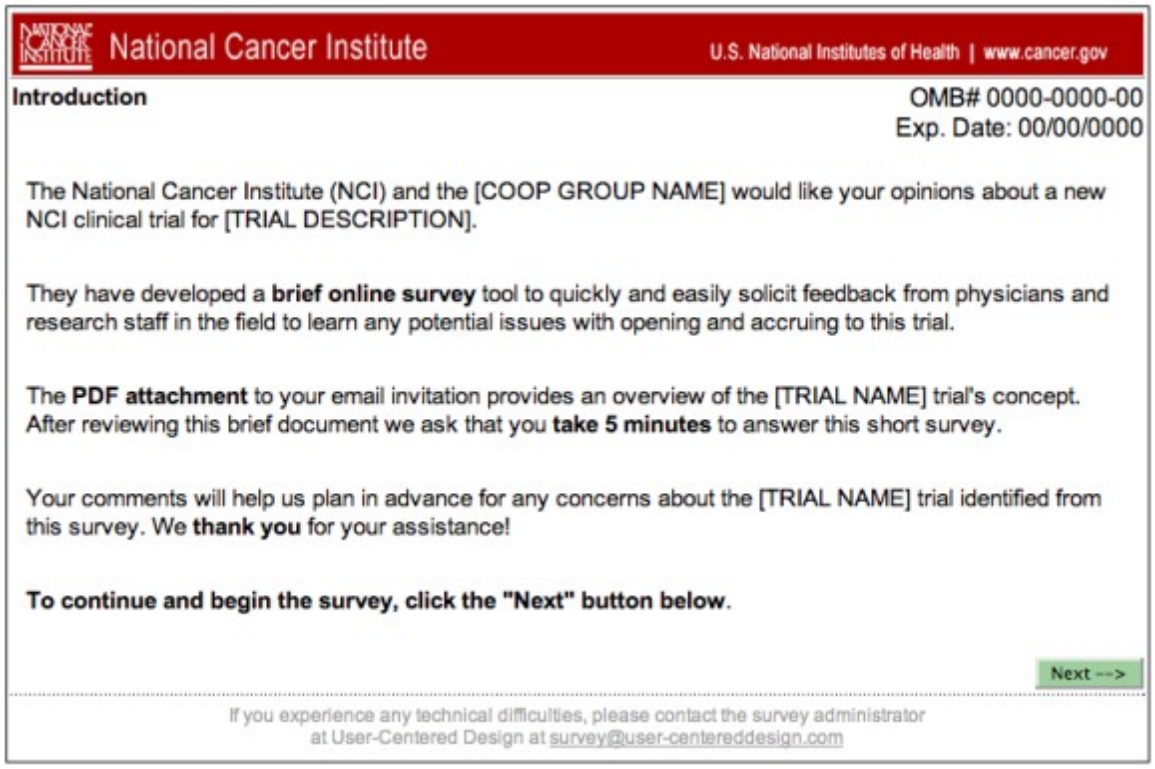
Attachment_7_prospectivesurvey



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Introduction

OMB# 0000-0000-00
Exp. Date: 00/00/0000

The National Cancer Institute (NCI) and the [COOP GROUP NAME] would like your opinions about a new NCI clinical trial for [TRIAL DESCRIPTION].

They have developed a **brief online survey** tool to quickly and easily solicit feedback from physicians and research staff in the field to learn any potential issues with opening and accruing to this trial.

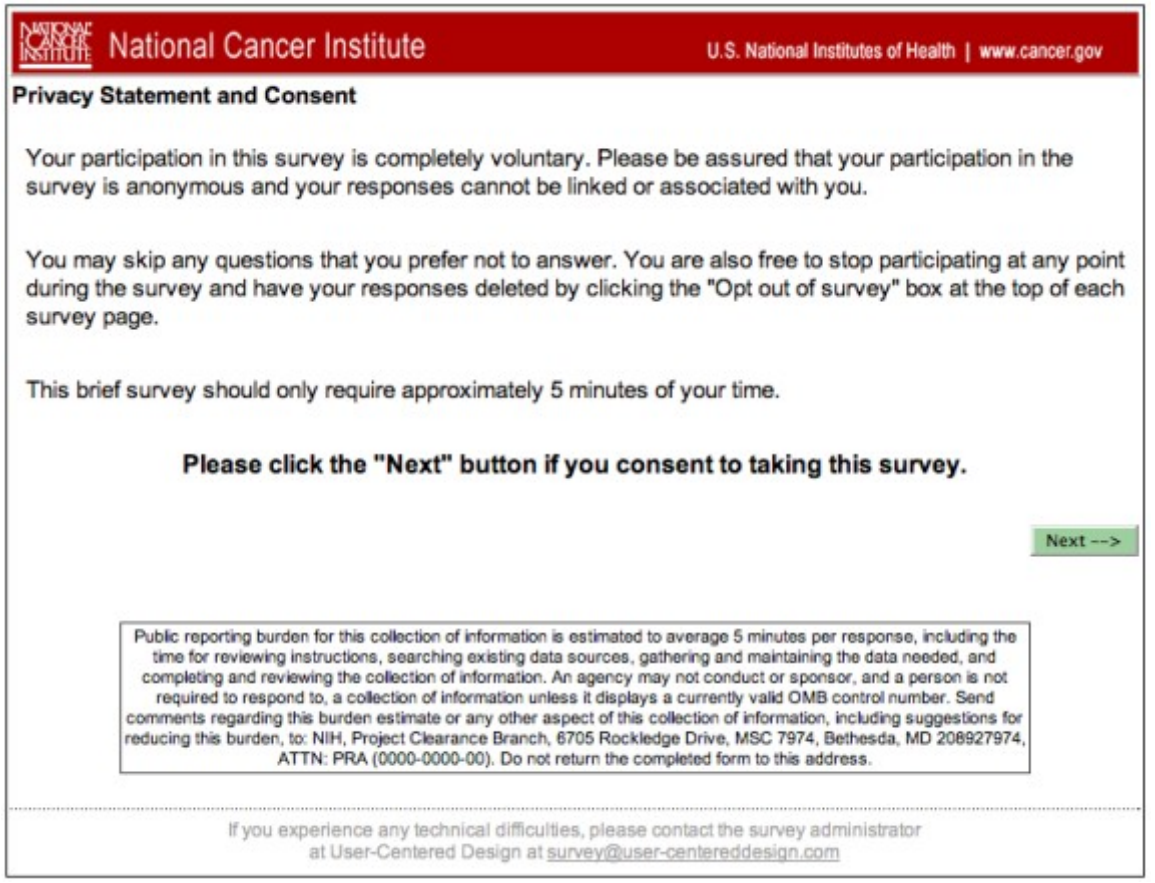
The **PDF attachment** to your email invitation provides an overview of the [TRIAL NAME] trial's concept. After reviewing this brief document we ask that you **take 5 minutes** to answer this short survey.

Your comments will help us plan in advance for any concerns about the [TRIAL NAME] trial identified from this survey. 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



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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 cannot 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 top 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.

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 (0000-0000-00). Do not return the completed form to this address.

