EXECUTIVE SUMMARY

Research Agenda of the Oncology Nursing Society: 2019–2022

The Oncology Nursing Society (ONS) is committed to promoting excellence in oncology nursing and quality cancer care. In keeping with this mission, since 2001, ONS has prepared and disseminated a national Research Agenda. The ONS Research Agenda serves to identify gaps in the knowledge base needed to deliver quality cancer nursing care to patients and families, articulate priorities for research, and delineate critical areas for funding consideration by funding agencies. A multimethod, iterative, consensus-building process that consisted of expert opinion, literature review, surveys, focus groups, town halls, and review of research priorities from other professional organizations and funding agencies was used to identify contemporary research priorities and to update the Research Agenda.

Overview of Topics

Three overarching priority areas were identified where new scientific knowledge is needed: (a) symptom science, (b) health disparities, and (c) palliative and psychosocial care in oncology. Four cross-cutting themes to provide context for these priorities emerged: aging, survivorship, healthcare delivery implications, and advanced research methods. A description of each of these areas is presented in this executive summary.

Symptom Science

Two areas of importance for future research emerged as priority topics related to symptom science: evolving use of immunotherapies (IO), which include immune checkpoint inhibitors (ICPI) and chimeric antigen receptor (CAR) T-cell therapies, and precision health/biosignatures.

Symptom science related to evolving IO treatments: (a) Develop, test, and refine reliable, valid, and sensitive patient-reported outcome tools to capture treatment experiences in patients receiving IO, and link those measures to clinical decision support and treatment pathways to improve clinical outcomes; (b) characterize variability in presentation, trajectory, and management of immune-related adverse events (irAEs) across various patient populations; (c) examine factors (age, gender, diet, weight, exercise, stress, and sleep patterns) that may influence patient responses to ICPI therapy and irAE development; and (d) conduct randomized trials to test the efficacy of supportive care interventions to alleviate irAEs.

Symptom science related to precision health and biosignatures: (a) Harmonize assessment measures and strengthen the use of common data elements; (b) identify the optimal approaches to characterize patients’ and survivors’ symptom profiles and their associated genotypes and phenotypes; (c) comparatively evaluate approaches to examine the mechanisms underlying variation in patients’ and survivors’ symptom experiences; (d) determine optimal methodologic approaches to predict patients and survivors at greatest risk for symptom burden; (e) establish the biosignatures (i.e., phenotypic and molecular characteristics) of common individual symptoms and symptom clusters in patients and survivors; and (f) develop and test interventions to manage single symptoms and symptom clusters.

Health Disparities

The National Institutes of Health has designated health disparity populations in the United States as Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, and Native Hawaiians and other Pacific Islanders; socioeconomically disadvantaged populations, including underserved rural populations; and sexual and gender minorities.

Relevant research directions to advance equity: (a) Develop and test interventions to increase minority and vulnerable population participation in cancer clinical trials; (b) examine the effects on cancer outcomes of social determinants of health (i.e.,...