
CHILDREN'S ONCOLOGY GROUP NURSING RESEARCH FRAMEWORK

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OBJECTIVES: *To describe the development and application of an organizing research framework to guide Children's Oncology Group (COG) nursing research.*

DATA SOURCES: *Research articles, reports and meeting minutes.*

CONCLUSION: *An organizing research framework helps to outline research focus and articulate the scientific knowledge being produced by nurses in the pediatric cooperative group.*

IMPLICATIONS FOR NURSING PRACTICE: *The use of a COG nursing research organizing framework can facilitate the clinical nurse's understanding of how children and families sustain or regain optimal health when faced with a pediatric cancer diagnosis through interventions designed to promote individual and family resilience.*

KEY WORDS: *Childhood cancer, pediatric oncology nursing, cooperative group, nursing research, clinical trial, theoretical framework, resilience*

THE Children's Oncology Group (COG) is the sole National Cancer Institute-supported cooperative pediatric oncology clinical trials group and the largest organi-

zation in the world devoted exclusively to pediatric cancer research. It was founded in 2000 following the merger of the four legacy National Cancer Institute-supported pediatric clinical trials groups

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(Children's Cancer Group [CCG], Pediatric Oncology Group [POG], National Wilms Tumor Study Group, and Intergroup Rhabdomyosarcoma Study Group). The COG currently has over 200 member institutions across North America, Australia, New Zealand, and Europe and a multidisciplinary membership of over 8,000 pediatric, radiation, and surgical oncologists, nurses, clinical research associates, pharmacists, behavioral scientists, pathologists, laboratory scientists, patient/parent advocates and other pediatric cancer specialists. The COG Nursing Discipline was formed from the merger of the legacy CCG and POG Nursing Committees, and current membership exceeds 2,000 registered nurses. The discipline has a well-developed infrastructure that promotes nursing involvement throughout all levels of the organization, including representation on disease, protocol, scientific, executive, and other administrative committees (eg, nominating committee, data safety monitoring boards). COG nurses facilitate delivery of protocol-based treatments for children enrolled on COG protocols, and Nursing Discipline initiatives support nursing research, professional and patient/family education, evidence-based practice, and a patient-reported outcomes resource center. The research agenda of the Nursing Discipline is enacted through a well-established nursing scholar program.

HISTORICAL BACKGROUND OF COG NURSING

Before the merger of the pediatric cooperative groups at the turn of the millennium, leaders of the CCG and POG Nursing Disciplines had begun to explore the feasibility of nursing research collaboration. A series of discussions held in conjunction with CCG and POG group meetings and Association of Pediatric Oncology Nurses (APON; currently the Association of Pediatric Hematology Oncology Nurses) conferences positioned nursing well for the merger by establishing mutual understanding that areas of shared interest outweighed differences across the two groups. CCG and POG nursing leaders recognized the opportunity for nursing to make unique scientific contributions within the COG, and agreed to undertake the first State of the Science Summit in Pediatric Oncology Nursing Research.¹

A strength of both nursing groups was strong representation from advanced practice nurses (APNs) who were well-integrated into the cooperative group structure, knowledgeable about cooperative group processes, and familiar with

protocols.^{2,3} However, the APNs lacked the expertise of doctorally prepared nurse scientists to successfully develop and lead nursing research within the cooperative group structure. At the same time, there was a very small cadre of doctorally prepared pediatric oncology nurse researchers available and they had limited experience working within the cooperative groups. These gaps in nursing intellectual capital led to the development of a research structure that paired APNs who were very familiar with cooperative group processes with doctorally prepared nurses who had expertise in the design and implementation of nursing research. The initial APN/PhD dyads focused on four areas of priority identified during the State of the Science Summit in Pediatric Oncology Nursing and included: 1) neurocognitive effects of childhood cancer therapy,⁴ 2) fatigue and related symptoms,⁵ 3) coping effects of patients and families,⁶ and 4) self-care.⁷ A second group of nursing scholar teams was added in 2005 after a second State of the Science Summit. These included nursing scholars focused on developing research in the areas of end of life/palliative care,⁸ parent treatment decision making,⁹ and complementary and alternative medicine.¹⁰ [Table 1](#) provides a timeline summarizing development of key COG Nursing Discipline activities.

DEVELOPMENT OF AN ORGANIZING FRAMEWORK

In 2009, the COG Nursing Research Subcommittee engaged in a strategic planning process that included a comprehensive review of the first decade of the nursing scholar program. During COG's inaugural decade, nursing scholar teams had variable success in developing concepts for COG research protocols. Two of the four original teams successfully implemented COG studies, one as a free-standing protocol (ANUR0631) and one as an embedded aim in a therapeutic protocol (ACNS0331; refer to [Table 1](#)). During this time, group-wide open meetings moved from a semi-annual to an annual schedule because of reduction in cooperative group funding, and changes in the study concept development process required that pilot work, for the most part, be completed outside of the cooperative group, with fully developed clinical trials given primary consideration for conduct within the COG. Because the majority of nursing scholars were young investigators, their programs of research were generally not mature

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