March 2015 (KTA-15) Competition Awarded Knowledge to Action Grants

Listed in alphabetical order

**Chambers, Christine**  
IWK-Grace Health Centre  
*Cancer pain assessment and management in children: Using social media to bridge the gap*  
Many children living with cancer experience pain during their treatment. Currently, parents lack reliable research-based resources to help them understand their child's cancer pain. In partnership with an online forum called the Cancer Knowledge Network (CKN), Dr Christine Chambers will launch and evaluate a social media campaign – “Making cancer less painful for kids” – to help fill this gap. She will study how accessible the campaign is, as well as its impact on parents’ knowledge and management of their child’s pain. This initiative is designed to raise parents’ awareness about their child’s cancer pain and to influence how parents use research-based pain management strategies with their child.

**Dennis, Kristopher**  
Ottawa Hospital Research Institute  
*Behavioural determinants of Canadian radiation oncologists' use of single-fraction palliative radiation therapy for uncomplicated bone metastases*  
Radiation therapy is used to relieve pain caused by cancer that has spread to the bone. Clinical practice guidelines recommend that a single dose of palliative radiation should be used for pain relief in this context. However, many radiation oncologists still prescribe more than one radiation dose. Dr Kristopher Dennis will interview Canadian radiation oncologists to understand why there is a reluctance to limit the number of treatments. This information can then be used to develop new ways of encouraging the use of single-dose radiation for pain control. This more convenient and better-tolerated, yet equally effective, treatment approach could improve quality of life for people with cancer and promote the efficient use of Canadian healthcare resources.

**Sabo, Brenda**  
Dalhousie University  
*Demystifying palliative care through arts-based knowledge translation: An innovative knowledge to action approach for engagement and communication among patients, families and healthcare professionals*  
Conversations about palliative and end-of-life care can be difficult for healthcare providers, people with cancer and families alike, which in some cases can lead to palliative care being used too late or not at all. To challenge misconceptions and open dialogue about palliative care, Dr Brenda Sabo will develop a play based on stories from people living with advanced cancer and families who have lost a member to this disease. The play will be performed for doctors, nurses and the public in Halifax, Montreal and Toronto, and researchers will evaluate its effect on changing attitudes toward palliative care. Dr Sabo’s work could lead to improved care and enhanced quality of life for people with cancer and help put conversations about palliative care centre stage.

**Squires, Janet**  
University of Ottawa  
*Increasing use of contralateral prophylactic mastectomy: A concern for over-aggressive treatment of breast cancer patients in Canada*  
Most women diagnosed with cancer in one of their breasts have a low risk of developing cancer in their other (contralateral) breast. Surgery to remove the healthy breast can be associated with serious complications and is not recommended by research-based guidelines for most women. Despite this, many Canadian women with breast cancer still choose to remove their unaffected breast. Dr Janet Squires will investigate why this occurs by consulting with doctors, nurses and women with breast cancer across Canada and will develop and assess a strategy to help reduce the use of this procedure in Canadian women. This research may lead to improved care and quality of life for these women and will also promote the responsible use of Canadian healthcare resources.
Stacey, Dawn  
Ottawa Hospital Research Institute  
Implementation of a prostate cancer decision aid within routine clinical practice: Evaluation of patient outcomes and practice variation

Men with localized prostate cancer often have to make a difficult decision among 3 main options for managing their disease: surgery, radiation or monitoring without treatment. Decision aids are tools like booklets or videos that can help patients actively participate in making such decisions with their doctor, but currently they are underused and understudied. Dr Dawn Stacey and her colleagues will study how to best implement a decision aid for localized prostate cancer and ensure sustained use in a hospital in Ottawa, Ontario, and in 2 hospitals in Saskatchewan. This will provide valuable insights into how to improve the use of this decision aid in patient-centered care and how similar tools could be developed and used in other cancer settings.

Stacey, Dawn  
Ottawa Hospital Research Institute  
Cancer symptom management in homecare: Evaluating implementation of evidence-informed practice guides

People living with cancer often experience symptoms when they are at home, which can sometimes be serious or life-threatening. Homecare nurses can provide symptom management support and should be equipped with the best tools to ensure the delivery of high-quality care. Dr Dawn Stacey will adapt existing nursing practice guidelines for use in the homecare setting with cancer patients. Then she will study how these guides are used in practice and how to best encourage sustained use over time. This work may directly impact how practice guides are used by nurses to ensure safe and effective care of cancer patients at home, which is expected to enhance their overall quality of life.