

The Research Priorities of Patients Attending UK Cancer Treatment Centres: Findings from a Modified Nominal Group Study

Corner et al. (2007)

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For which topic were research priorities identified?

cancer treatment

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

Members of the public are increasingly consulted over health care and research priorities. Patient involvement in determining cancer research priorities, however, has remained underdeveloped.

What was the objective?

to involve cancer patients across the UK in identifying priorities for research investment

What was the outcome?

a ranking list of 15 research topics

How long did the research prioritization take?

No information provided.

Which methods were used to identify research priorities?

focus group

How were the priorities for research identified exactly?

Step 1: focus groups with nominal group technique: 17 focus groups, maximum of four breast cancer patients per group so that a broad range of demographic characteristics and cancer types were represented, participants were asked to discuss and rank research priorities, 17 ranked lists of research topics and questions then arranged into themes. Step 2: data processing: content analysis of each focus group, 17 ranked lists were merged in one overall list

Which stakeholders took part?

Cancer patients 18 years or older. 105 participants

How were stakeholders recruited?

The study sought to elicit the views of 'unorganised' (as opposed to self-selecting and 'expert') cancer patients. Hence, participants (larger or equal to 18 years) were recruited through outpatient clinics in seven cancer centres across the UK on a sequential basis using a population sample stratified by gender and stage of treatment. There was a maximum of four breast cancer patients per group so that a broad range of demographic characteristics and cancer types were represented. Patients were excluded from the study if they were deemed by the research nurse or other members of the clinical team to be too unwell, have complicating health factors or liable to be distressed by study participation. All other potential participants were invited to participate regardless of prior involvement in research. To ensure that people from diverse communities and backgrounds were included, consultation groups were also run with purposively selected participants from frequently underresearched communities. These included two consultation groups with participants from a South Asian cancer support group conducted in English, Hindi and Gujarati, a consultation group with people aged over 75 years and two consultation groups with people with advanced cancer recruited from day care services in two hospices.

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.