

Peer Review File

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Reviewer Comments

Reviewer A

Thank you for opportunity to review this manuscript. I understand it to be a narrative review of the evolution of oncology nursing in North America, including an outline of important challenges and opportunities for oncology nursing.

First, I found the paper well written and a good comprehensive/general overview of oncology nursing. Thank you for your kind words and review of our manuscript.

Comment 1: My main concern is that this manuscript is being presented as an "original article". As such, my understanding is that it should represent original research and follow the IMRAD format as per the guidelines for authors.

Reply 1: We appreciate your comment. This paper was proposed and developed as a narrative review of the development of oncology nursing as a specialty in North America.

In terms of opportunities to strengthen the manuscript I have the following comments. I hope they will be taken as constructive:

Comment 2: As a reader, I would have benefitted from the addition of a more focused introduction section introducing the review. Topics that might have been addressed in this section could have included: why this overview important, what gaps in the literature is it addressing, why was a narrative review the right format to address this gap? I appreciate that this isn't a "formal literature" review - but a bit of hand holding regarding why this paper is important would have helped me sink my teeth in.

Reply 2: Thank you for noting the development of the context of the paper. We have added more detail to the abstract as well as sentences in the first paragraph to set the stage for this narrative review of the specialty.

Comment 3: Additionally, the forwarding of objectives or a thesis to be argued would have helped with the reading experience. Are there key differences between how oncology nursing has evolved in Canada/US (+/- Mexico) that could be explored?

Reply 3: This is a good point. While another manuscript for the supplement will address the development of oncology nursing in Mexico and Latin America, we have focused on the United States and Canada as suggested by the editors. We are not aware of any significant differences in how oncology nursing evolved in Canada/US.

Reviewer B

Thank you for the opportunity to review this manuscript which aims to describe the evolution of oncology nursing practice in North America as a means of contextualizing implications for the future of oncology nursing while also considering emerging needs in the field. While an important area for synthesizing the literature, the manuscript falls short of its stated aim. There are several aspects of the paper that cause concern (bulleted below) and warrant further explication before it rises to the level of publication.

Comment 1:

- The overall concern is that the manuscript largely reads like a potpourri of topics (e.g., safe handling practices of hazardous drugs; type of oncology-related certifications; the emergence of the advanced practice nursing and navigator roles, and listing of various oncology nursing-related organizations) that while relevant to oncology nursing, were not historically contextualized nor was it evident how the review of these topics informed the author's recommendations for future oncology nursing practice. Perhaps the authors were too ambitious with their goals, and the paper may benefit from a narrowed purpose by being more explicit about the historical aspects of the oncology nursing field the authors aim to synthesize to inform future oncology nursing practice.

Reply 1: Thank you for your comment. The authors have added more historical context to page 3 in paragraphs 1 and 2. This both narrows the purpose of the review and previews later development of new oncology nursing challenges and opportunities.

Comment 2:

- A large portion of statements was superficial in nature and not substantiated by a synthesis of the literature.

Reply 2: The authors appreciate this comment and have added historical context from the literature. For more details, please see Replies 3, 4 and 5.

Comment 3:

- For example, the following statement, "In cancer care, both clinical and nonclinical (peer or lay) patient navigators have been used to improve access to screening, decrease the time from diagnosis to treatment, and improve the detection of cancer at earlier and more treatable stages," was not supported with citations and lacks specific examples from the published literature and also lacks consideration of the use of lay navigators in other areas, such as, the use of lay navigators to support advance care planning among patients with cancer.

Reply 3: We have edited the paragraph on page 7 to focus on nurse navigators while acknowledging the contributions of nonclinical/lay navigators. We have also added

two new references to acknowledge roles of oncology nurse navigators and developed competencies.

Comment 4:

○ The following statement, “In fact, there exists an overlap between physical and psychosocial symptom management (sometimes called supportive care), cancer care, and oncology nursing, palliative care, and hospice care,” grossly oversimplifies these areas of nursing practice without providing adequate distinctions nor describing recent models of care delivery that champion the integration of palliative care and oncology practice (a.k.a. supportive oncology care, primary palliative care)

Reply 4: This is an important point; thank you. The authors have addressed this concern by editing the paragraph on page 9 and added two references regarding more recent models of care (such as EMPOWER) that integrate palliative care and oncology care.

