

Prioritizing Chinese Medicine Clinical Research Questions in Cancer Palliative Care from Patient and Caregiver Perspectives

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For which topic were research priorities identified?

cancer palliative care

In which location was the research priority setting conducted?

Asia - China

Why was it conducted at all?

In Hong Kong, more than 50% of patients with cancer have consumed at least one form of Chinese medicine modalities to reduce side-effects of conventional treatments, restrain tumour progression and improve quality of life. Chinese herbal medicine (CHM) was the most commonly used Chinese medicine modality. Findings of existing systematic reviews (SRs) and overview of SRs also indicated that CHM and acupuncture and related therapies are effective in relieving pain, fatigue, constipation and improving quality of life among patients with cancer. Nonetheless, in certain areas their effectiveness remains to be uncertain due to methodological flaws among existing studies. Further clinical research should be conducted to ascertain their effectiveness. With limited research funding for TCIM, there is an acute need in increasing research value of future clinical trials, as well as in avoiding duplication of effort and wastage of funding. Grant agencies should consider carefully what is already known or being researched currently, as well as expectations from health-care professionals, patients and caregivers.

What was the objective?

to prioritize top ten important CM clinical research questions from patients with cancer, cancer survivors and caregivers' perspectives

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

1 day

Which methods were used to identify research priorities?

workshop

How were the priorities for research identified exactly?

Step 1: workshop: participants were asked to rank priority of a preliminary list of 25 research questions individually, participants were then split into three small groups and invited to give comments and rank a list of top ten research questions based on their importance via the small group discussion, this was followed by a whole group review: ranking scores from each group were summed up, research questions with the top ten highest ranking scores were extracted for discussion, in the next step participants were re-arranged to three new small groups, the extracted list of research questions with the top ten highest sum of ranking scores in the first round was presented, participants were asked to discuss and reexamine this list of questions, and re-rank the questions based on their importance if needed, this was then lastly followed by a final whole group review: round 2 ranking scores from each new group were summed up, a list of research questions with the top ten highest sum of ranking scores in the second round was presented to all participants, it was ensured that the final ranking of the top ten questions was agreed among all participants, a list of top ten participants-endorsed important research priorities was established

Which stakeholders took part?

17 participants: 5 patients with cancer who have completed major cancer treatment, 6 cancer survivors who have survived for five or more years after diagnosis, 6 caregivers who have taken care of patients with cancer.

How were stakeholders recruited?

Purposive sampling strategy was used to identify a balanced number of the following three types of participants: (i) patients with cancer who have completed major cancer treatments, (ii) cancer survivors who have survived for five or more years after diagnosis and (iii) caregivers who have taken care of patients with cancer.

Were stakeholders actively involved or did they just participate?

Stakeholders were mere participants of the research prioritization process; they were not actively involved in the process.