Impact of the Knowledge Translation Research Network’s grants program in cancer knowledge translation

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Ten years ago, the Knowledge Translation Research Network (KT-Net) grants program funded its first study in cancer knowledge translation (kt). In that study, Brouwers and colleagues conducted a review of reviews of interventions to improve the delivery of effective cancer control services1. They found thirty-four reviews of 19 interventions and concluded that although some interventions were promising, the overall approach to kt in cancer control was unsystematic1. During the intervening years, KT-Net held another 6 grant competitions. Across all competitions, 78 proposals were received, and 17 studies were funded after review by an expert review panel. Collectively, those 17 studies addressed important problems facing cancer patients and their families. Over the past 3 issues of Current Oncology, the journal has published 5 recent KT-Net–funded studies as part of a special series on cancer kt. Leading off the series, Ludwig et al.2 (February issue) studied how to improve symptom management by radiation therapists for patients undergoing radiation treatment. The team explored current symptom management practices by therapists, potential factors influencing the use of symptom management practice guides, and adaptations required to facilitate routine use of the guides. They found that only 53% of radiation therapists adhered to the guidelines and that the barriers to using the guides included lack of time (given stringent 15-minute treatment schedules) and unclear fit with the therapist scope of practice. As a result, the team adapted the guides and integrated them into the electronic medical record.

Two studies in the special series investigated how to better engage patients in making decisions about their cancer care. The study by Squires et al.3 (April issue) focused on concerns about prophylactic mastectomy in women with breast cancer. Their study identified how clinicians can better engage women in making a decision about whether to proceed with surgery on the unaffected breast. Jull and colleagues4 (June issue) described a partnered approach to research with Inuit about making decisions related to cancer care. They trained Inuit community support workers in shared decision-making and developed a booklet to guide discussions with community members affected by cancer. The booklet is now being tested in Nunavut.

Two different groups of investigators conducted randomized controlled trials to address cancer screening, but took different approaches. In the first study, Bashir and colleagues5 (April issue) tested whether patient education materials that were co-created with patients were more effective than materials created by experts in the context of prostate cancer screening. Although co-created patient education materials were preferred, no difference in decisional conflict was observed for patients who had viewed materials created by experts. The second study by Vaisson and colleagues6 aimed to improve cancer screening by primary care providers. They partnered with Cancer Care Ontario to conduct a randomized controlled trial to test various behavioural approaches in e-mail messages sent to primary care providers together with screening activity reports of patients who were overdue for screening. The e-mail messages with content of “anticipated regret” (that is, beliefs about the consequences of inaction) were found to lead to slightly more use of the screening reports. The e-mail messages with “problem-solving” content (that is, steps to register a delegate to review the report) were associated with a 0.3% increase in cervical cancer screening, representing 7568 more patients being screened if that association is replicated.

Other studies funded by the KT-Net grants program in cancer kt have investigated important problems in the delivery or organization of cancer care. Wei et al.7 improved care for patients with pancreatic cancer through the creation and use of a clinical pathway. Giuliani et al.8 studied an electronic system called cease to improve the referral of patients to smoking cessation programs. Screening rates increased from 44.3% using the paper-based approach to 65.7% using cease, and referrals offered to smokers who indicated interest in quitting increased to 98.8% from 18.6%. In the area of personalized medicine, Palter and colleagues9 studied how to identify patients with Lynch syndrome who might benefit from genetic counselling and genetic testing. Stakeholders in their study recommended several strategies to help navigate patients through a potential testing pathway, such as standardized templates for communicating results to patients and dedicated central coordinators to facilitate patient flow through the testing
pathway. Recommendations to foster a program in Ontario included increasing administrative support, educating leaders, providing resources to remote areas, and using standardized testing reports.

In this issue of *Current Oncology*, we report the results of an evaluation of KT-Net’s grants program. The evaluation concluded that the program achieved its aims of building capacity in cancer KT research, especially among researchers new to KT; making contributions to advancing the science of KT; building strategic partnerships; and leveraging funding. The evaluation also found that one of the barriers to achieving the aims of the grants program was the extent of the partnership between the funder (KT-Net) and the cancer-system organization. The evaluation also raised concerns about the role of knowledge users on individual study teams with respect to sharing the study results at their institution. To address that latter issue, KT-Net made changes to the grants application process and called for an explicit description of the role of knowledge users in research studies.

The bottom line is that a small cancer KT grants program can build capacity in cancer KT and address important problems in cancer care that are of interest to patients, clinicians, and policymakers.

**CONFLICT OF INTEREST DISCLOSURES**

We have read and understood *Current Oncology*’s policy on disclosing conflicts of interest, and we declare the following interests: MAO is the Scientific Associate of the Knowledge Translation Research Network. EG is the Director of the Knowledge Translation Research Network.

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**REFERENCES**

1. Brouwers MC, Garcia K, Makarski J, Daraz L on behalf of the Evidence Expert Panel, KT for Cancer Control in Canada Project Research Team. The landscape of knowledge translation interventions in cancer control: what do we know and where to next? A review of systematic reviews. *Implement Sci* 2011;6:130.
2. Ludwig C, Renaud J, Barbera L, *et al.* Factors influencing the use by radiation therapists of cancer symptom guides: a mixed-methods study. *Curr Oncol* 2019;26:56–64.
3. Squires JE, Stacey D, Coughlin M, *et al.* Patient decision aid for contralateral prophylactic mastectomy for use in the consultation: a feasibility study. *Curr Oncol* 2019;26:137–48.
4. Jull J, Hizaka A, Sheppard A, *et al.* An integrated knowledge translation approach to develop a shared decision-making strategy for use by Inuit in cancer care: a qualitative study. *Curr Oncol* 2019;26:192–204.
5. Bashir NY, Moore JE, Buckland D, *et al.* Are patient education materials about cancer screening more effective when co-created with patients? A qualitative interview study and randomized controlled trial. *Curr Oncol* 2019;26:124–36.
6. Vaisson G, Witteman HO, Chipenda-Dansokho S, *et al.* Testing e-mail content to encourage physicians to access an audit and feedback tool: a factorial randomized experiment. *Curr Oncol* 2019;26:205–16.
7. Wei AC, Devitt KS, Ahmed M, *et al.* Implementing an evidence-based clinical pathway for patients undergoing pancreaticoduodenectomy: outcomes of a pilot project [abstract 119]. *Can J Surg* 2013;56(suppl 3):S122.
8. Giuliani ME, Liu G, Xu W, *et al.* Implementation of a novel electronic patient-directed smoking cessation platform for cancer patients: interrupted time series analysis. *J Med Internet Res* 2019;21:e11735.
9. Palter VN, Baker NA, Rabeneck L, *et al.* A framework to build capacity for a reflex-testing program for Lynch syndrome. *Genet Med* 2019;21:1381–9.
10. O’Brien MA, Makuwaza T, Graham ID, *et al.* Lessons learned from a cancer knowledge translation grants program: results of an evaluation. *Curr Oncol* 2019;26:272–84