If you experience any technical difficulties, please contact the survey administrator at User-Centered Design at survey@user-centereddesign.com

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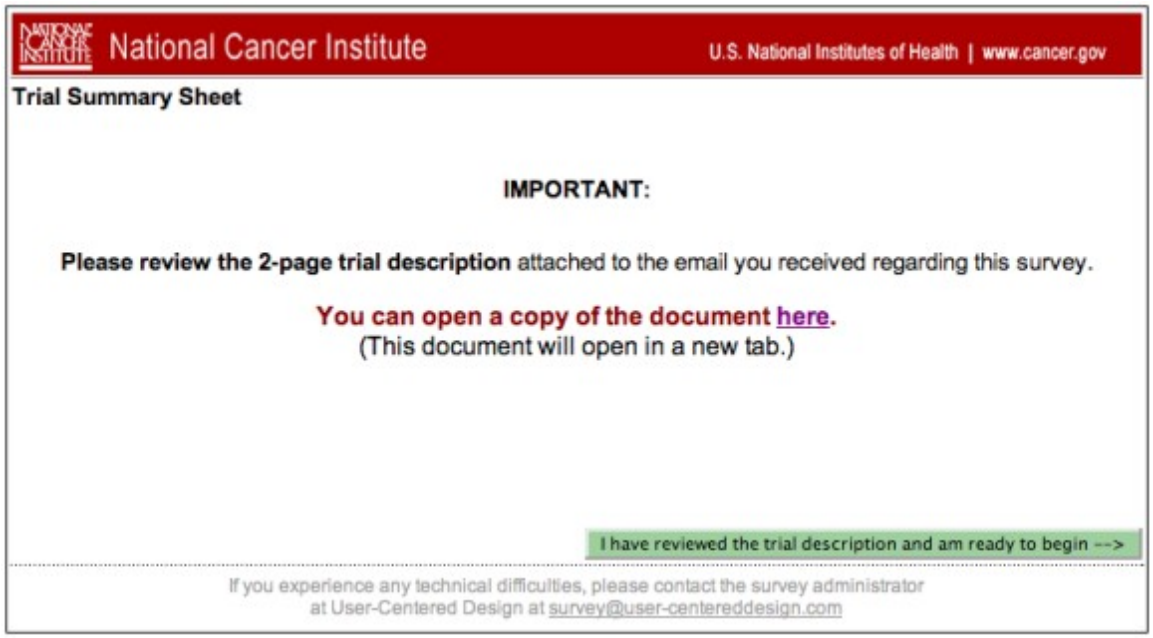

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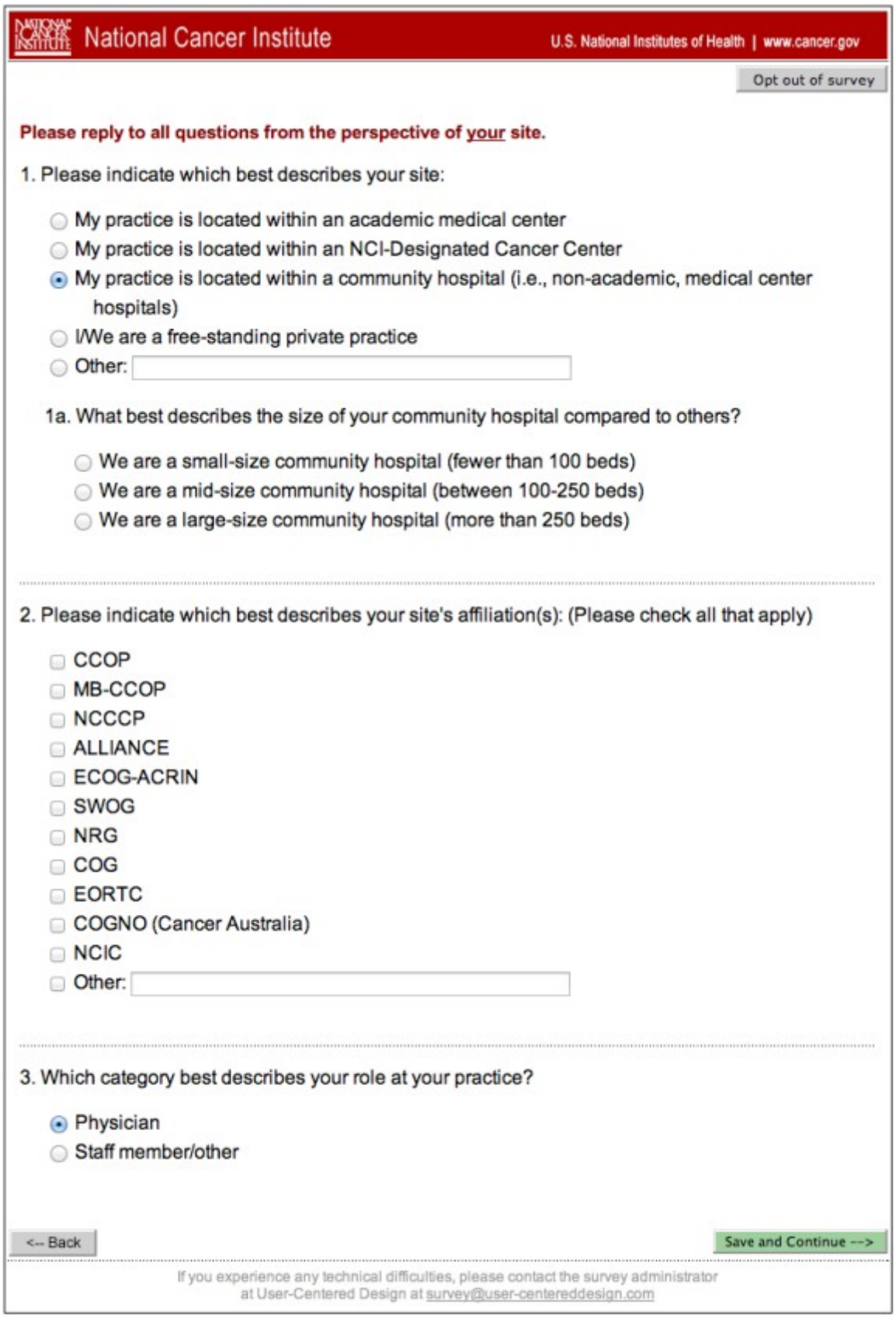

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Opt out of survey

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.e., non-academic, medical center hospitals)
- ○ 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 (fewer 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. Please indicate which best describes your site's affiliation(s): (Please check all that apply)

- ☐ CCOP
- ☐ MB-CCOP
- ☐ NCCCP
- ☐ ALLIANCE
- ☐ ECOG-ACRIN
- ☐ SWOG
- ☐ NRG
- ☐ COG
- ☐ EORTC
- ☐ COGNO (Cancer Australia)
- ☐ NCIC
- ☐ Other:

3. Which category best describes your role at your practice?

- ◉ Physician
- ○ Staff member/other

<-- Back

Save and Continue -->

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Note: Q1a appears only if “My practice is located within a community hospital” is selected for Q1.

If user selects “physician” to Q3, continue below. If user selects “Staff member/other”, continue HERE.

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Opt out of survey

4. What type of oncology best describes your expertise?

- ○ Medical oncology
- ○ Surgical oncology
- ○ Radiation oncology
- ○ Gynecologic oncology
- ○ Pediatric oncology
- ○ [VARIABLE]
- ○ Other:

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

RQ1: [INSERT RQ1 FROM TRIAL SUMMARY SHEET]

5a. How scientifically interesting is this research question to you?

