



**Introduction**

OMB #0925-0046-21  
Exp. Date: 2/28/2013

The National Cancer Institute (NCI) has developed a **brief online survey** tool to quickly and easily solicit comments from oncologists in the field about specific NCI clinical **trials that have low accrual rates**.

**We would like your opinions about the [INSERT TRIAL NAME] trial ([INSERT FULL TRIAL NAME]).**

Your comments will help NCI and the [INSERT COOPERATIVE GROUP NAME] to decide how to move forward with the [INSERT TRIAL NAME] trial and possible ways to increase its accrual and reach its projected goals. We thank you for your assistance!

**To continue and begin the survey, click the "Next" button below.**

Next -->

If you experience any technical difficulties, please contact the survey administrator at User-Centered Design at [survey@user-centereddesign.com](mailto:survey@user-centereddesign.com)



**Privacy Statement and Consent**

Your participation in this survey is completely voluntary. Please be assured that your participation in the survey is anonymous and your responses will never be linked or associated with you.

You may skip any questions that you prefer not to answer. You are also free to stop participating at any point during the survey and have your responses deleted by clicking the "Opt out of survey" box at the bottom of each survey page.

This brief survey should only require approximately 5 minutes of your time.

**Please click the "Next" button if you consent to taking this survey.**

Opt out of survey

Next -->

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 208927974, ATTN: PRA (0925-0046-21). Do not return the completed form to this address.

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**Trial Description**

**IMPORTANT:**

Please review the 2-page trial description attached to the email you received regarding this survey.

**You can open a copy of the document [here](#).**  
(The document will open in a new tab.)

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I have reviewed the concept sheet and am ready to begin -->

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We would like your feedback on the [INSERT TRIAL NAME] trial.

This trial was opened by the [INSERT COOPERATIVE GROUP NAME] in [INSERT MONTH, YEAR]. To date, [INSERT #] patients have been accrued to the trial. We expected a significantly more robust accrual than we have experienced. As such, NCI and [INSERT COOPERATIVE GROUP NAME] are interested in learning from the field what issues are limiting accrual to [INSERT TRIAL NAME] and possible ways to increase its accrual and reach its projected goals.

Please reply to all questions from the perspective of your site.

1. Please indicate which best describes your site:

- My practice is located within an academic medical center
- My practice is located within an NCI designated cancer center
- My practice is located within a community hospital
- I/We are a free-standing private practice
- Other:

1a. What best describes the size of your community hospital compared to others?

- We are a small-size community hospital (less than 100 beds)
- We are a mid-size community hospital (between 100-250 beds)
- We are a large-size community hospital (more than 250 beds)

2. What type of oncology best describes your expertise?

- Medical oncology
- Surgical oncology
- Radiation oncology
- Gynecologic oncology
- Pediatric oncology
- Other:

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3. Assuming the [INSERT TRIAL NAME] trial is completed as planned, what impact do you believe the findings will have on your treatment of [INSERT CANCER TYPE] cancer patients?

Limited impact

High impact



Why or why not?

4. The [INSERT TRIAL NAME] trial has [INSERT #] research questions. For each, Please tell us how scientifically interesting it is to you.

RQ 1: [INSERT RESEARCH QUESTION #1 FROM TRIAL DESCRIPTION SHEET]?

How scientifically interesting is this research question to you?

Not at all  
interesting

Very  
interesting



RQ2: [INSERT RESEARCH QUESTION #2 FROM TRIAL DESCRIPTION SHEET, IF APPLICABLE]?

How scientifically interesting is this research question to you?

Not at all  
interesting

Very  
interesting



4a. Which statement best matches your opinion?

- The [INSERT TRIAL NAME] trial is more interesting to me than when it first opened.
- The [INSERT TRIAL NAME] trial is less interesting to me than when it first opened.
- The [INSERT TRIAL NAME] trial is about the same level interest to me as when it first opened.

Please elaborate:

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[Save and Continue](#) →

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5. If you had the option, what key change(s) would you make to improve the [INSERT TRIAL NAME] trial with respect to accrual? Please be as specific as possible.

[Empty text box for response]

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Save and Continue -->

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6. For each of the trial's requirements listed below, please tell us whether or not it does (or will make) it difficult to open or run the [INSERT TRIAL NAME] trial at your site.

