
NURSING RESEARCH IN THE GYNECOLOGIC ONCOLOGY GROUP

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OBJECTIVES: *To review nursing science history within the Gynecology Oncology Group (GOG); to discuss challenges of nursing science in the cooperative group (CG) using a current nurse-led protocol (GOG-0259) as an exemplar; and to propose recommendations to advance nursing science in the CG setting.*

DATA SOURCES: *Indexed citations and personal experience.*

CONCLUSION: *Benefits of CG research include opportunities for inter-disciplinary collaboration and ability to rapidly accrue large national samples. Challenges include limited resources to support non-treatment trials, a burdensome protocol approval process, and lack of experience with nursing/quality-of-life intervention studies. Formal GOG structures need to evolve to encourage nurse scientists to become active members; promote collaboration between experienced GOG advanced practice nurses and nurse scientists to identify nursing research priorities; and consider new funding sources to support pilot intervention studies.*

IMPLICATIONS FOR NURSING PRACTICE: *Understanding the CG research process is critical for nurse scientists. A multi-disciplinary team of CG leaders can help investigators navigate a complex research environment and increase awareness of the value of nursing research.*

KEY WORDS: *Cooperative group, nursing science, Gynecological Oncology Group, clinical trial*

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THE Gynecologic Oncology Group (GOG) was established in 1970 and received initial funding from the National Cancer Institute in 1971. It is the only National Cancer Institute (NCI)-sponsored cancer cooperative group to focus exclusively on pelvic malignancies. Since its inception, the GOG has placed an emphasis on multidisciplinary collaboration across the three major committees (Committees on Cancers of the Ovary; Cancers of the Cervix and Vulva; and Cancers of the Uterine Corpus) and specialty committees (Developmental Therapeutics; Experimental Medicine; Quality of Life/Health Outcomes Research; and Cancer Prevention and Control). In addition, specific modality committees (Gynecologic Oncology, Medical Oncology, Nursing, Pathology, Radiation Oncology) were designed to ensure quality control and to discuss discipline-specific concerns across protocols.¹

THE ROLE OF NURSES IN THE GOG

From the earliest days of the GOG, nurses have been valued for their essential role in the design and conduct of GOG trials. The Nursing Committee was initiated as an informal committee in 1977, and was later authorized as a subcommittee of the Quality Control Committee in the 1980s. Since 1994, the Nursing Committee has been recognized as a separate modality committee. The Nursing Committee takes on diverse roles in the GOG, including review of concepts and protocols to “identify, from a nursing perspective, any errors, omissions or inconsistencies that might affect patient eligibility, patient registration, safety protocol compliance and completion.”^{2(p76)} The committee reviews approximately 70 concepts/protocols per year. Nurses also serve on all major and specialty committees.

Other important activities of the Nursing Committee include the Nursing Manual and Educational Programs. The Nursing Manual includes procedural guideline activities important to GOG protocols, such as management of allergic and anaphylactic guidelines and intra-peritoneal chemotherapy administration. The focus of the Educational Programs is to provide continuing education to GOG nurses and to promote awareness and appreciation for nursing research and research utilization. Examples of educational

programs include: “Development of Nursing Research” (1990; F. Lewis); “Utilization of Nursing Research” (1992; D. McGuire); “Quality of Life in Gynecologic Cancer Survivors” (1999; L. Wenzel); “Update on HPV and Cervical Cancer Screening” (2004; M. Rubin); and “Symptom Experiences of Women with Recurrent Ovarian Cancer” (2011; H. Donovan).

NURSING SCIENCE IN THE GOG PRE-2007

The Nursing Committee does not formally sponsor concepts/protocols within the GOG. However, nurses have contributed to the GOG research enterprise in three significant ways: 1) nurse scientists as the study chair or as principal investigator (PI) of an ancillary or companion study; 2) nurse scientist as key collaborators taking lead roles in the development and dissemination of quality-of-life (QOL) goals within a GOG-sponsored clinical trial; and 3) nurses as members and co-authors on research teams. [Table 1](#) provides examples of research conducted by or in collaboration with nurse scientists in the GOG and associated publications. These include ancillary and companion studies to phase III trials to evaluate the reliability and validity of new measures of chemotherapy-induced peripheral neuropathy³ and measurement of vaginal stenosis⁴; randomized clinical trials of nursing interventions for alopecia⁵; QOL outcomes for phase III trials⁶; and prospective studies of QOL after treatment for germ cell ovarian cancers.⁷⁻¹¹ In addition, GOG research nurses have been involved as co-authors on multiple GOG publications.¹²⁻²¹

INFRASTRUCTURE DEVELOPMENT IN THE GOG

Despite a very active nursing committee and the involvement of several nurse scientists in evaluating QOL outcomes within GOG clinical trials, before 2007 there were no nurse scientists (ie, research as their primary professional role) who were active members of GOG, nor was there specific GOG infrastructure to support nurse scientists.

In 2005 an Oncology Nursing Society (ONS) multi-site research working group proposed a plan for increasing the capacity of nurses to conduct multi-site research, including research within the cooperative groups.^{22,23} A workshop for nurse investigators new to cooperative group

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