Not at all interesting				Very interesting
○	○	○	○	○

Please elaborate:

RQ2: [INSERT RQ2 FROM TRIAL SUMMARY SHEET]

5b. How scientifically interesting is this research question to you?

Not at all interesting				Very interesting
○	○	○	○	○

Please elaborate:

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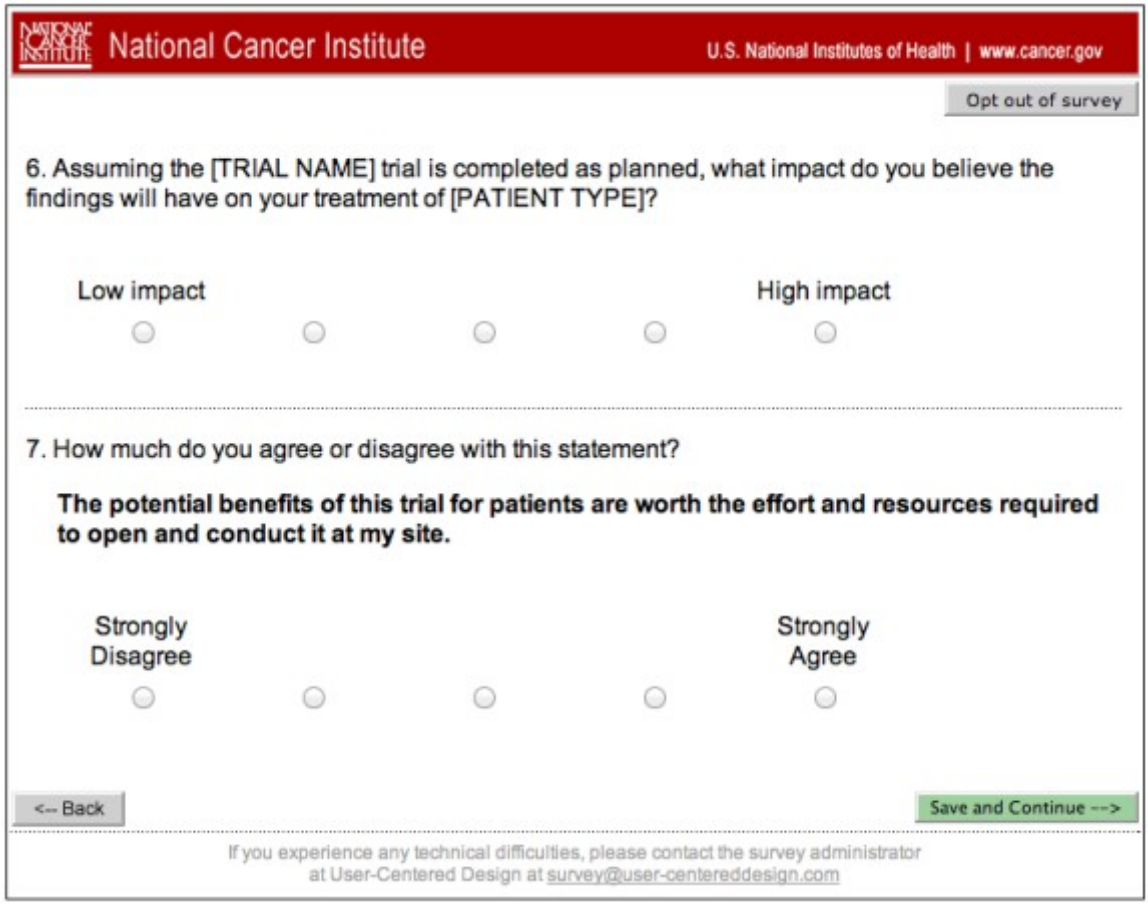
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6. Assuming the [TRIAL NAME] trial is completed as planned, what impact do you believe the findings will have on your treatment of [PATIENT TYPE]?
Low impact
High impact
7. How much do you agree or disagree with this statement?
The potential benefits of this trial for patients are worth the effort and resources required to open and conduct it at my site.
Strongly Disagree
Strongly Agree
<-- Back
Save and Continue -->
If you experience any technical difficulties, please contact the survey administrator at User-Centered Design at survey@user-centereddesign.com

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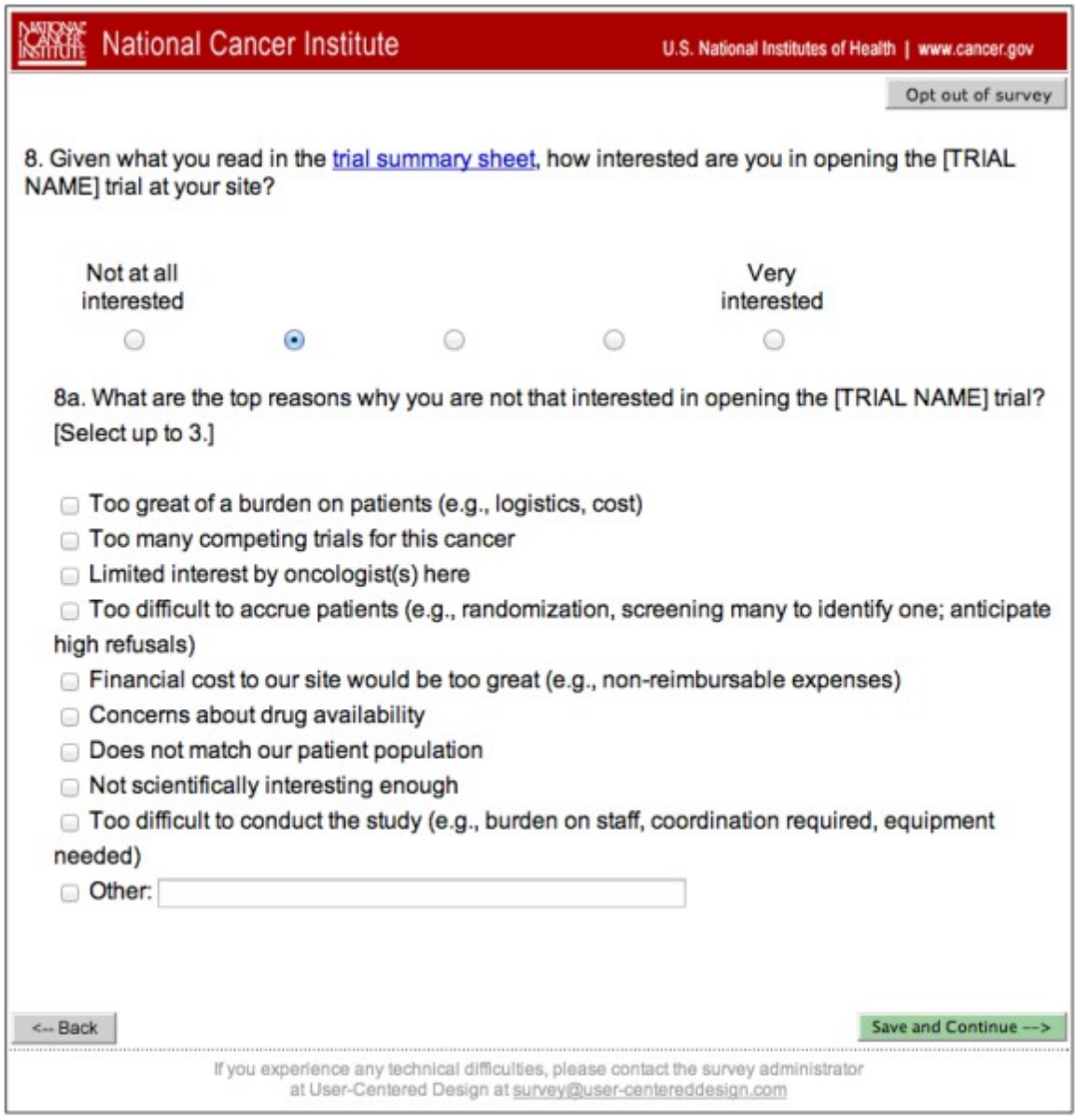

Note: This 8a appears if the user selects either of the two leftmost radio buttons for Q8.