How difficult does (or will) this requirement make it to open or run this trial at your site?	<u>Not</u> make it <u>difficult</u> to open/ run the trial	<u>Make it</u> <u>somewhat</u> <u>difficult</u> to open/ run the trial	<u>Make it</u> <u>very</u> <u>difficult</u> to open/run the trial
[INSERT REQUIREMENT #1 FROM DESCRIPTION SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT REQUIREMENT #2 FROM DESCRIPTION SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT REQUIREMENT #3 FROM DESCRIPTION SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[... INSERT THROUGH REQUIREMENT #N FROM DESCRIPTION SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Opt out of survey

Save and Continue -->

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7. How often do you see a patient who may be eligible for the [INSERT TRIAL NAME] trial (i.e., [INSERT BRIEF PATIENT ELIGIBILITY DESCRIPTION])?

8. Which specialty at your institution initially sees most of the patients potentially eligible for the [INSERT TRIAL NAME] trial (i.e., [INSERT BRIEF PATIENT ELIGIBILITY DESCRIPTION])?

- Medical oncology
- Surgical oncology
- Radiation oncology
- Gynecologic oncology
- Pediatric oncology
- Other (please specify):

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[Save and Continue -->](#)

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9. For each of the items below, please tell us whether or not it does (or will) make it difficult to accrue patients to the [INSERT TRIAL NAME] trial.

How difficult does (or will) this issue make it to accrue patients to this trial?	<b>Not make it difficult to accrue patients to the trial</b>	<b>Make it somewhat difficult to accrue patients to the trial</b>	<b>Make it very difficult to accrue patients to the trial</b>
Inclusion/exclusion criteria of the study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting patients referred to the trial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients declining to enroll (e.g., unwilling to randomize, prefer one study arm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burden on patient to participate in the trial (e.g., logistics, time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining the trial's details to a patient, including consenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost to the patient (e.g., insurance, reimbursement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9a. Please tell us in the box below if there are other reasons, not listed above, that might make this trial difficult to accrue patients at your site:

Opt out of survey

Save and Continue -->

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10. How many similar trials are open at your site that compete for the same patient population as the [INSERT TRIAL NAME] trial?

Number of similar trials open at your site from each sponsor (Integers only)	Which sponsor group most competes for the same patient population as this new trial?
<input type="checkbox"/> # competing trials that are sponsored by NCI (including cooperative group trials)	<input type="radio"/>
<input type="checkbox"/> # competing trials that are sponsored by pharmaceutical/biotech industry	<input type="radio"/>
<input type="checkbox"/> # competing trials that are investigator initiated trials from academic medical centers	<input type="radio"/>

11. Has your site opened the [INSERT TRIAL NAME] trial?

- Yes
- No

Opt out of survey

Save and Continue -->

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[If no to Q11]

12. What are the top reasons your site has not opened the [INSERT TRIAL NAME] trial? [Select up to 3.]

[Programming Note: list will be randomly ordered]

- Not scientifically interesting enough
- Does not match our patient population
- Limited interest by oncologist(s) here
- Too many competing trials for this cancer
- Too great of a burden on patients (e.g., logistics, cost)
- Too difficult to conduct the study (e.g., burden on staff, coordination required, equipment needed)
- Financial cost to our site would be too great (e.g., non-reimbursable expenses)
- Too difficult to accrue patients
- Concerns about drug availability
- Other:

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Save and Continue -->

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13. Do you have any **final comments** about the [INSERT TRIAL NAME] trial that you would like to share?

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Submit Survey -->

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[If yes to Q11]

12. To date, how many patients has your site accrued to the [INSERT TRIAL NAME] trial?

(Number of patients - integers only)

13. How difficult was the [INSERT TRIAL NAME] trial to open at your site?

Not at all  
difficult

Very difficult



Why?

14. What were the top reasons for opening the [INSERT TRIAL NAME] trial at your site? [Select up to 3.]

- Scientifically interesting research question(s)
- Fills unmet need for our current patient population
- High level of interest by oncologist(s) in the practice
- Few competing trials for this cancer
- Limited burden on patient (e.g., logistics, cost)
- Ease of doing the study (e.g., limited burden on staff or coordination, have equipment needed)
- Limited non-reimbursable expenses
- Availability of study drug(s)
- Ease in accruing to the trial
- Other:

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15. Do you have any **final comments** about the [INSERT TRIAL NAME] trial that you would like to share?

Opt out of survey

Submit Survey -->

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**Survey Complete**

**Thank you for completing this survey!**

Your answers have been submitted anonymously.

We appreciate your feedback regarding the [INSERT TRIAL NAME] trial.  
Your comments will help us decide how to move forward to address the trial's accrual challenges.

If you would like a summary of the findings after the survey closes, please send an email to [61164thflrlab@mail.nih.gov](mailto:61164thflrlab@mail.nih.gov)

You may now close this window.

If you experience any technical difficulties, please contact the survey administrator at User-Centered Design at [survey@user-centereddesign.com](mailto:survey@user-centereddesign.com)