally, tumors less than 5 cm away from the anal verge are surgically removed. This procedure requires a permanent colostomy in the left lower abdomen [5]. In my country, there are about 100,000 new colostomy patients every year, and the cumulative number of colostomy patients has exceeded 1 million, and there will be an increasing trend in the future [6]. Permanent colostomy is required in 50% to 60% of colorectal cancer patients [7]. The incidence of enterostomy complications abroad is 11% to 60%, and the domestic literature reports 16.3% to 53.8% [8]. Patients will lose the normal way of defecation and unable to defecate independently. What is worse, the installation of an ostomy bag brings severe psychological pressure to patients, which is easy to cause anxiety, depression and other adverse emotions, affecting the prognosis of patients. Thus, it is of great significance to give scientific and effective care to patients with colorectal cancer [9]. Routine nursing refers to the normative regulations of nursing prevention and control measures
formulated under the guidance of basic theory and combined with long-term clinical nursing practice experience [10]. As to patients undergoing colostomy, routine care only meets basic needs. Comfort care is a new mode of nursing, which refers to a nursing method that makes people in the happiest state of mental, physical and socio-spirit [11]. Due to the special situation of patients undergoing colostomy, sufficient nursing guidance should be paid not only during hospitalization but also after discharge to extend the nursing of patients from clinical to family and further improve the nursing effect [12-14]. Multiple linkage mode refers to the integration of hospital, community, and family to avoid disjointed nursing intervention after discharge [15-17]. Internet-based continuous care has also been widely used in clinical practice. Recent studies have applied it to the care of adrenal tumor patients, and the nursing effect is good [18]. The present study aimed to explore the application effect of the Internet-based continuous care mode hospital guidance-community participation-family cooperation combined with in-hospital comfort care in patients undergoing colorectal cancer colostomy, which is reported as follows.

MATERIALS AND METHODS

1.1 General data

Data of 187 patients with colostomy treated in our hospital from May 2019 to March 2022 were collected and divided into three groups: A (n = 62), B (n = 62) and C (n = 63) according to different intervention methods. In group A, there were 39 males and 23 females; The age ranged from 32 to 68 years, with an average of 47.82±5.42 years; Regarding education level, 29 cases were junior middle school or below, 27 cases were technical secondary school/senior high school, 6 cases were junior college or above; Regarding Dukes stage, 30 cases were in stage I, 24 cases were in stage II, and 8 cases were in stage III; Regarding ostomy stage, 35 cases were in stage II, and 27 cases were in stage III. In group B, there were 44 males and 18 females; The age ranged from 30 to 70 years, with an average of 48.15±5.37 years; Regarding education level, 26 cases were junior middle school or below, 25 cases were technical secondary school/senior high
school, 11 cases were junior college or above; Regarding Dukes stage, 33 cases were in stage I, 21 cases were in stage II, and 8 cases were in stage III; Regarding ostomy stage, 23 cases were in stage II, and 39 cases were in stage III. In group C, there were 39 males and 24 females; The age ranged from 28 to 66 years, with an average of 47.36±4.59 years; Regarding education level, 32 cases were junior middle school or below, 22 cases were technical secondary school/senior high school, 9 cases were junior college or above; Regarding Dukes stage, 33 cases were in stage I, 23 cases were in stage II, and 7 cases were in stage III; Regarding ostomy stage, 25 cases were in stage II, and 38 cases were in stage III. The general data of the two groups were comparable (all $P>0.05$). This study was approved by the ethics committee of the hospital.

1.2 Inclusion criteria

(1) All patients were diagnosed with colorectal cancer by clinicopathological diagnosis; (2) All were > 18 years old; (3) Complete clinical case data.

1.3 Exclusion criteria

(1) Patients with severe physical dysfunction; (2) Patients with severe hearing impairment and visual impairment; (3) People with consciousness dysfunction; (4) palliative surgical resection; (5) Those with vascular dementia, mental disorders, and disturbance of consciousness caused by stroke.

1.4 Methods

Group C received usual care intervention; group B received Internet multiple linkage mode-based extended care; and group A received Internet multiple linkage mode-based extended care combined with in-hospital comfort care.

