Oncology Nurses Translate Bedside Expertise Into Research

Fred Hutch nurses presented innovative research impacting clinical care at 51st Annual Oncology Nursing Society Congress.

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Oncology nurses have played a vital role in research since the founding of Fred Hutch Cancer Center more than 50 years ago, writing the policy and procedure manuals for nurses treating the very first bone marrow transplant patients.

In recent years, however, Fred Hutch has elevated that role with increased financial and administrative support for nurses eager to flex their research muscles by publishing articles in peer-reviewed journals and presenting at scientific conferences.

“Here at Fred Hutch, we’re very good with highlighting all that our researchers are doing, but I think there’s a huge opportunity to shift that to our nurses who are also doing this incredible work,” said Rainier Achacoso, DNP, MBA, MSN, RN, NE-BC.

Achacoso, who was recently promoted to Associate Chief Nursing Officer for Nursing Practice, Education and Research, was among 17 Fred Hutch nurses presenting at the ONS Congress this month in San Antonio.

Fred Hutch nurses have presented research at two scientific conferences this year on a wide range of topics impacting clinical care including:

- Expanding the Nurse Navigation Program for newly diagnosed patients from a single community site to the Sloan Clinic, Fred Hutch’s main South Lake Union clinic.

- Adapting a workload diagnostic tool developed by NASA to better understand stresses that lead to nurse burnout.

- Developing procedures to safely administer a therapy for small cell lung cancer in an outpatient

clinic instead of a hospital.

- Analyzing data from home monitoring equipment to identify serious complications following blood stem cell transplantation before they become life-threatening.

“What we’re doing now is very different; it is highly innovative,” Achacoso said. “Part of my new role is really figuring out how we can put more nurses at the center of nursing-led research, evidence-based practice and quality improvement, because evidence shows that nurses doing this work has really improved a lot of outcomes for patients.”

Fred Hutch nurse scientist helps nurses find their voice

In 1990 when E. Donnall Thomas, MD, learned he had won the Nobel Prize in physiology or medicine for his pioneering work in bone-marrow transplantation, he and his wife, Dottie, first shared the news with the nurses in the Fred Hutch clinic.

“As soon as he heard it, two in the morning, he and his wife got up and they came to talk to night shift and tell the night shift and day shift nurses first, because he said the award belonged to them as much as him,” said Kathleen Shannon Dorcy, PhD, RN, FAAN.

Shannon Dorcy joined Fred Hutch the year before Thomas won the Nobel Prize and became immersed in research working with medical oncologist Frederick Appelbaum, MD, as his oncology nurse and research coordinator.

“I worked with Fred on several different leukemia studies,” Shannon Dorcy said.

Applebaum is now executive vice president and holds the Metcalfe Family/Frederick Appelbaum Endowed Chair in Cancer Research.

He was the principal investigator in the development of the first monoclonal antibody conjugate approved by the U.S. Food and Drug Administration to treat acute myeloid leukemia.

“I gave the first dose in the whole world,” Shannon Dorcy said. “Later I got to go all over the country and help nurses understand how to administer the agent and care for the patients in treatment.”

Shannon Dorcy earned a master’s degree, a PhD and other credentials, and eventually became a staff scientist. In 2017, she was selected as a Fellow in the American Academy of Nursing (the FAAN in the initials after her name).

“Because I’ve been fortunate and I’ve been involved in a very high level, brilliant people have

mentored me," Shannon Dorcy said. "What I have learned how to do is hold the mirror up so people can see their sense of inquiry and knowledge and bring it forward."

As Fred Hutch's nurse scientist, as well as concurrent service as a faculty member with the University of Washington Tacoma School of Nursing for 33 years, Shannon Dorcy teaches new generations of nurses to share discoveries in scientific settings.

"I'm sort of more like a midwife instead of a transplant nurse," she said. "I'm helping people transition their expertise and excellent clinical practice to articulating it in a way that it becomes a sense of shared knowledge."

First 'nurse navigator' charts course for big expansion of successful program

Shannon Dorcy gives nurses confidence in their voices, which helped Anna Gfeller, RN, turn her experience with the Nurse Navigators Program into a research poster she presented at the ONS Congress.

About seven years ago, Gfeller helped launch a program at the Fred Hutch at UW Medical Center – Northwest clinic to help patients navigate the period after diagnosis but before care begins at Fred Hutch.

"I became the first nurse navigator within that program," said Gfeller, now the senior manager of nurse navigation. "I started with breast cancer patients at Northwest."

Before nurse navigators, a patient's course from referral to the start of care could take three months, she said.

