

**Assessing Problem Areas in Referrals for Chronic Hematologic Malignancies and
Developing Interventions to Address Them
(OMB no. 0920-0836, exp. 12/31/2010)**

**Justification for Change and Supplement to the OMB 83-C (Change Worksheet)
March 17, 2010**

Summary

We are requesting a change to an ongoing data collection (approved in December 2009). We propose to increase the number of recruitment contacts for primary care providers, from the currently approved 250 respondents to 350 respondents. The proposed change will result in a small increase in the estimated burden to respondents (9 hours). There are no changes to the information collection instruments or methodology.

This Change Request also reflects a slight increase in cost to the Federal government due to an increase in the CDC technical monitor's time commitment for project oversight.

ICR Attachments Referenced in This Change Request

Attachment 7	PCP Survey Cover Letter
Attachment 8	PCP Survey
Attachment 9	PCP Survey Opt-Out Card
Attachment 10	PCP Survey Reminder Letter

Justification for Proposed Changes

The study design calls for the collection of 150 completed surveys from Primary Care Providers (PCPs) in Massachusetts (see Attachment 8). The survey is designed to assess primary care physicians' attitudes and practices regarding referral for chronic hematologic malignancies. In our original request, we estimated that we would need to invite 250 physicians to participate in the study in order to collect the target number of 150 completed responses (response rate of 60%). The response rate used in our original calculations was based on previous experience with clinician surveys conducted by Dana Farber Cancer Institute (DFCI).

Since then, we have received information from DFCI that recent physician surveys in Massachusetts -- even from subspecialist to subspecialist (rather than subspecialist to PCP) -- have yielded response rates in the 40's. As a result, we anticipate that we will need to increase the number of physicians invited to participate in the PCP survey in order to collect the target of 150 completed surveys.

Specifically, we request OMB approval to increase the number of surveys sent out by 100, from 250 (original estimate) up to 350 (revised estimate). Recruitment will be discontinued upon receipt of 150 completed responses. Our objective is to maintain the power calculation of 80% as described in the original submission. Collection of fewer completed PCP surveys would alter the power calculations making results less robust and reliable. There are no changes to the information collection instruments or methodology.

Contact information for primary care providers will be purchased from AMA as described in the original Information Collection Request. AMA requires the mailing list information purchased from them to be used within 90 days or to be repurchased. OMB approval is requested as soon as possible so that information collection can be completed by the scheduled expiration date of 12/31/2010. If it becomes necessary to extend the information collection period, the Government will incur additional costs, including those associated with the CDC technical monitor's effort, and the cost of repurchasing the AMA recruitment list.

Effect of Proposed Changes on Respondent Burden

The table below reflects the maximum possible increase in respondent burden due to recruitment of up to 100 additional PCPs. Based on the revised estimated response rate of 44%, we estimate that we will need to distribute 100 additional PCP cover letters (Attachment 7), 60 additional Opt-out Cards (Attachment 9), and 86 additional PCP Survey Reminder Letters (Attachment 10; up to two follow-up attempts at reaching each potential survey respondent). There is no change in the burden estimate for the PCP survey (Attachment 8). Recruitment for the PCP survey will be discontinued upon receipt of 150 completed survey responses. The maximum estimated increase in burden to respondents is 9 hours.

A.12A Estimated Annualized Burden to Respondents					
Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Primary Care Providers	Primary Care Provider Survey Cover Letter	100	1	2/60	3
	Primary Care Provider Opt-Out Card	60	1	3/60	3
	Primary Care Provider Reminder Letter	86	1	2/60	3
Total					9

Annualized Cost to the Government

The estimated cost to the Federal government is being revised to reflect an increase in percent effort for the CDC technical monitor. Originally, the CDC technical monitor's effort was estimated at 2.5% FTE (\$2,500 annualized cost to the Federal government). The revised estimate is 5% FTE (\$5,000). The technical monitor's project responsibilities include financial oversight, administrative support, and participation in data analysis and report preparation. The revised total annualized cost to the government is \$ \$455,000.

Information on the cost to respondents was incorrectly included in the original IC's in ICRAS, and was removed with this change request, resulting in -\$13,837 listed under program change.