1.4.1 Group C

Group C was given usual care intervention. The specific contents are as follows. During the period of hospitalization, patients were instructed in routine daily behavior, and usual care was carried out according to the nursing method of enterostomy. The patient was instructed in a series of daily activities such as diet, exercise, washing, rest, and defecation, and be told to clean the enterostomy and surrounding skin. The emergency treatment measures for possible abnormalities after the completion of the
enterostomy were explained. Appropriate psychological intervention was performed for patients with colostomy of colorectal cancer.

1.4.2 Group B

Group B was given Internet multiple linkage mode-based extended care. (1) An intervention group for colorectal cancer patients with colostomy based on Internet + multiple linkage mode was established. One network engineer with more than 5 years of working experience and 15 medical oncology staff were selected to form the intervention group. The 15 medical staff included 2 attending doctors and 13 nurses. The 13 nurses included 1 chief superintendent nurse, 1 deputy chief superintendent nurse, 5 supervisor nurse and 6 nurses, all of whom have more than 6 years of ostomy nursing experience. The chief superintendent nurse was responsible for the overall guidance of the nursing process. The deputy chief superintendent nurse was responsible for the data-push and training of nursing knowledge. The supervisor nurse was responsible for the training and guidance of the nurses in the community hospital. They also cooperated with the network engineer to do a good job in the design of the network platform and the update of the push content, check and reply to the messages of patients and their families and collect background feedback. Among the 6 nurses, 4 were responsible for nursing training of family members and patients themselves, and the other 2 were responsible for collecting intervention data and sorting out data. (2) The network engineer built a WeChat applet called "colorectal microplatform" and created patient communication groups. The applet included the medical side and the patient side. The medical side has three sections: information verification, health knowledge and physician-patient interaction. Information verification was used to audit and verify the registration information of patients and their families. The health knowledge section aimed to collect videos, pictures, and texts about colostomy nursing knowledge of colorectal cancer and push it three times a week for a month. The content of the first week included psychological counseling and ostomy bag replacement method. Physical needs included exercise, bathing, clothing, diet and sexual life, and social interaction (traveling, working, and gathering). The content of the second week
included observation and prevention of the occurrence of ostomy complications, ostomy defecation and abdominal conditions, observation of local and surrounding skin conditions of ostomy, guidance of enterostomy methods, and the time and method of the appointment of ostomy clinic review. After a month, the above content can be sent repeatedly. In the physician-patient interaction section, daily observation records, message response and online follow-up can be viewed. The patient side included the patient's personal data, information platform and interaction. The personal data included the patient's gender, age and other basic information as well as ostomy information. The information platform provided psychological and physiological knowledge of colorectal cancer ostomy. The interactive section provided the function of leaving messages in the background. Patients and their families can leave messages in the interaction section for consultation if they have any questions. Intervention group members checked background messages every day and answer them in time. Patients could also express their questions through WeChat group chat. The interaction section also included a service evaluation content, so that patients and their families could put forward opinions and suggestions to the interventionists and the platform, which is conducive to continuous improvement of the platform.

1.4.3 Group A

Group A was given Internet multiple linkage mode-based extended care combined with in-hospital comfort care. Internet multiple linkage mode-based extended care was the same as group B, and the details of in-hospital comfort care were as follows: (1) Creation of comfortable sickroom environment. Comfortable ward environment was created for patients to ensure adequate light and cleanliness in the ward, to ensure indoor quiet, to ensure that patients get comfortable sleep. (2) Psychological comfort care. Colorectal cancer patients with colostomy have great psychological pressure, emotional instability, and are prone to irritability, fear, and other adverse emotions. Nursing staff can take the initiative to provide psychological support for patients, chat with patients more, alleviate patients' adverse emotions, so that patients can reach a comfortable state psychologically. (3) Pain care. Medical staff can explain the law of
postoperative pain to patients, guide patients to distract pain attention by listening to music and chatting with their families, evaluate the degree of pain, and give painkillers appropriately. (4) Dietary care. The nursing staff should instruct the patients to avoid eating greasy, flatulent, and crude fiber rich foods, minimize the number and amount of defecation, protect the artificial anus, eat more foods with high protein, high vitamins, and low fiber, eat on time, and do not overeat. (5) Stoma comfort care. The patients were required to expose the stoma and clean the excrement from the stoma 2~3 days after the operation. Physiological saline was used to clean the skin around the stoma, and relevant skin care solution was used to protect the skin around the stoma and reduce fecal pollution. (6) Rehabilitation comfort care. Medical staff should tell patients to wear loose and comfortable clothes and prevent friction stomatology. Patients should avoid water wetting their stomatology bags when bathing. They can cover the stomatology bags and replace the stomatology bags after bathing. They should regularly clean up excreta and make bags and put deodorant in the stoma bag to remove the smell.

