

Title

Evidence-based cancer nursing: Cancer Nursing and the Cochrane Collaboration

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Conflicts of Interest:

The authors declare that they have no conflicts of interest.

A number of Cochrane systematic review summaries have been published in *Cancer Nursing* since 2010¹⁻⁴. These summaries are the outcomes of the Evidence Transfer

Program (Review Summaries), which is an initiative between the Cochrane Nursing Care Field (CNCF) and *Cancer Nursing*. The participation of *Cancer Nursing* in this program has demonstrated its commitment to promote evidence based practice among cancer nurses internationally.

But why the Cochrane Collaboration? The Cochrane Collaboration is a not-for profit organization established in 1993, following a British medical researcher's call for systematic, up to date reviews of all relevant randomized controlled trials^{5, 6}. To date, over 4,600 systematic reviews have been published online in *The Cochrane Library*⁶. Systematic reviews are the highest level of evidence and have been increasingly used as the standard approach in summarizing health research and influencing health care decisions⁷. There is a set of standards expected of systematic reviews, including having a clearly stated set of objectives with pre-defined eligibility criteria for studies; an explicit reproducible methodology; a systematic search that attempts to identify all studies that would meet the eligibility criteria; an assessment of the validity of the findings of the included studies, for example, through the assessment of risk of bias; and a systematic presentation and synthesis of the characteristics of findings of the included study⁵. Unfortunately, the quality of non-Cochrane systematic reviews varies^{8, 9}. The Cochrane Collaboration certainly has the credibility that its reviews adhere to the standards listed above very consistently⁵.

The Cochrane Collaboration comprises 52 review groups. Review groups are composed of individuals around the world who share an interest in developing and maintaining systematic reviews relevant to a particular health area¹⁰. These reviews group are disease-specific (e.g. Gynecological Cancer Group, Childhood Cancer Group, Breast Cancer Group), rather than discipline-specific. In other words, none of the review groups are nursing-specific. However, there is a strong nursing involvement in contributing to this repository of up-to-date high quality systematic reviews¹¹.

The published summaries in *Cancer Nursing* thus far have confirmed the relevancy of Cochrane reviews for informing cancer nursing practice. As cancer nurses, we need to further examine our practice and ensure that it is evidence-based. Numerous clinical issues require further attention and good evidence from cancer nurses. For example, as cancer nurses, we are challenged to provide the right amount of right information at the right time to cancer patients. In examining the evidence in this area, a Cochrane review was conducted to aid decision making of information giving at the beginning of a patient's journey¹². For another example, the end-of-life care pathways were developed to improve the outcomes of dying cancer patients and have become the standard of practice over recent years. However, a recent Cochrane review¹³ reported that this practice is not supported by any evidence. Until further research is conducted, these pathways should not be widely rolled out¹⁴. Cochrane reviews have direct implications for decision making among cancer nurses and policy makers.

I used to think that I could only make a difference in the individuals that I cared for (patients or caregivers/families), and that I would not be able to contribute to cancer care at a higher level. However, conducting and disseminating Cochrane reviews has been extremely fulfilling for me as a cancer/palliative care nurse, because I know that my work can truly impact the quality of cancer care at an international level. I am encouraged to see that *Cancer Nursing* is facilitating research utilization among cancer nurses by providing highly accessible and relevant summaries of Cochrane reviews. I hope that an increasing number of cancer nurses will contribute to evidence-based cancer nursing practice by conducting Cochrane reviews. We will together continue to support, and advance the conduct, dissemination, and utilization of high quality systematic reviews in the future.

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