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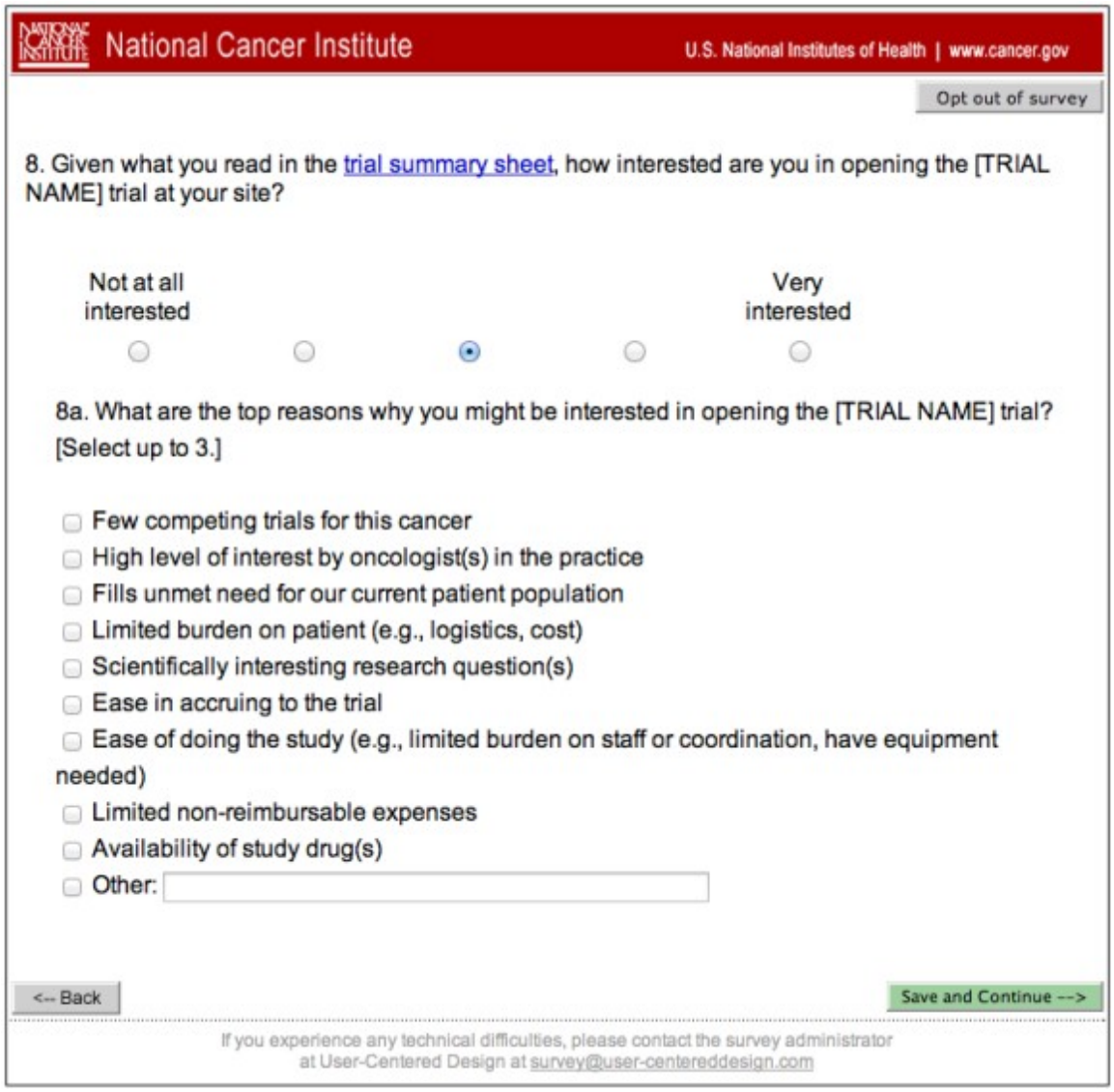

Note: This Q8a appears if the user selects any of the three rightmost radio buttons for Q9.

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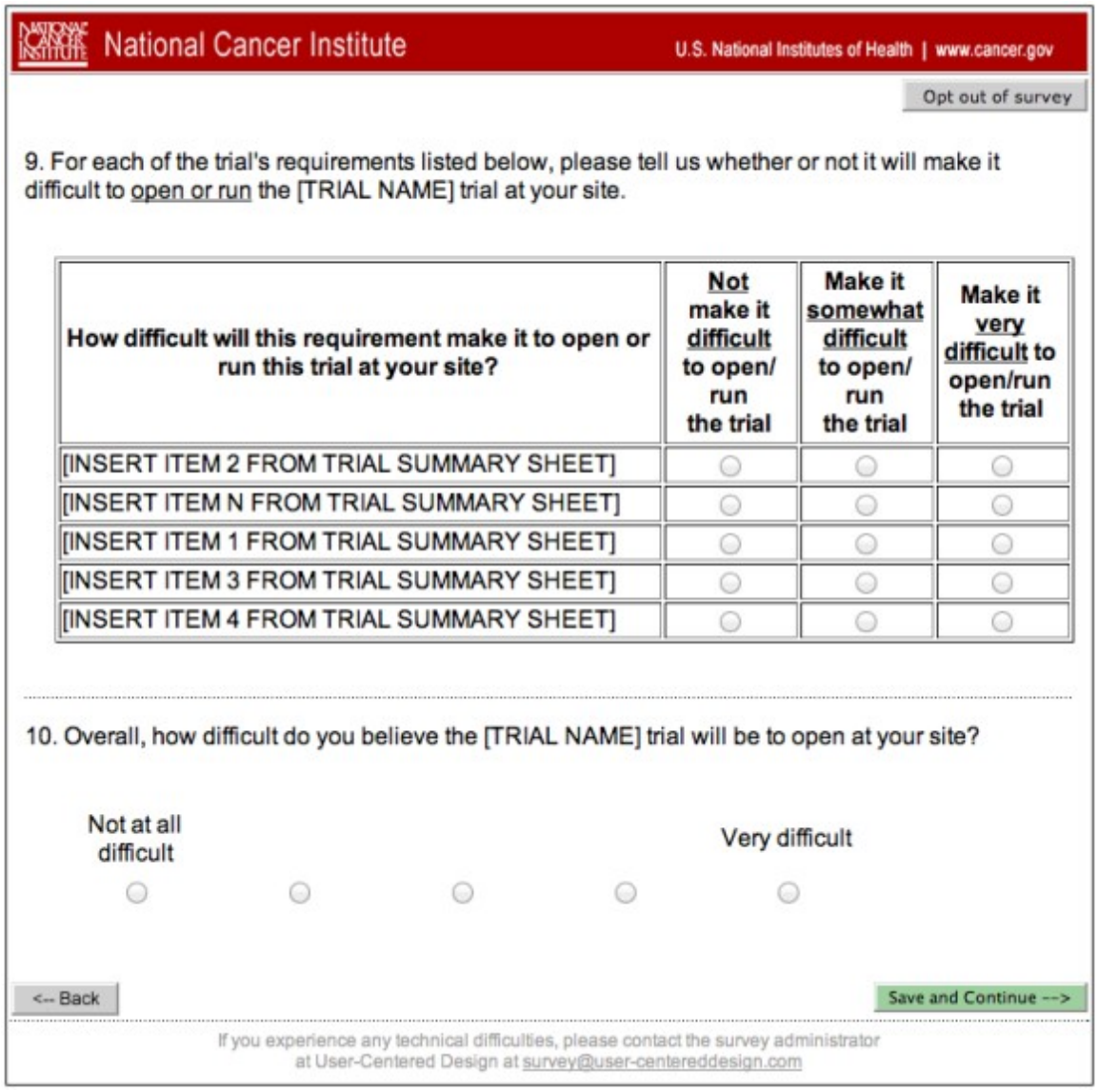