"Say you got a breast cancer diagnosis, they'd refer you to an oncologist," Gfeller said. "You'd probably wait a few weeks, go into the oncologist and they'd say, oh, you have cancer. You need these tests. And actually, you're probably going to need to start with surgery, so I'll refer you to surgery."

So, patients wait for the tests and then wait to fit into the surgeon's schedule, left alone with their worries.

"The reason I do this work is because my mom had metastatic breast cancer for 20 years," Gfeller said. "I love and care for oncology patients and want them to have the best life possible and for them to enjoy everything about their life while we take care of that cancer."

A nurse navigator provides guidance on the sequence of steps patients need to take to get started with their care at Fred Hutch.

"It was a remarkable impact at Northwest when we initiated this and looked at the data," Gfeller

said. With nurse navigation, Gfeller and her colleagues reduced time to treatment from three months to fewer than 30 days.

Then they expanded the program to Fred Hutch Sloan Clinic, the main South Lake Union clinic, rapidly growing to about 50 nurses.

“All of our nurses were new [to navigation], so we had to create training plans for all of them,” Gfeller said “We had to create standard operating procedures for all of them. It was a massive onboarding effort.”

Gfeller’s analysis showed that 45,000 patients received nurse navigation services during fiscal years 2023-2025 with the following results:

- Referral retention increased from 40% to 72%.
- Time from referral to consultation decreased by a third (19.5 days to 13 days).
- Relevant patient satisfaction scores improved by 5% for ease of contact and 3.4% for ease of scheduling.

But Gfeller also learned lessons that will shape the evolution of the program going forward.

The biggest obstacle was integrating the program with a complex scheduling system.

“That was the hardest part to coach because the nurses wanted to do everything,” Gfeller said.

Fred Hutch has redesigned the intake system to make it easier and faster for patients to start care. Patient care coordinators use a tool developed by the nurse navigation team to determine where, with whom, and how urgently to schedule an appointment, and attempt to schedule the patient on that first call.

Nurse navigators continue to review complex diagnoses, provide patient care coordinators guidance as needed, and support patients throughout the intake process.

A NASA tool shows the road to nurse burnout is paved with good intentions

Another Fred Hutch nurse who presented at the ONS Congress, Jeanette Lawson, RN, also explored how helping patients too much can create unintended strain.

Lawson came to Fred Hutch in 2015 as a nursing assistant and then became a nurse in 2017, working closely with Shannon Dorcy.

“She was helping bring us up and kind of get us through the residency,” Lawson said.

Lawson worked on the floor for a few years, then as a nursing educator before becoming an infusion/CTU supervisor.

“We hear nurses saying we’re feeling burnt out, we’re feeling overwhelmed, we’re feeling like it’s getting busier,” Lawson said. “Feel, feel, feel, right? But we need you to be able to speak to the specifics. What is it that’s contributing to that?”

She and her co-worker, Kimberly Ito, BSN, RN, OCN, adapted a tool developed by NASA that asks employees to rate their experiences across six categories: mental demand, physical demand, time constraints, performance, effort and frustration.

“We’re really trying to break it apart to be able to speak to what are the things that are contributing to potential nurse burnout and what can we do to prevent that or to improve things so that it’s easier for nurses and it’s more digestible,” Lawson said.

The NASA ratings tool showed a preventable source of stress.

Patients sometimes arrive early, and nurses often try to squeeze them in ahead of schedule.

“We found that a lot of our nurses, with the best intentions, were wanting to get their patients in and get things done for them, get them in early,” Lawson said.

The expedited appointments might work if everything else runs smoothly. But sometimes other patients show up late because of traffic, or the pharmacy is running a little behind schedule, or the lab results aren’t coming back when expected.

As the day progresses, manageable patient loads become unmanageable.

“When those unanticipated delays were happening, it made their day way worse when it got stacked up to where their assignments were untenable,” Lawson said. “It was surprising to me just to see like how much they were actually compounding the issue by bringing them back early.”

She presented her analysis at the ONS Congress.

“Part of the magic of Fred Hutch is that we are so involved in research,” Lawson said. “I wasn’t really sure what the nursing role or scope was for research, so being able and seeing that nurses were writing papers and nurses were starting studies was really exciting for me. This is me dipping my toe into that world a little bit.”

She said Fred Hutch offers a lot of support for nurses who want that kind of challenge.

“Not only do we have great mentors like Kathleen Shannon Dorcy, but we have leaders here who can kind of help you and forge your path forward,” Lawson said. “We do have a couple of people this year who have submitted some abstracts who are first timers that we help get them through.”

