Cancer is associated with distressing disease-related symptoms and treatment-related side effects that affect functioning and quality of life (QOL) (Kim et al., 2009). When symptoms are not well controlled, they can result in emergency department visits, unplanned hospitalizations, delays in treatment, and lack of adherence to an effective treatment course (Basch et al., 2017; Boehmke & Dickerson, 2005; Dodd et al., 2010; Kayl & Meyers, 2006; Mooney, Beck, et al., 2017; Mooney, Berry, et al., 2017; Spoelstra et al., 2015; van Herk-Sukel et al., 2010; Whisenant et al., 2017). Although national guidelines provide management strategies for cancer-related symptoms, no known best practices for routinely monitoring symptoms and responding to symptoms during outpatient cancer care exist (Barbera et al., 2015; Basch et al., 2016, 2017; Berry et al., 2011, 2014, 2015; Cleeland et al., 2011; Mooney, Beck, et al., 2017; Mooney, Berry, et al., 2017). At the initiation of therapy, strategies for the self-management of symptoms may be discussed with patients with cancer; patients should be encouraged to contact the oncology team if symptoms are not well controlled. However, patients with cancer tend to notify clinicians about moderate to severe symptoms less than 5% of the time (Mooney, Beck, et al., 2017). In addition, clinicians often underestimate the severity of symptoms and their interference with daily functioning and QOL during cancer care (Basch, 2017; Basch et al., 2009; Williams et al., 2016; Xiao et al., 2013). Evidence suggests that systematically monitoring the symptom experience using patient-reported outcome (PRO) measures during treatment for cancer can improve QOL, increase adherence to therapy, and decrease emergency department use, as well as increase overall survival (Barbera et al., 2015; Basch et al., 2016, 2017; Berry et al., 2011, 2014, 2015; Cleeland et al., 2011; Mooney, Beck, et al., 2017).

However, adding PRO measures to routine clinical