1.5 Observation targets

Collected baseline data, the occurrence of complications, the stoma self-efficacy scale (SSES) \(^{[19]}\) rating, Hamilton Anxiety Scale, HAMA\(^{[20]}\), Hamilton Depression Scale (HAMD)\(^{[21]}\), Brief Fatigue Inventory, BFI\(^{[22]}\), City of Hope-Quality of life-Ostomy Questionnaire (COH-QOL-OQ)\(^{[23]}\) of all patients. Complications were compared among the three groups The SSES, HAMA, HAMD and COH-QOL-OQ scores of the three groups were compared before and after intervention. SSES included 2 dimensions and 6 individual items, with a total of 28 items and a total score of 28-140 points calculated with a 5-point scoring system, among which the score of ostomy care efficacy was 13-65 points and the score of social efficacy was 9-45 points. HAMA had 14 items in total, and the score was 0~4 with 5 grades. The total score was 0~56. The higher the score, the worse the anxiety symptoms. HAMD had 17 items in total, and the score was 0~4 with 5 grades. The total score was 0~68. The higher the score, the worse the depression symptoms. BFI consisted of nine items, which were scored on a scale of 0 to 10,
including no fatigue (0), mild fatigue (1 to 3), moderate fatigue (4 to 6) and severe fatigue (7 to 10). COH-QOL-OQ included four dimensions: physical health (11 items), psychological health (9 items), social health (7 items) and mental health (5 items), with a total of 32 items. It adopted the scoring method of 0 ~ 10 points, and the total score was 0 ~ 320 points. The higher the score, the worse the quality of life.

1.6 Statistical methods

SPSS 11.0 statistical software was used to analyze and process the obtained data, and the measurement data was expressed as (x ± s). Independent sample t test was used for inter-group comparison, and paired t test was used for intra-group comparison before and after intervention. Counting data were expressed as frequency and constituent ratio. χ² test or Fisher exact probability method was used to compare disordered classification data, and rank sum test was for ranked data. P<0.05 indicated that the difference was statistically significant.

RESULTS

2.1 Comparison of complication rate among three groups

The complication rate in group A, B and C (16.13%, 20.97%, 60.32%) was significantly different (all P<0.05). The complication rate in groups A and B was lower than that in group C, and there was no significant difference between groups A and B (all P>0.05, Table 1).

2.2 Comparison of self-efficacy among three groups

Before intervention, there were no significant differences in stoma care, social contact, diet choice, confidence in maintaining vitality, confidence in stoma self-care, confidence in sexual life, confidence in sexual satisfaction and confidence in physical labor among the three groups (all P>0.05). After intervention, the scores of stoma care, social contact, diet choice, confidence in maintaining vitality, confidence in stoma self-care, confidence in sexual life, confidence in sexual satisfaction and confidence in physical labor in the three groups were all higher than before intervention, and the scores of groups A and B were higher than those of group C (all P>0.05, Table 2).
2.3 Comparison of bad mood among three groups

Before intervention, there were no significant differences in HAMA and HAMD scores among the three groups (all $P>0.05$). After intervention, the HAMA and HAMD scores of the three groups were lower than before intervention; the scores of groups A and B were lower than that of group C; and the scores of group A were lower than that of group B (all $P<0.05$, Table 3).

