

Supporting Statement B For:

**The Survey of Health Care Professionals' Awareness and
Perceptions of the National Cancer Institute's Intramural
Clinical Trials (NCI)**

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- Attachment 1:** Collection instrument; Survey of Health Care Professionals' Awareness and Perceptions of the National Cancer Institute's Intramural Clinical Trials (NCI)
- Attachment 2:** 2007 Survey of Health Care Professionals' Awareness and Perceptions of the National Cancer Institute's Intramural Clinical Trials (NCI), results report
- Attachment 3:** Privacy Act Memo
- Attachment 4:** Office of Human Subject Research (OHSR) Exemption

B. STATISTICAL METHODS

B.1 Respondent Universe and Sampling Methods

The e-mail survey will be disseminated to approximately 14,000 American Medical Association (AMA) members representing nine specialty categories: gastroenterology, medical oncology, radiation oncology, hematology/oncology, thoracic surgery, colon & rectal surgery, gynecological oncology, surgical oncology, or head & neck surgery. These categories were selected from the many AMA categories available because they represent a sampling of the type of health care providers who see patients that may be eligible for NCI clinical trials.

This response rate is consistent with similar online surveys of its type. The Direct Marketing Association industry average is 3.15%.¹ It is expected that response rates to this questionnaire will be approximately 3%. When this survey was last sent (in 2007), the response rate was 2.4%. The response rate to the 2006 survey was 3%. Additional details are shown in the figures below. The response rates for future surveys are expected to be higher because we will send a follow-up e-mail to boost response rates, which was not done in previous surveys.

To boost response rates, MMG will send a follow-up e-mail (with the exception of to those who opted out of future contacts) as a reminder to fill out the survey. This will occur within 2 weeks of the original e-mail being sent. The original email will be used, and only the subject line of the email will be changed to convey the fact that this is a follow-up to the original message. For example, the phrase “Friendly Reminder” may be added to the original subject line. Before the follow-up e-mail is sent, the e-mails of people who opted out of future contacts will be removed from the list. This follow-up tactic was not used in the 2006 and 2007 surveys, so higher response rates are expected this year compared to previous years.

¹ Ferrante A. New DMA Response Rate Study Shows Email Still Strong for Conversion Rates. March 16, 2009. Available at: <http://www.demandgenreport.com/home/archives/feature-articles/183-new-dma-response-rate-study-shows-email-still-strong-for-conversion-rates.html>

Figure 1: 2006 Survey Response Rate

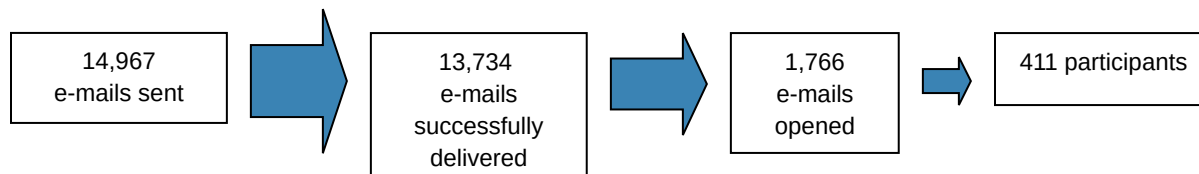
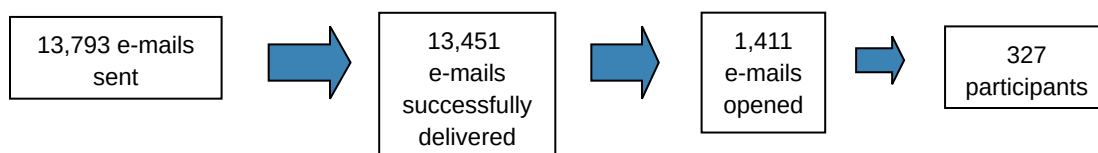


Figure 2: 2007 Survey Response Rate



B.2 Procedures for the Collection of Information

a. Survey Procedures.

All information and data will be sent, collected, and housed electronically. MMG provides the e-mail content and a survey link to the American Medical Association (AMA). AMA then sends the email containing the survey link to the agreed-upon member groups. Response rate information (number of emails sent, successfully delivered, and opened) is provided by AMA. Respondents who open the survey will read the information about the survey and decide whether they would like to participate. If they would like to participate, they will click on the URL included in the email, which takes them directly to the survey. The URL takes the participant to a site that is maintained by MMG, and all survey data is housed by MMG. The data is stored using a secure server. The survey data cannot be tracked to individual respondents. If a respondent wishes to opt to receive the *Bethesda Trials News* e-newsletter (which is provided as an optional

part of the survey), the respondent will be redirected to NCI's Center for Cancer Research Web site where they can enroll to receive the e-newsletter. The contact information they provide to sign up for the e-newsletter will not be linked to this survey.

b. Rationale for Sample Size

Because the response rate for this type of survey is typically low, we have allowed a sample size large enough to collect information from a statistically significant sample.

c. Quality Control

MMG maintains high-quality research methods and data collection efforts. The data are stored in a secured database, and data are analyzed using SAS and SPSS.

B.3 Methods to Maximize Response Rates and Deal with Nonresponse

Non-responders will be sent a follow-up e-mail as a prompt to complete the survey. This has been shown to be an effective method to boost response rates of e-mail surveys. Because AMA members have opted to receive content sent to them by AMA, they may be more likely to have their email settings set to accept emails from AMA, whereas emails from MMG or NCI may be caught in SPAM filters. Therefore, having the email come directly from AMA may help boost the response rate.

The response rate will be calculated using the number of e-mails successfully delivered as the denominator and the number of completed surveys as the numerator.

The data collected will be from a self-selected group of healthcare providers who are members of the American Medical Association and have access to e-mail and the Internet. A minimal time commitment is requested of potential respondents, and people who receive the emails but do not want to participate can "refuse" by simply not taking the survey. The intended

use of the survey is to gather information on healthcare providers' awareness of NCI and its activities. This can be done by keeping the above limitations in mind. Also, comparing results of each year's surveys against one another increases the reliability and validity of the results.

B.4 Test of Procedures or Methods to be Undertaken

There will not be any tests of procedures or methods to be undertaken.

B.5 Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

MMG's internal Research and Evaluation staff, Angela Carrigan² and Jeff Goldfarb³, will analyze the data in conjunction with the Research Department of its parent company, Ketchum. Angela Carrigan and Jeff Goldfarb have been involved with the survey's design and execution each time since its inception in 2006. Both have experience in survey design, data collection, and analysis. Dr. David Rockland will head Ketchum's involvement in this project. Dr. Rockland is Partner and Managing Director of Ketchum's Global Research Network and Stromberg Consulting, and a member of the board of directors of the International Association for Measurement and Evaluation of Communication (AMEC). Dr. Rockland has also been the chair of the Institute for Public Relations (IPR) Measurement Commission.

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