## Pass back Questions and Responses for OMB Regarding

Cancer Risk in U.S. Radiologic Technologists: Fourth Survey (NCI) (Formerly Genetic Studies in a Cohort of U.S. Radiologic Technologists,

OMB No. 0925-0405)

List of Attachments

- A) Procedures for Key Informant Interviews
- B) Post-Pretest Module Changes
- C) Pretest Follow-Up Interview Questions
- D) Core Modules
- E) Nuclear Medicine Procedures Modules and
- F) Fluoroscopically-Guided Procedures Modules
- 1. Have the first set of pre-tests (less than 9 individuals) been conducted yet? If so, please upload the pre-test results as a supplemental document and let us know whether there are changes to the documents on file with us now.

Key informant interviews were conducted with small numbers (<10) of individuals to assess clarity and understandability of questions and to ensure that accurate and usable information will be obtained. A brief summary of procedures is included in Attachment A. Contractor staff reviewed the responses for subsets of questions with NCI researchers via multiple Web Connect conferences. Post-pretest revisions to the questions are described in Attachment B and displayed in yellow highlights of the Core, Nuclear Medicine Procedures, and Fluoroscopically-Guided Procedures Modules (Attachment D, E, and F).

2. How is the test of 200-300 individuals and the follow up interviews with those participants included in the burden table?

We did not include separate burden estimates for these individuals because they were already included in the overall sample totals. The additional interview time would be about 50 hours (300 people at 10 minutes each).

3. Please upload the dialogue for the follow up interviews.

The dialogues for the specific groups of questions noted in Attachment A are provided in Attachment C.

4. Is the program working with the NCI's Gordon Willis on developing the follow-up interview? He has vast experience in this area. Given the complexity of the questions being asked, it might be helpful to have such expertise incorporated into your field testing program.

We sent a copy of the interview dialogues to Dr. Willis for review and solicited his comments on April 4, 2012. He replied that he approves of the notion of using such a debriefing questionnaire, which he called a 'structured retrospective cognitive protocol', and that the types of probes that we used seemed appropriate. It made sense to him to

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divide the large number of questions in the way that we did into smaller groups for pretests. Also, because our population is very homogeneous (all radiologic technologists) with respect to factors that might influence response processes, he noted that even very small samples of respondents (6-9 in each group) would be sufficient to conduct adequate testing.

## 5. Will there be pretests for each of the modules?

Overall impressions and comments were solicited for each of the modules. As noted in Attachment A specific groups of questions were targeted for the pretests. These were typically questions that were new (i.e. were never asked on any of the previous surveys) or might be particularly difficult to answer (e.g. occupational or personal medical radiation procedures).

6. Supporting Statement A (Section A.1) lists one of the goals of this follow up to be "to assess risks of skin and other cancers associated with historic solar UV radiation exposure." Please direct us to the questions or other instrumentation designed to quantify exposure from solar UV radiation.

Questions about sun sensitivity (complexion, hair color, eye color, skin reaction to sun exposure, sunburn history), as well as residential and sun exposure histories by age were asked on the third follow-up survey. The residential information was used to estimate individual ultraviolet radiation doses using satellite data from NASA. Several new questions included on the fourth survey core module are also directly applicable to the question of UV radiation risks, specifically vitamin D consumption (#41), sunlamp use (#42), tanning booth or tanning bed use (#43), tanning history by age (#44), and sun protection by age (#45). We will assess risks of skin and other cancers associated with UV radiation based on the expanded medical outcomes obtained from the fourth survey and the previous and new sun-related questions.

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