2.4 Comparison of cancer-induced fatigue among three groups

There were significant differences in cancer-induced fatigue among the three groups (all $P<0.05$, Table 4).

2.5 Comparison of quality of life among three groups

Before the intervention, there were no significant differences in the scores of physical health, psychological health, social health, and mental health among the three groups (all $P>0.05$). After the intervention, the scores of physical health, psychological health, social health, and mental health of the three groups were lower than before the intervention; the scores of group A and B were lower than group C; and the scores of group A were lower than group B (all $P<0.05$, Table 5).

DISCUSSION

The main clinical treatment for colorectal cancer is surgical resection, but patients often need to perform ostomy after resection to promote the discharge of intestinal contents to protect the distal intestinal anastomosis and promote the recovery of intestinal diseases. Although ostomy can save the lives of patients, it violates the objective laws of human body and can lead to the abnormal excretion pathway of patients, increase the psychological burden of patients, and cause bad mood of patients. Therefore, it is very important to provide long-term care in and out of the hospital for patients with colorectal cancer after ostomy [24-26]. "Internet +" mode is a new nursing mode emerged in the era of big data. The multiple linkage mode of Internet breaks the limitation of conventional nursing time and space, expands the scope of nursing services, and can meet the health needs of patients at multiple levels. The use of
information means will close relationship between the hospital and patients, timely monitor patients' condition, and promote patients' recover. Based on the concept of "Internet +", this study integrated the multiple linkage cooperation mode into nursing work. Information sharing and maintenance reminder will be carried out through the Internet platform, and hospital-community-home nursing will be linked together to provide comprehensive extended care for patients with colorectal cancer colostomy [27-28]. In-hospital comfort care is a humanized nursing measure, whose intervention aims to reduce patients' discomfort, promote patients' physical and mental comfort, and ultimately promote patients' postoperative recovery [29].

In this study, group A adopted the Internet-based multiple linkage mode combined with in-hospital comfort care intervention, group B adopted the Internet-based multiple linkage mode intervention, and group C adopted routine intervention. The results showed that the incidence of complications in groups A and B was lower than that in group C, and that no significant difference was seen between groups A and B. Intervention based on the multiple linkage mode of Internet could effectively reduce the incidence of complications in colorectal cancer patients with colostomy. Complications of enterostomy patients may lead to the inability of the stoma bag to effectively collect excreta, seriously affecting patients' emotions. In the intervention scheme based on Internet multiple linkage mode, if patients and their families find or have abnormal conditions when dealing with the stoma, they can contact the medical staff through WeChat platform, and the nursing staff can provide intervention plan as soon as possible, effectively reducing the incidence of complications.

In this study, after intervention, scores of self-efficacies in groups A and B were significantly higher than that in group C, indicating that intervention based on Internet multiple linkage mode can effectively improve self-efficacy in colorectal cancer patients with colostomy. This scheme pushed colostomy knowledge through WeChat applet, and provided colostomy patients and their families with colostomy related medical knowledge by means of pictures and texts, which promoted colostomy patients' understanding of their own state. By applying the knowledge learned in WeChat applet
to daily life, patients also further deepened their impression of colorectal cancer ostomy knowledge. Related psychological counseling pictures and texts in the information section were also conducive to improve patients' confidence in treatment, so patients' self-efficacy can be significantly improved. Regarding negative emotion, the HAMA and HAMD scores after intervention of the three groups were lower than before intervention. After intervention, the scores of groups A and B were lower than that of group C, and the score of group A was lower than that of group B. This shows that Internet multiple linkage mode-based care combined with in-hospital comfort care can effectively improve anxiety and depression conditions in colorectal cancer patients with colostomy. Internet-based multi-mode intervention enabled patients to feel the support and care from medical staff all the time, shortened the distance between doctors and patients, nurses and patients, and helped patients correctly face bad emotions. WeChat public platform had message function, and medical staff can encourage patients through this board to relieve patients' bad emotions. In-hospital comfort care let patients feel the care from medical staff through the creation of comfortable ward environment, psychological comfort nursing, pain nursing, diet nursing and stoma comfort nursing. Thus, patients' anxiety and depression were significantly improved, and the improvement of group A was better than group B and C.

