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# THE NURSE LIAISON ROLE IN THE COOPERATIVE GROUP SETTING

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**OBJECTIVES:** *To review the history of nurse involvement within the cooperative group environment, define the role of the nurse liaison, identify challenges for the nurse in interdisciplinary research, and explore future trends of nurse involvement in cooperative group studies.*

**DATA SOURCES:** *Published articles, government reports, and Web sites.*

**CONCLUSION:** *Nurse liaisons provide a nursing perspective to the design of cooperative group trials and ensure that nursing and patient feasibility issues about the trial are addressed, and provide guidance to nurses at participating institutions, as well as their home institution.*

**IMPLICATIONS FOR NURSING PRACTICE:** *The nurse liaison must be committed to their cooperative group role. Because of their proximity in time and space to the patient, nurse liaisons have a unique vantage point that can provide meaningful feedback for all stages of protocol development, implementation, and evaluation.*

**KEY WORDS:** *Cooperative group, nurse, research, liaison, protocol*

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**T**HE National Cancer Institute (NCI) created the Clinical Trials Cooperative Group Program in 1955 to improve the cancer clinical trials system.<sup>1</sup> The initial program encompassed several research networks termed *cooperative groups*, which were sponsored by the NCI Coalition of Cancer Cooperative Groups.<sup>1</sup> These 10 cooperative groups were comprised of multidisciplinary basic and clinical research scientists, physicians, and nurses whose goals included the conduct of cancer clinical research within specified disease groups.

In 2010, based on recommendations from the Institute of Medicine, the structure of the sponsored oncology groups (Table 1) changed to improve the speed and efficiency of clinical trials, optimize use of scientific innovations, improve prioritization and completion of clinical trials, and foster participation of physicians and patients.<sup>2</sup> Nurses have been integral components of the cooperative groups with membership on the scientific and administrative committees, as nurse scientists, and as committee liaisons. This article will provide examples from existing cooperative groups (Cancer and Leukemia Group B [CALGB], North Central Cancer Treatment Group [NCCTG], and American College of Surgeons Oncology Group [ACOSOG]) to illustrate the evolving roles of nurses and nurse scientists in the cooperative group setting.<sup>1</sup>

## HISTORY

Nurses have been involved in research since the 1850s, when Florence Nightingale collected documentation and statistics from the Crimean War and wrote two evidence-based books on hospital-based nursing care.<sup>3</sup> Subsequently, she conducted and analyzed research findings and published hundreds of articles about hygiene, health care for the poor, midwifery, hospital administration, and design.<sup>3</sup>

Nurses have engaged in multiple roles throughout the 50-year history of the NCI cooperative group program. One specific key role has been that of research nurses, eg, nurses helping principal investigators to manage their trials, recruit and accrue trial participants, and collect and enter data. Nursing roles within the cooperative groups include disease committee liaisons, patient advocates, educators/mentors, and nurse scientists who conduct nurse-led studies. The first Cooperative Group Nursing Committee was established within the Southeastern Cancer Group in 1976.

Committee members carried out patient education, nursing research, and served as liaisons to all the disease-based committees.<sup>4,5</sup>

### **Cancer and Leukemia Group B**

The Cancer and Leukemia Group B (CALGB) Oncology Nursing Committee was initiated in 1983 and supported by the late Dr. Emil Frei III, CALGB group chairman at the time.<sup>5,6</sup> The initial goals of the CALGB Oncology Nurse Committee (ONC) included attention to the needs of the cancer patient in clinical trials and to cultivate professional growth of nurses within CALGB. As these goals were accomplished, the ONC nurses sought scientific involvement within CALGB.<sup>6</sup>

Before the recent merger of the three cooperative groups into the Alliance for Clinical Trials in Oncology (Alliance), the ONC committee had 12 cadre members comprised of: 1) administrative leaders and nurse researchers, 2) disease and modality committee liaisons, 3) statisticians, and 4) CALGB central office representatives.<sup>6,7</sup> One goal of the ONC was to strengthen the expertise of nursing membership to enable engagement of nurses as principal investigators on nursing outcome studies within CALGB. Over time, the at-large members of CALGB nurses expanded to more than 500 members from member and at-large institutions and community clinical oncology programs.<sup>6,7</sup> Oncology education was the primary focus for the at-large membership. Members of the ONC routinely submitted nurse-authored articles to the CALGB publication, CAL-GAB.

Other ONC roles that have expanded since the committee's inception in 1983 included collaboration with various modality committees to include ONC nurses on treatment protocols as resources to CALGB members at-large for drug administration issues within the clinical trials, in genetic counseling, development of educational materials for trial participants, and improvements in study compliance issues.<sup>6</sup> The ONC worked in tandem with the clinical research associates (CRAs) to improve required data forms<sup>5</sup> and standardized data collection at each study site.

### **North Central Cancer Treatment Group**

The NCCTG Oncology Nursing Board was officially formed in 1984<sup>7,8</sup> and participated in the development of clinical trials from that time forward. A disease site resource nurse was assigned to one of 15 disease sites to contribute to protocol development and enable systemic nursing input in

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