Comment 5:

○ The section on disparities in cancer care also falls short of adequately contextualizing disparities issues in cancer care. The discussion mainly focuses on the Canadian perspective without reflection on disparities in the U.S. context. The disparities section also seems heavily focused on access to care issues, ignoring other important aspects of cancer disparities, such as disparities in cancer pain management or other symptom management concerns.

Reply 5: Thank you for highlighting this oversight regarding disparities in the US. The authors have added more detail on page 13 and new references to describe disparities in symptom management, promote gender affirming care and advocate for equitable cancer outcomes in the US.

Comment 6:

▪ The unsubstantiated statements described above also raise concerns over the approach the authors used to review the literature to inform this manuscript. Some specifications on how the articles were sourced and selected would provide needed rigor behind the recommendations in this manuscript.

Reply 6: The authors appreciate the concern for rigor and have added a comment on Page 3 regarding the scoping review of the literature for this narrative review. We have also addressed the comments 3, 4, and 5 with updated references and editing to address the reviewer’s concerns.

Comment 7:

The reflections on the Canadian context in the manuscript also read as more

tangential detail. It was unclear how this perspective was being utilized/integrated – was the intention to compare differences between the U.S. and Canadian context or was it to provide a synthesis of the two contexts.

Reply 7: The authors were providing an overview of the two countries in North America: United States and Canada. Additional manuscripts in the supplement will cover other countries in the region. The manuscript is not meant to be a comparison.

Comment 8:

- The flow of ideas/logic is also circular at times, making it difficult to track the author's major points. For example, paragraph 2 of the manuscript mentions safe handling practices, and then the topic is mentioned again in paragraphs 4-6, and returned to yet again on pages 13 and 14 of the manuscript. The same circular logic also appears around the discussion of ONS.

Reply 8: The authors appreciate the need for more clarity and have edited content on several pages to reflect the evolution of the organization (ONS), safe handling issues and future issues for oncology nursing practice.

Reviewer C

Comment 1:

Is there a reference for line 126?

Reply 1: Yes, we have added a reference here.

Comment 2:

Line 233 - correct this organization to "Association of Pediatric Hematology/Oncology Nurses"

Reply 2: Thank you. This has now been corrected.

Comment 3:

Recommend including more of a description around palliative care in that it is not only indicated at end-of-life; while early palliative care is favorable, it can also be utilized for patients with good or intermediate risk prognoses.

Reply 3: Thank you for this comment. We have added a comment about palliative care in the context of curative-intent treatment.

Comment 4:

Consider including oncology nurses' role in including multidisciplinary team members and referrals for optimized care, symptom management, psychosocial support, etc. Additionally nurses serving as "front line" clinicians to oncology patients, especially in triaging acute, life threatening side effects from cancer and treatments, and psychosocial distress. (This could be included in "Evolving Treatment Landscape" or "Intersection of palliative....")

Reply 4: Thank you for this comment. We agree and have added more content on the nurses' role in the introduction section.

Comment 5:

Consider discussing differences between community hospitals and large academic institutions +/- cancer centers, inclusive of resources, education, teams, etc.

Reply 5:

We appreciate this suggestion but due to word limits, exploring this topic is beyond the scope of this paper.

Comment 6:

Appreciate your inclusion of subspecialties within oncology (rad onc, surgery, AYA, peds, etc.) as well as populations that experience health inequities

Reply 6: Thank you. The authors believe the development of oncology nursing requires specialization including new and emerging areas of cancer care.

Comment 7:

Strong conclusion

Reply 7: Thank you.

Comment 8:

This is such important work and I thank you for providing such a robust evaluation of oncology nursing and advanced practice nursing throughout the cancer continuum. It was a privilege to review this manuscript.

Reply 8: Thank you for your kind words. The authors hope it builds on the historical context of the development of the specialty and presents opportunities for future growth.