In this study, after intervention, the cancer-induced fatigue condition in group A was better than that in group B and group C, the scores of quality of life in groups A and B were lower than that in group C, and the scores of quality of life in group A were lower than that in group B. These results showed that internet-based multi-linkage model intervention combined with in-hospital comfort care can effectively relieve the cancer-induced fatigue and improve the quality of life of colorectal cancer patients with colostomy. The multiple linkage mode of the Internet provided extended care through WeChat platform, which not only provides health information, but also includes communication with medical staff and answers questions, so that patients can get professional guidance more conveniently. In-hospital comfort care pays more attention to patients' physical and mental comfort, adopts a variety of measures to promote
patients' physical and mental comfort. The combined application of the two schemes further improved patients' cancer-related fatigue state and quality of life.

CONCLUSION
The application of extended care based on Internet multiple interaction mode combined with in-hospital comfort care in patients with colorectal cancer colostomy can effectively reduce the occurrence of complications, improve their self-efficacy, relieve their cancer-induced fatigue, and improve their quality of life, showing clinical application value. Of course, this study also has certain shortcomings. The sample size of this study is small, and it is a single-center study. In the future, a multi-center study will be combined to expand the sample size to ensure the accuracy of this study.

ARTICLE HIGHLIGHTS
Research background
This study is that continuous care in and out of hospital can effectively improve patients' bad mood and quality of life. The extensive application of various nursing methods and traditional routine nursing in patients with colorectal cancer stomostomy is the current research status, and the research significance is to explore new nursing methods that can more effectively improve the postoperative recovery of patients with colorectal cancer stomostomy.

Research motivation
The purpose of this study was to explore more effective nursing methods to improve patients' quality of life and self-efficacy in postoperative nursing of colorectal cancer patients. The significance of this study is to affirm the effectiveness of new nursing methods for patients with colorectal cancer ostomy, encourage clinical nursing teams to continue to introduce more effective and humanized nursing methods for patients with colorectal cancer ostomy, and promote the improvement and progress of clinical nursing work.
Research objectives
This study is to compare the effects of three nursing methods, and observe the advantages of internet multiple linkage mode-based extended care combined with in-hospital comfort care compared with internet multiple linkage mode-based extended care and conventional nursing. It was found that the internet multiple linkage mode-based extended care combined with in-hospital comfort care significantly improved the complication rate, self-efficacy, bad mood, cancer-related fatigue and quality of life of patients with colorectal cancer stomy, which confirmed the obvious nursing effect of this nursing method, and provided a new reference for postoperative nursing of patients with colorectal cancer stomy in the future.

Research methods
The clinical data of patients were analyzed retrospectively and grouped according to different nursing methods. Then, one-way ANOVA, paired T-test and Chi-square test were used to analyze the general data, complication rate, self-efficacy, bad mood, cancer-related fatigue, quality of life and other clinical data of the three groups of patients. The feature of retrospective study is to explore the cause through the results, and it is easier to obtain the case data.

Research results
The results of this study showed that the internet multiple linkage mode-based extended care combined with in-hospital comfort care had a good nursing effect, and significantly improved the occurrence of complications, self-efficacy, bad mood, cancer-related fatigue and quality of life, etc., providing a new nursing method for postoperative nursing of colorectal cancer. Further prospective studies are needed to further verify the effectiveness of this nursing approach.

Research conclusions
The occurrence of postoperative complications in patients with colorectal cancer stomy is easy to affect patients' emotions and further affect self-efficacy. Therefore, attention should be paid to the improvement of nursing methods on postoperative complications in patients with colorectal cancer stomy. This study confirmed that the internet multiple linkage mode-based extended care combined with in-hospital comfort care has better effect, and the nursing program with better effect should be selected in clinic.

**Research perspectives**

Patients with colostomy of colorectal cancer in addition to the physical state of the inconvenience, psychological also suffered a lot of damage, nursing in focus on improving the physiological indicators of patients, but also pay attention to the impact on the psychological state of patients.
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