The cancer death rate in the United States has dropped 18% since the early 1990s, following decades of increase (Roth et al., 2013). Advances in understanding cancer biology, research, and implementation of new therapeutic options, such as targeted agents, have led to increased survival. Research on targeted agents for difficult-to-manage cancers and expanding their use to multiple cancers that share the same genetic alteration has had a noted impact on cancer care and treatment (Roth et al., 2013). As treatments change and increase in complexity, a need exists to identify the effects on patients and their families. In addition to specific therapy outcomes, disparities in care, prevention and screening, care of older adults with cancer, and yet undiscovered genetics contribute to the quality and quantity of survival.

Significant progress has been made in research to guide the care of patients with cancer and their families. However, reflecting on how the past growth of knowledge can inform and define the dynamic nature of nursing’s future contribution to cancer care research and practice is important. The Oncology Nursing Society (ONS) has been a leader in quality cancer care, which is reflected in its mission: “To promote excellence in oncology nursing and quality cancer care” (ONS, n.d., p. 1). To advance the goals of evidence-based care delivery and prioritize the generation of new knowledge that addresses contemporary challenges in oncology nursing, ONS has conducted research priority surveys of its membership approximately every four years since 1980 (Berger et al., 2005; Doorenbos et al., 2008; Funkhouser & Grant, 1989; Grant & Stromberg, 1981; McGuire, Frank-Stromburg, & Varricchio, 1985; Mooney, Ferrell, Nail, Benedict, & Haberman, 1991; Ropka et al., 2002; Stetz, Haberman, Holcombe, & Jones, 1995). Survey results are used by oncology nursing leaders and ONS members,

Purpose/Objectives: To advance the goals of evidence-based care and prioritize the knowledge generation that addresses contemporary challenges in oncology nursing. Results are used to inform the development of the Oncology Nursing Society (ONS) Research Agenda and by the ONS Foundation to develop strategic research initiatives.

Design: Descriptive, cross-sectional survey.

Setting: Web-based survey.

Sample: 8,554 ONS members from all levels of education. All doctoral prepared members were invited to participate. A random stratified sample was obtained from the remainder of the membership.

Methods: The ONS Research Priorities Survey project team created the survey and analyzed and interpreted the results. Members received an email invitation and follow-up reminders for survey completion.

Main Research Variables: Oncology nursing research and evidence-based practice topic questions.

Findings: The response rate was 11%, which is comparable to previous surveys. Topics ranked included descriptive research on patient adherence; intervention studies to optimize adherence, achieve concordance with cancer screening guidelines in minority populations, manage neurologic and cardiovascular late effects, and manage symptoms and symptom clusters; and studies to identify optimal delivery models for survivorship care. These findings have direct implications for translating existing evidence into practice and underscore the need for intervention research focused on improving patient-centered outcomes.

Conclusions: Results provide a broad assessment of member views regarding oncology research priorities. Given the response rate, additional strategies to encourage member participation will be considered.

Implications for Nursing: The results, together with the updates of the ONS Research Agenda, can guide ONS and ONS Foundation research and evidence-based practice initiatives.

Key Words: evidence-based practice, clinical practice