

Defining Research Priorities for Pancreatic Cancer in Australia: Results of a Consensus Development Process

Robotin et al. (2010)

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For which topic were research priorities identified?

pancreatic cancer

In which location was the research priority setting conducted?

Australia - Australia

Why was it conducted at all?

Pancreatic cancer (PC) is the sixth leading cause of cancer death in Australia and the fourth in the United States, yet research in PC is lagging behind that in other cancers associated with a high disease burden. In the absence of agreed processes to reliably identify research areas which can deliver significant advances in PC research, the Cancer Council NSW established a strategic partnership with the NSW Pancreatic Cancer Network to define critical research issues and opportunities that could accelerate progress in this field in Australia.

What was the objective?

to systematically define critical research issues and opportunities that could accelerate progress in this field in Australia

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?

Delphi; focus group; interview; workshop

How were the priorities for research identified exactly?

Step 1: literature review: to examine progress in PC research. Step 2: interviews: with 10 experts discussing current status of PC research, experts also invited to suggest research directions most likely to provide the next major research breakthrough in PC, to identify barriers limiting progress in research, and to identify where Australian research could make significant contributions. Step 3: Delphi: 27 participants provided with expert group's recommendations and literature review as background information, 4 rounds, Delphi round 1: participants invited to contribute up to ten issues they believed could change outcomes in PC in the Australian context, 134 research priorities identified, round 2a: participants invited to confirm whether their suggested priorities captured their round 1 responses, participants also invited to add (or edit) statements, round 2b: participants were asked to nominate their five top priority areas, resulting in 14 research priorities, Delphi round 3: participants were asked to rate 14 priorities, Delphi round 4: participants were asked to rank 14 priorities in order of importance. Step 4: focus groups: to collect consumers' views on key research areas, one focus group with patients with a PC diagnosis, one focus group with current and bereaved carers of patients with PC, 4 main topics emerged. Step 5: workshop: discussion with nominal group technique, identification of new research directions and issues, discussion of key research directions and refining and tabling of final research goals, participants were asked to select and rank their top three research priorities, rankings discussed in plenary, most frequently listed research priorities merged and refined into seven research goals

Which stakeholders took part?

Patients, carers, clinicians, pathologists, basic science researchers, epidemiologists, nurses, policymakers. Interviews: 10 participants. Delphi round 1: 22 participants. Delphi round 2a: 19 participants. Delphi round 2b: 20 participants, Delphi round 3: 25 participants. Focus group: 1 focus group with patients with a PC diagnosis, 1 focus group with current and bereaved carers of patients with PC. Workshop: clinicians (medical and radiation oncologists, surgeons, and palliative care physicians), pathologists, basic science researchers, epidemiologists, and nurses.

How were stakeholders recruited?

A call to participate in focus groups was outlined in a newsletter of the Pancreatic Cancer Support Project, distributed to people affected by PC. Interested potential participants were invited to register their interest in participating and participants were assured of confidentiality of the information.

Were stakeholders actively involved or did they just participate?

Stakeholders were active participants of the research prioritization process, they were not actively involved via the

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prioritization process, they were not actively involved via the

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