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Opt out of survey

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

How difficult will this requirement make it to open or run this trial at your site?	Not make it difficult to open/ run the trial	Make it somewhat difficult to open/ run the trial	Make it very difficult to open/run the trial
[INSERT ITEM 2 FROM TRIAL SUMMARY SHEET]	○	○	○
[INSERT ITEM N FROM TRIAL SUMMARY SHEET]	○	○	○
[INSERT ITEM 1 FROM TRIAL SUMMARY SHEET]	○	○	○
[INSERT ITEM 3 FROM TRIAL SUMMARY SHEET]	○	○	○
[INSERT ITEM 4 FROM TRIAL SUMMARY SHEET]	○	○	○

10. Overall, how difficult do you believe the [TRIAL NAME] trial will be to open at your site?

Not at all difficult ○ ○ ○ ○ ○ Very difficult

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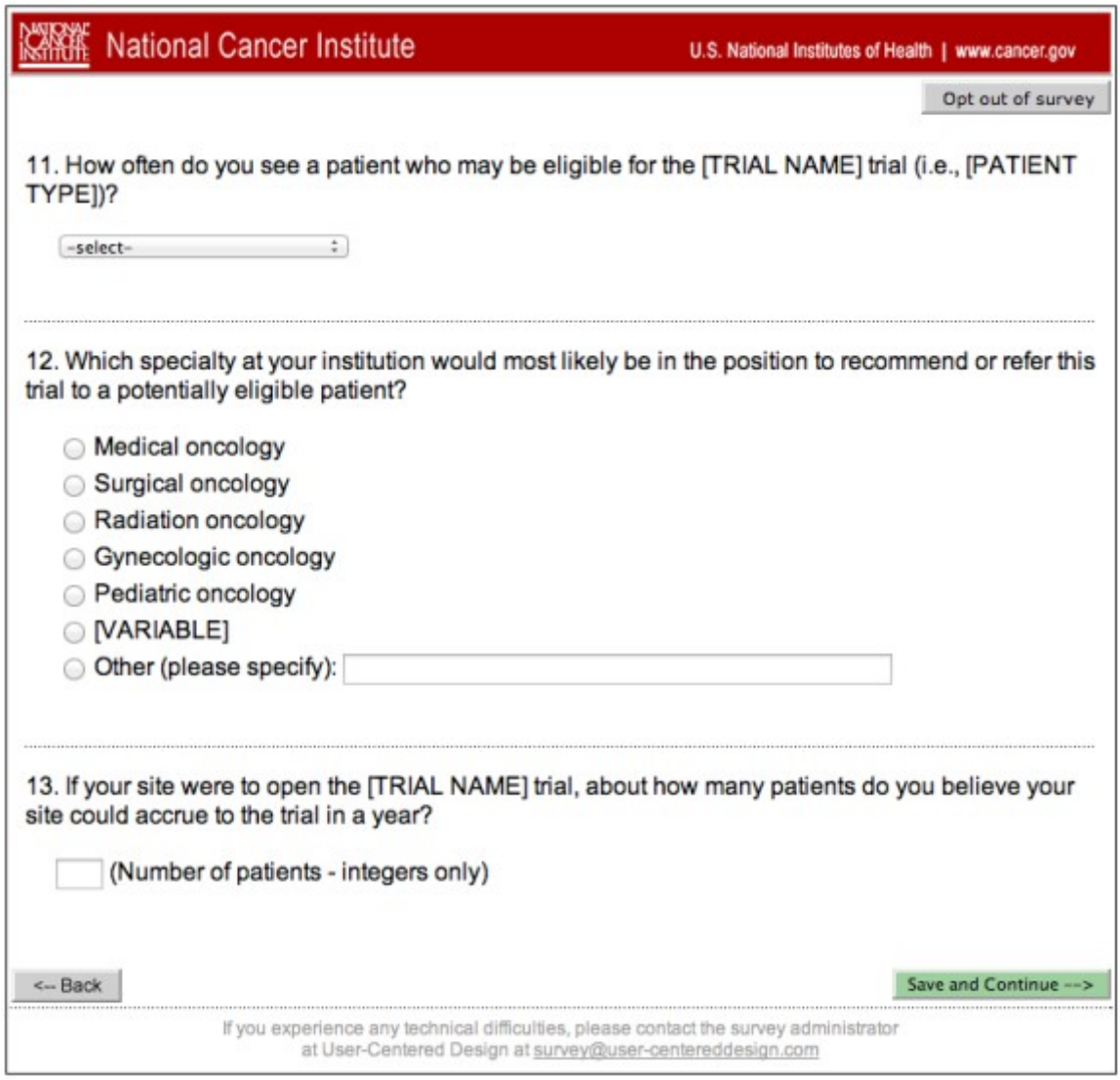

