

LETTERS TO THE EDITOR

Response to “Guideline-Recommended Symptom Management Strategies That Cross Over Two or More Cancer Symptoms”

I read with great interest the article titled “Guideline-Recommended Symptom Management Strategies That Cross Over Two or More Cancer Symptoms” by Kwekkeboom et al. (2020) in the September issue of the *Oncology Nursing Forum*. Their innovative work moves symptom science forward in several important ways.

The research team followed a rigorous methodology and “flipped the script”—instead of evaluating interventions for single symptoms, they evaluated interventions that cross over multiple symptoms. This change in perspective is an important one, and it is telling that this viewpoint comes from a nurse-led team. Nurses are leaders in symptom management and symptom science and have the knowledge and expertise to view symptom management in innovative ways. The authors found that recommendations across guidelines from the Oncology Nursing Society (ONS), American Society of Clinical Oncology, and National Comprehensive Cancer Network were relatively consistent, with few conflicting recommendations. Guidelines take time to develop and can be costly for an organization. The consistency found by Kwekkeboom et al. (2020) highlights an opportunity for organizations to work collaboratively, when possible, to develop joint guidelines. In addition, the authors identified potential areas for future research, including studies designed to target the management of multiple co-occurring symptoms and studying the technological resources needed for multi-symptom management. Importantly, Kwekkeboom et al. (2020) emphasized the need to collect patient-reported outcomes routinely and easily in practice. Oncology nurses are leaders in this work and will continue to move this science forward (Baldwin-Medsker et al., 2020; Berry et al., 2014; Cooley et al., 2015; Sheikh-Wu et al., 2020).

The article by Kwekkeboom et al. (2020) is timely for ONS and our commitment to symptom management. The current research priorities for ONS include a focus on symptom science, with a recommendation to “develop and test interventions to manage single

symptoms and symptom clusters” (Von Ah et al., 2019, p. 658). During the past 15 years, ONS has committed to producing Putting Evidence Into Practice (PEP) resources that offer recommended interventions to manage cancer treatment-related symptoms. The ONS PEP resources met most, but not all, of the National Academies of Sciences, Engineering, and Medicine criteria for trustworthy guidelines, and, during the past two years, ONS dedicated resources to employ a rigorous and transparent methodology, including convening a panel of interprofessional experts and patients to critically evaluate the literature and formulate evidence-based recommendations to create ONS Guidelines™ on hot flashes, skin toxicities, lymphedema, constipation, and radiodermatitis.

Oncology nurses and nurse scientists are in a key position to ask patient-focused questions and synthesize the evidence needed to answer those questions. Oncology nurse scientists have generated much of this evidence and are building a strong foundation in the pathophysiology of symptoms, symptom clusters, and interventions to alleviate symptoms. The current study by Kwekkeboom et al. (2020) is a continuation of this exemplary work.

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The Author Responds

Our team is deeply grateful for Ginex's enthusiastic response to our article, which identified symptom management strategies recommended across two or more cancer symptoms. We strongly concur with her description of the central role that oncology nurse scientists have played in developing evidence to support cancer symptom management in practice. Our article would not have been as effectual without the commitment of ONS to producing PEP resources, and we are excited about the ongoing transition of those resources into symptom management guidelines. Given their foundational support to date, we believe

that ONS is ideally positioned to lead the charge for the next phase of research testing coordinated multi-symptom management interventions, developing guidelines that address co-occurring symptoms, and equipping oncology nurses with the support needed to implement coordinated symptom management in clinical practice. As ONS members, we are honored to contribute to the organization's effort to minimize symptom burden and simplify the work of patient and family self-management.

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