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Building capacity in cancer knowledge translation through catalyst grants

M.A. O'Brien PhD* and E. Grunfeld MD DPhil*

The field of knowledge translation (KT) seeks to understand how to apply findings derived from research to clinical practice to benefit the population[1]. A significant challenge in cancer care—as in other areas of health care—is to apply in practice what is already known to be effective[2–5]. Part of the problem is that mechanisms to improve cancer care are often complex and poorly understood. Another contributor to the problem is that the field of KT research is relatively new, and opportunities for researchers to gain expertise in this growing area of research have been limited outside of formal training at the masters or doctoral level.

The Knowledge Translation Research Network (KT-Net) was first funded in 2009 as part of the Health Services Research Network and as a joint initiative of Cancer Care Ontario and the Ontario Institute for Cancer Research. The goals of KT-Net included advancing the science of KT and building capacity in cancer-relevant KT research. To achieve those goals, a key strategy was KT-Net's catalyst grant competition, for which teams of researchers and knowledge users were invited to submit proposals that aligned directly with the strategic priorities of the Ontario Institute for Cancer Research and Cancer Care Ontario.

Between 2009 and 2016, KT-Net held 7 competitions. Of 78 proposals submitted, 17 were funded. The number of submitted proposals steadily increased over time, with 4 proposals submitted in 2009 and 23 in 2016.

In a special series on cancer KT, which will be presented over the next four issues of *Current Oncology,* we report the results of 5 studies recently funded under KT-Net's catalyst grant competition, together with an evaluation of the competition. Leading off the series is the study by Ludwig and colleagues about factors that influenced the use, by radiation therapists, of evidence-informed symptom practice guides for patients experiencing cancer treatment–related symptoms. In the April issue, Bashir and colleagues will report the results of a randomized controlled trial that assessed whether patient education materials co-created with patients for prostate cancer screening are as effective as expert-created materials in reducing decisional conflict. Also in the April issue, Squires and colleagues will report the results of their study that investigated the reasons that women chose contralateral mastectomy after being diagnosed with breast cancer in the opposite breast. In the June issue, Jull and colleagues will report the results of an integrated KT study that explored the preferences of Inuit people for participating in shared decision-making about cancer treatment. Also in the June issue, Ivers and colleagues will describe the results of a randomized controlled trial that investigated whether cancer screening activity reports for primary care physicians can be improved to increase the uptake of cancer screening. The final article in the special series, by O'Brien and colleagues, will be published in the August issue. It will present the results of their evaluation of the KT-Net's catalyst grant competition that identified its unique value in developing capacity in cancer KT research.

Collectively, the articles demonstrate that a relatively small amount of money can make a big difference. The funding for each proposal was limited to $150,000 for a 1-year study. The catalyst studies demonstrated that it is possible to build capacity in cancer KT research and to help advance KT science. Although it is premature to expect changes to practice or policy as a result of these recent studies, investigators have been successful in obtaining additional funding to build on their work. We hope that readers of *Current Oncology* will enjoy this special series.

CONFLICT OF INTEREST DISCLOSURES

We have read and understood *Current Oncology*'s policy on disclosing conflicts of interest, and we declare the following interests: MAO receives salary support from the Ontario Institute for Cancer Research for her role as Scientific Associate, Knowledge Translation Research Network.

AUTHOR AFFILIATIONS

*Department of Family and Community Medicine, University of Toronto, and Knowledge Translation Research Network, Health Services Research Network, Ontario Institute for Cancer Research, Toronto, ON.

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Correspondence to: Mary Ann O'Brien, Department of Family and Community Medicine, 500 University Avenue, Fifth Floor, Toronto, ON M5G 1V7.
E-mail: maryann.obrien@utoronto.ca ■ **DOI:** https://doi.org/10.3747/co.26.4801