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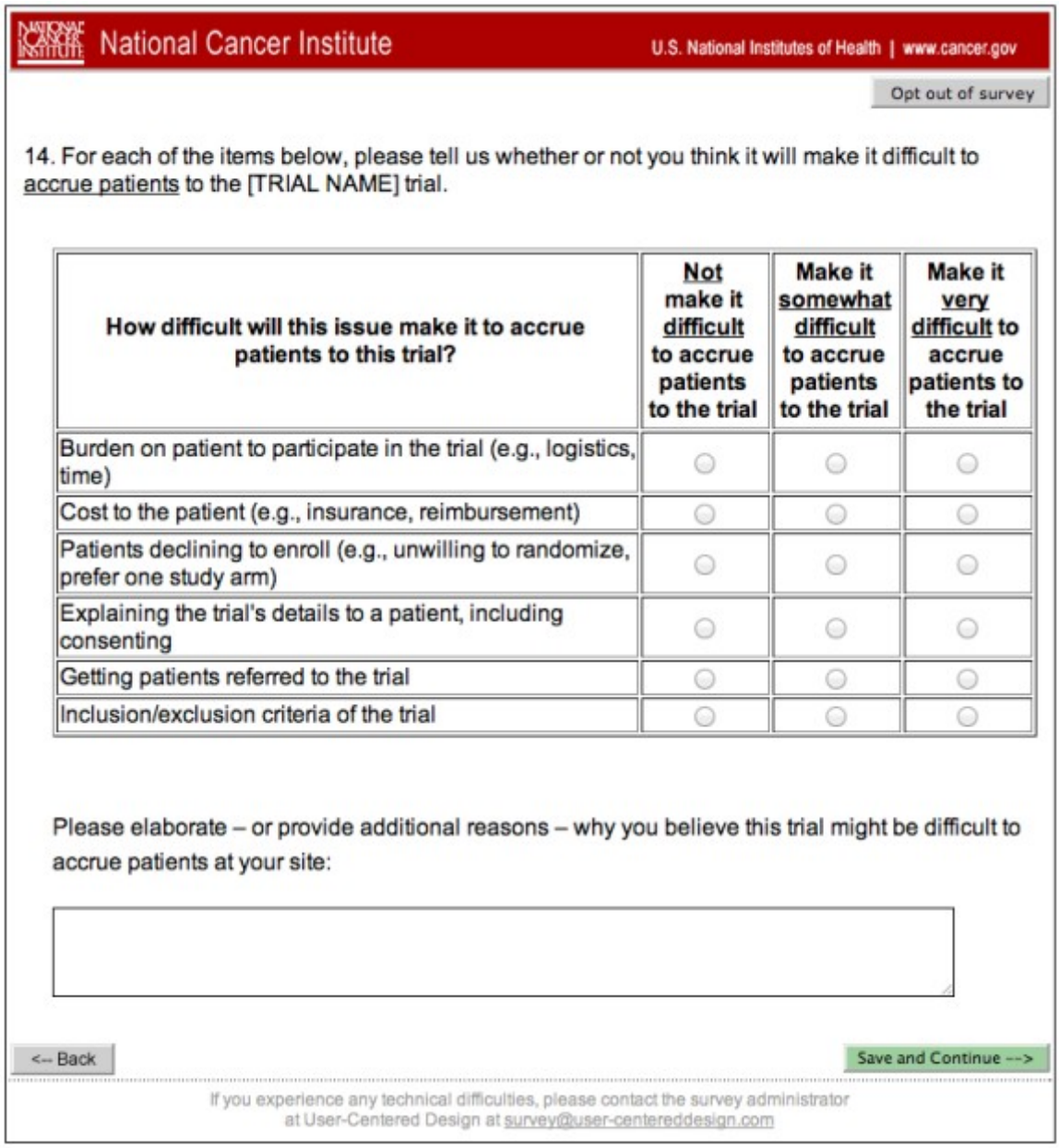

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Opt out of survey

14. For each of the items below, please tell us whether or not you think it will make it difficult to accrue patients to the [TRIAL NAME] trial.

How difficult will 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
Burden on patient to participate in the trial (e.g., logistics, time)	○	○	○
Cost to the patient (e.g., insurance, reimbursement)	○	○	○
Patients declining to enroll (e.g., unwilling to randomize, prefer one study arm)	○	○	○
Explaining the trial's details to a patient, including consenting	○	○	○
Getting patients referred to the trial	○	○	○
Inclusion/exclusion criteria of the trial	○	○	○

Please elaborate – or provide additional reasons – why you believe this trial might be difficult to accrue patients at your site:

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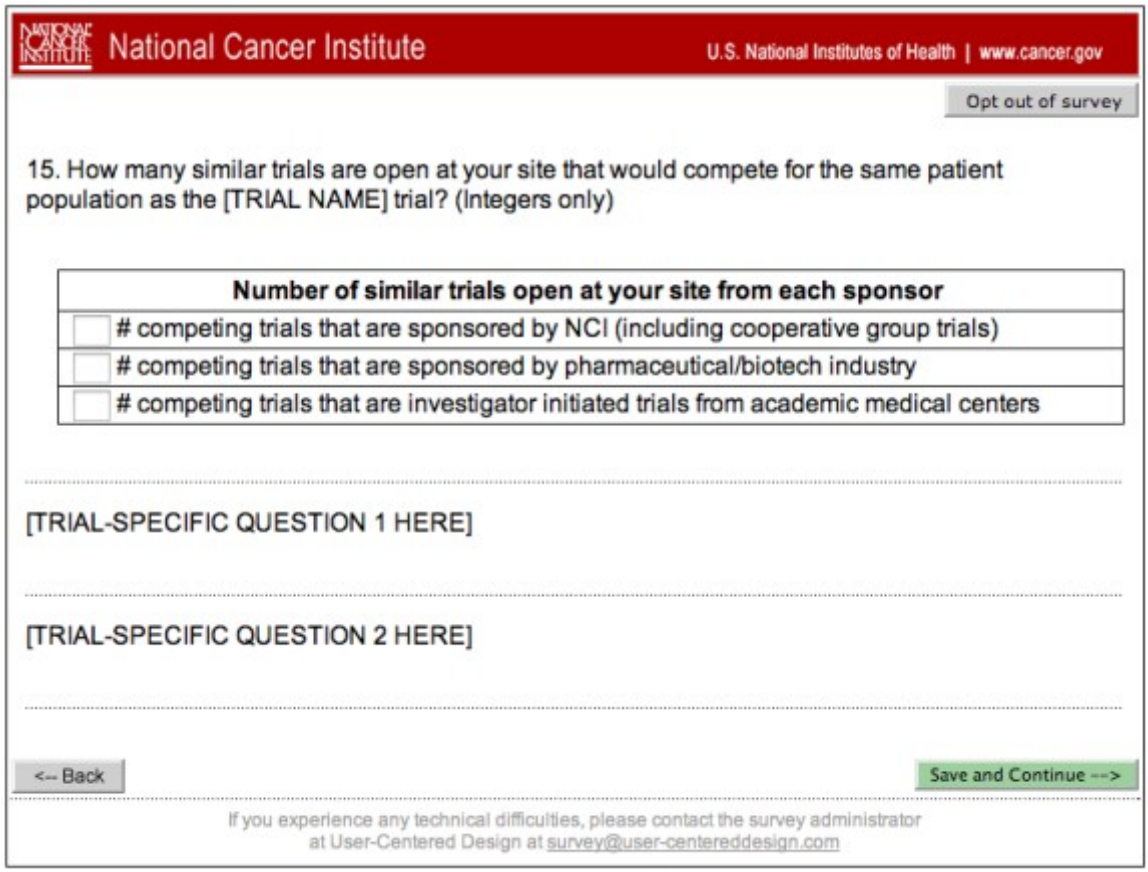

