



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 oncology research staff 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



Privacy Statement

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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We would like your feedback on **[INSERT TRIAL NAME]** (**[INSERT FULL TRIAL NAME]**). Our records show your site has opened this trial. We would like to hear comments from the field about this trial.

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)

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[Save and Continue -->](#)

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2. When did you open the **[INSERT TRIAL NAME]** trial at your site?

----- ▾ -- ▾ ----- ▾

3. To date, how many patients have you accrued at your site to the **[INSERT TRIAL NAME]** trial?

(Number of patients - integers only)

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4. How often do new patients with **[INSERT TRIAL TYPE]** cancer come to your site?

-- ▾ per ----- ▾

5. In the past 30 days, how many patients have you screened for **[INSERT TRIAL NAME]** trial who were not eligible (i.e., screen failures)?

-- ▾ screen failures in the past 30 days

I don't know

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6. How easy or difficult is it to consent patients to this trial who might be eligible?

Very easy

Very difficult

7. What are the most common reasons patients decline to participate in the **[INSERT TRIAL NAME]** trial? (Please be as specific as possible.)

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8. How easy or difficult is it to conduct the **[INSERT TRIAL NAME]** trial at your site?

Very easy

Very difficult

9. What are the primary challenges in conducting the **[INSERT TRIAL NAME]** trial at your site? Please be as specific as possible.

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10. For each of the items below, please tell us whether or not it makes it difficult to accrue patients to the [INSERT TRIAL NAME] trial.

How difficult does this issue make it to accrue patients to this trial?	Not make it difficult to accrue patients to the trial	Make it somewhat difficult to accrue patients to the trial	Make it very difficult to accrue patients to the trial
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"/>

10a. 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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11. 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"/>

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Save and Continue -->

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12. If you had the option, what key change(s) would you make to improve this trial with respect to accrual? Please be as specific as possible.

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
61164thfrlab@mail.nih.gov

You may now close this window.

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