This is the second abstract she’s written for a scientific conference.

“Passion projects are what I like to call them,” Lawson said. “This is the stuff that fills your cup.”

Delivering a new therapy without the usual hospital stay

The Fred Hutch nurses at the ONS Congress presented posters highlighting their research, but one of them, Trisha Marsolini, BSN, RN, OCN, also was selected for a more prominent role as one of the podium speakers.

Marsolini, a senior nurse manager, talked about developing procedures that would make it possible for people with extensive-stage small cell lung cancer to safely receive a promising new therapy at Fred Hutch’s outpatient clinic instead of in a hospital.

The drug helps a type of immune cell in the body find and fight SCLC cells, but it potentially has serious side effects that can be life-threatening and require overnight hospital supervision.

One side effect is called cytokine release syndrome, which causes fever and inflammation that can quickly spiral out of control.

“Now, we’ve been finding out if we do things in the right way and we give them some pre-medications and we monitor them appropriately, we can actually move these patients from inpatient to outpatient where they don’t have to go into the hospital,” said Marsolini. “They do have to stay close to Fred Hutch for the first 48 hours, but they don’t have to be admitted.”

She and her colleagues are still in the process of assessing the risks, but the project’s preliminary results show promise and could make it possible to administer similar drugs on the horizon in outpatient clinics instead of hospitals.

Shannon Dorcy encouraged her to “write this up and present it,” she said.

Marsolini also encourages the nurses working for her to take advantage of such opportunities.

“I love seeing them be able to be engaged and put their practice into words and be able to tell the world what they’re doing for these patients,” Marsolini said. “That just fills my heart up. And I love that Fred Hutch brings that to the table for nurses.”

Saving one patient sparks passion for research

When Nicole Scovil, BSN, RN, joined Fred Hutch two years ago, she didn't see herself presenting research at a scientific conference.

"I was introduced to Dr. Guang-Shing Cheng — the BOS expert — and I had no idea what that was, so I silently had to Google what BOS was," said Scovil, who is the clinical nurse coordinator for the pulmonary clinic.

Scovil learned that BOS is bronchiolitis obliterans syndrome, a serious complication of blood stem cell transplantation that causes scar tissue to build up in the lungs, narrowing or blocking the airway.

Pulmonologist Guang-Shing Cheng, MD, sees Fred Hutch patients who have respiratory problems related to cancer or cancer treatment and includes some of them in a study she is leading to identify BOS sooner because early symptoms such as shortness of breath have many causes.

"She has these devices patients take home with them, and they blow into the device, and it pops out some numbers (which are uploaded to a cloud computing platform)," Scovil said. "And then our research team is able to pull from the cloud to see if people are trending down."

But Scovil's experience with one patient persuaded her that she could contribute something herself to the BOS research that would be relevant for nurses.

"The only reason I got into the research side of it was because I had a patient who was calling in and she was getting sicker and sicker at home with these respiratory infections," Scovil said. "And we know respiratory infections can trigger progressive BOS."

The patient was included in Cheng's study because she had graft-versus-host disease, a common side effect when the transplanted cells recognize the recipient's tissues as foreign and attack the tissues.

"With our research staff, we were able to pull in her results, and we could see this sharp downtrend," Scovil said. "And so that prompted us to bring her into clinic, start targeted therapy, get her feeling better. And it worked! It was just so cool to be a part of research that had an immediate benefit for a patient."

Shannon Dorcy encouraged her to write an abstract and create a poster first for the February Tandem Transplantation and Cellular Therapy meetings in Salt Lake City.

Her colleagues helped her find the time to read Cheng's entire research project and choose the data she wanted to include in her poster.

"Everyone was really understanding if I needed to take like an hour or two during the week just to

focus on writing the abstract," Scovil said. "My manager encouraged us all to get involved in research."

Just as Shannon Dorcy learned how to become a better scientist working with Applebaum, Scovil is learning a lot from Cheng, advancing the legacy of nursing and research at Fred Hutch for a new generation.

"When I told Dr. Cheng I was doing this project, she was elated and so excited to help me edit my poster. She came to my poster session at the conference," Scovil said. "The hope was I could share this information with other nurses, so they know what to look for with these respiratory viruses."

John Higgins, a staff writer at Fred Hutch Cancer Center, was an education reporter at The Seattle Times and the Akron Beacon Journal. He was a Knight Science Journalism Fellow at MIT, where he studied the emerging science of teaching. Reach him at jhiggin2@fredhutch.org or @jhigginswriter.bsky.social.

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