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END OF SURVEY

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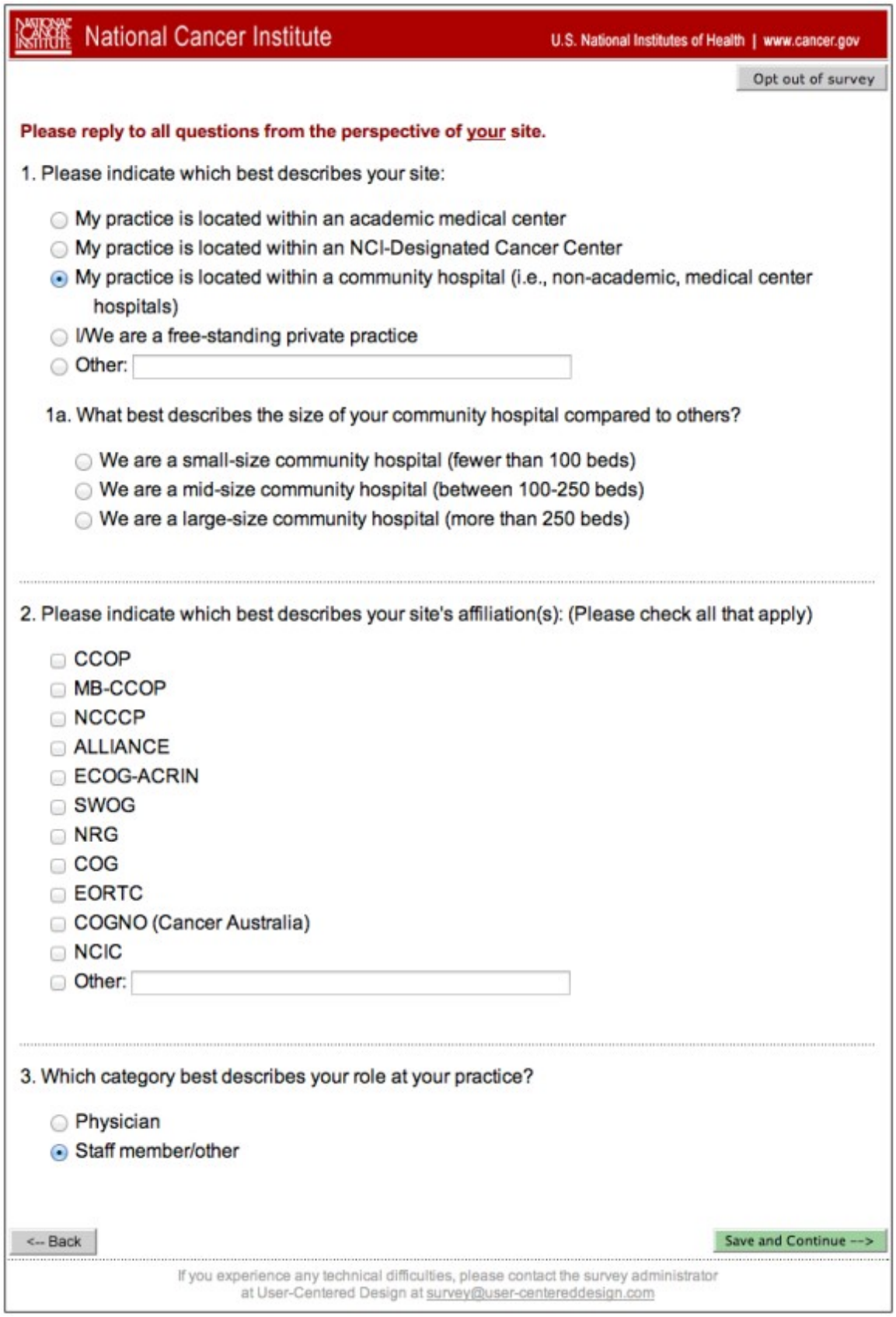

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Please reply to all questions from the perspective of your site.

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.e., non-academic, medical center hospitals)
- ○ 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 (fewer 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. Please indicate which best describes your site's affiliation(s): (Please check all that apply)

- ☐ CCOP
- ☐ MB-CCOP
- ☐ NCCCP
- ☐ ALLIANCE
- ☐ ECOG-ACRIN
- ☐ SWOG
- ☐ NRG
- ☐ COG
- ☐ EORTC
- ☐ COGNO (Cancer Australia)
- ☐ NCIC
- ☐ Other:

3. Which category best describes your role at your practice?

- ○ Physician
- ◉ Staff member/other

<-- Back

Save and Continue -->

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Attachment_7_prospectivesurvey

Note: Q1a appears only if “My practice is located within a community hospital” is selected for Q1.

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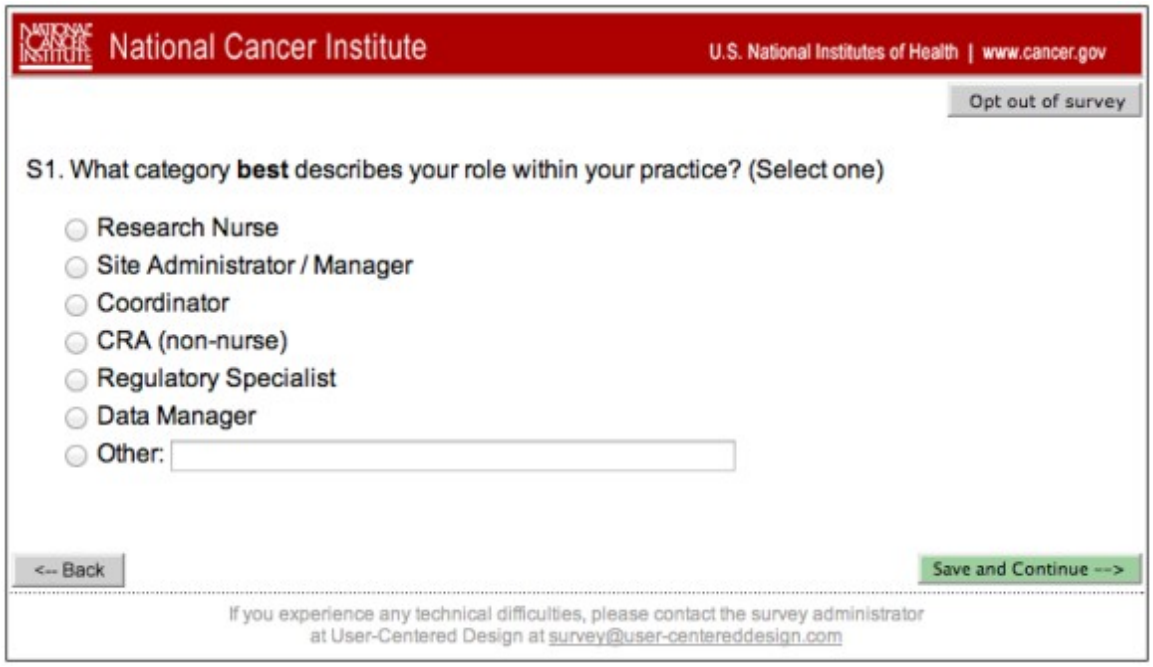

