

Setting the Research Agenda for Living with and Beyond Cancer with Comorbid Illness: Reflections on a Research prioritization Exercise

Cavers et al. (2020)

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For which topic were research priorities identified?

cancer with comorbid illness

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

People living with and beyond cancer are more likely to have comorbid conditions and poorer mental and physical health, but there is a dearth of in-depth research exploring the psychosocial needs of people experiencing cancer and comorbid chronic conditions. A patient partnership approach to research prioritization and planning can ensure outcomes meaningful to those affected and can inform policy and practice accordingly, but can be challenging.

What was the objective?

to explore patient and informal carer experiences of living with and beyond cancer with comorbid illness, and health care provider experiences of caring for this patient group

What was the outcome?

a ranking list of 6 research topics

How long did the research prioritization take?

No information provided.

Which methods were used to identify research priorities?

consultation; workshop

How were the priorities for research identified exactly?

Step 1: workshop: participants were asked to identify key issues relating to living with and beyond cancer with comorbid illness and to share their views on key topics for research exploring the experience of living with and beyond cancer with comorbid illness. Step 2: data processing: content analysis: summary of the key issues. Step 3: online consultations: validating and refining priorities, collecting expert feedback. Step 5: literature review: comparing priorities with identified gaps in literature

Which stakeholders took part?

People with a diagnosis of cancer and one or more co-morbid illnesses and their informal carers, academics. Workshop: 6 participants. Consultation: 18 participants: 8 academics.

How were stakeholders recruited?

Potential workshop attendees were invited via a poster advertised (either displayed in print or sent electronically) on Twitter and through the Edinburgh Cancer Centre, Edinburgh Maggie's Centre, local GP surgeries, and consumer panels of such groups as the South East Scotland Cancer Network (SCAN) Patient Involvement Group and local charity support groups. For the online consultation, a brief outline and link to the full document (via Survey Monkey) was posted on Twitter. To reach a wide audience, relevant organizations such as the National Institute for Health Research's INVOLVE, Our Voice Scotland, and the Alliance were tagged in order to invite their feedback. Academics (including clinical academics) were recruited based on their published research on cancer survivorship and multimorbidity.

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.