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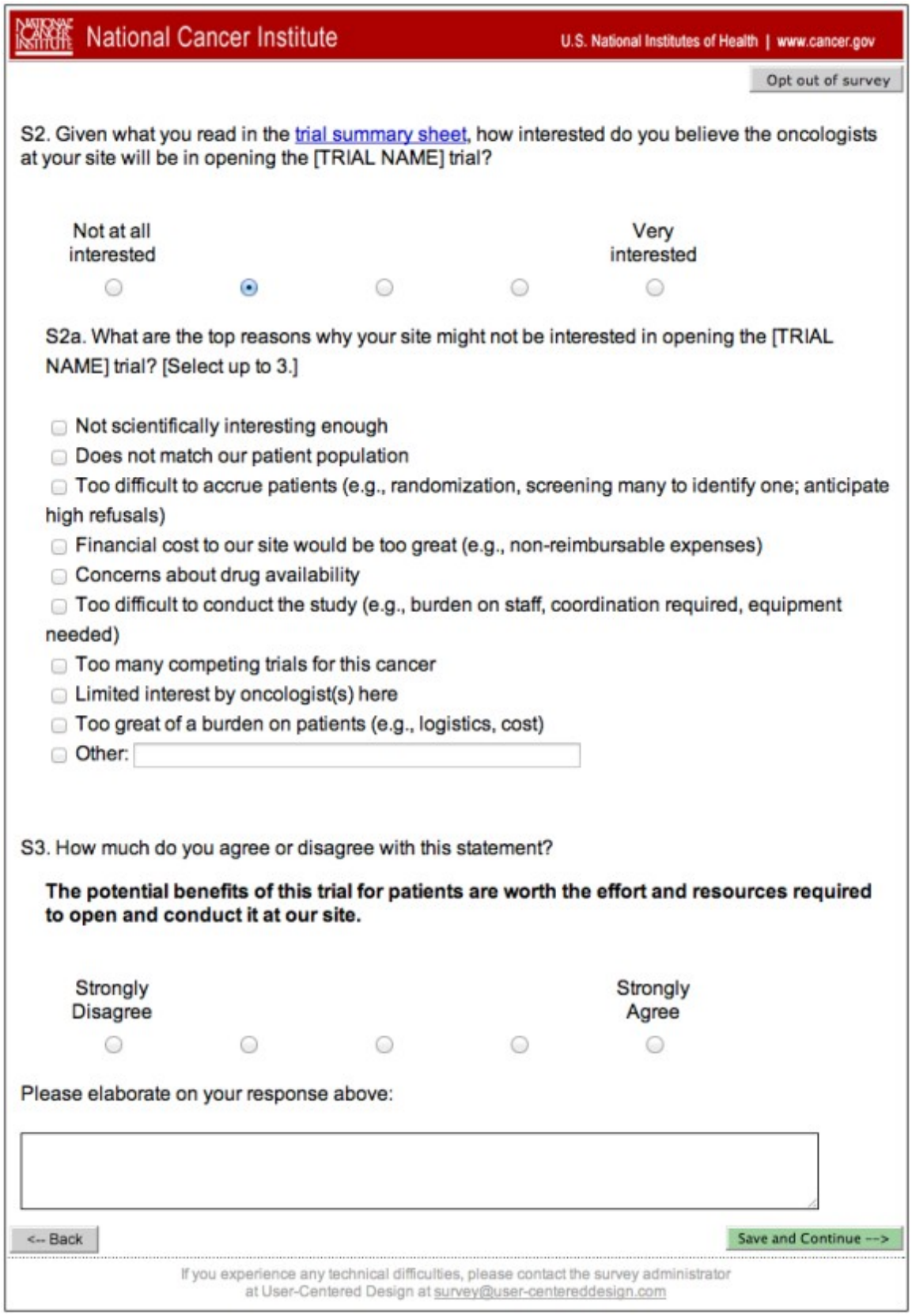

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Opt out of survey

S2. Given what you read in the trial summary sheet, how interested do you believe the oncologists at your site will be in opening the [TRIAL NAME] trial?

Not at all interested — Very interested

S2a. What are the top reasons why your site might not be interested in opening the [TRIAL NAME] trial? [Select up to 3.]

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

S3. How much do you agree or disagree with this statement?

The potential benefits of this trial for patients are worth the effort and resources required to open and conduct it at our site.

Strongly Disagree — Strongly Agree

Please elaborate on your response above:

<-- Back

Save and Continue -->

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Note: This QS2 appears if the user selects either of the two leftmost radio buttons for QS2.

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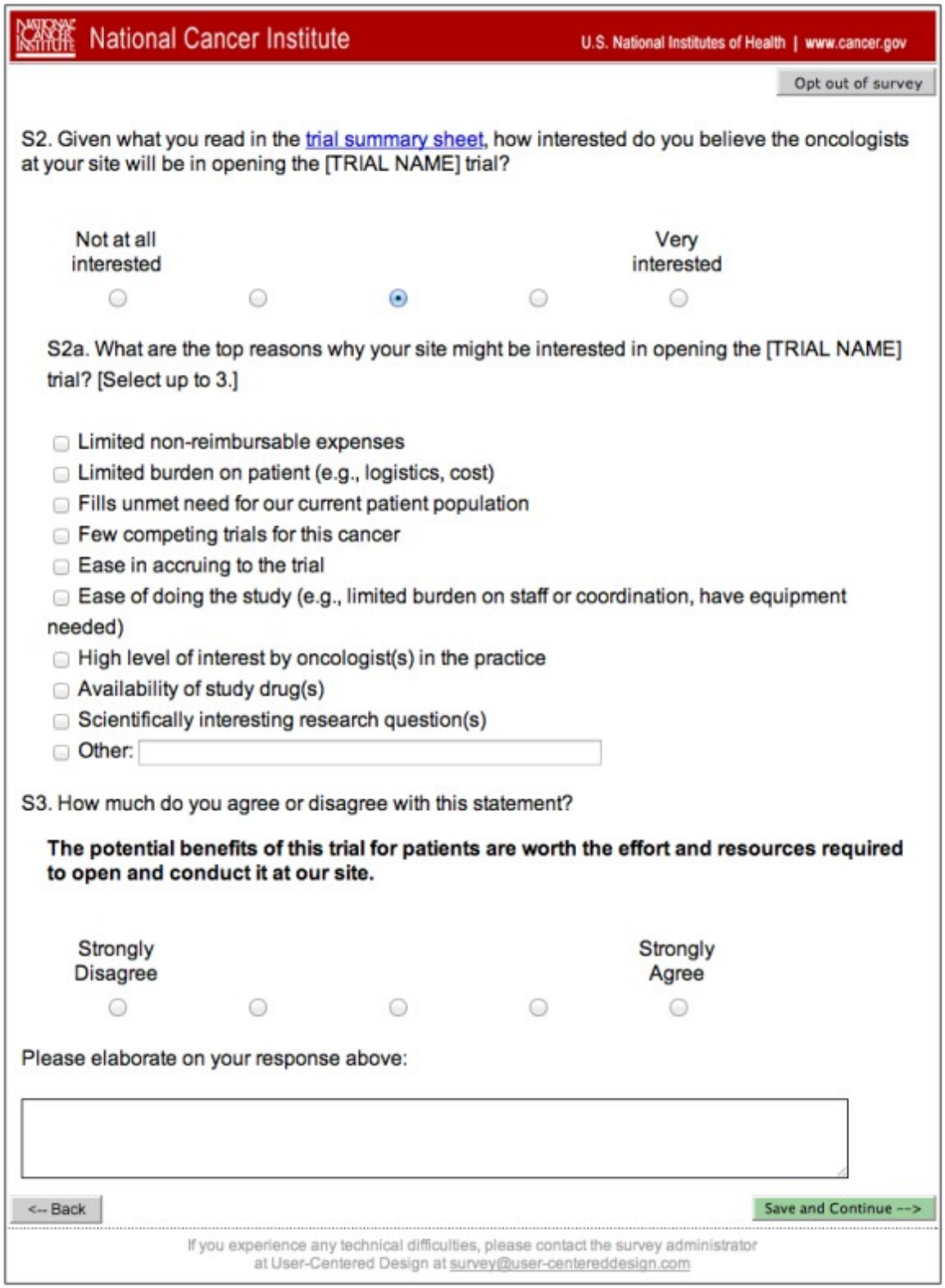

Note: This QS2 appears if the user selects any of the three rightmost radio buttons for QS2.

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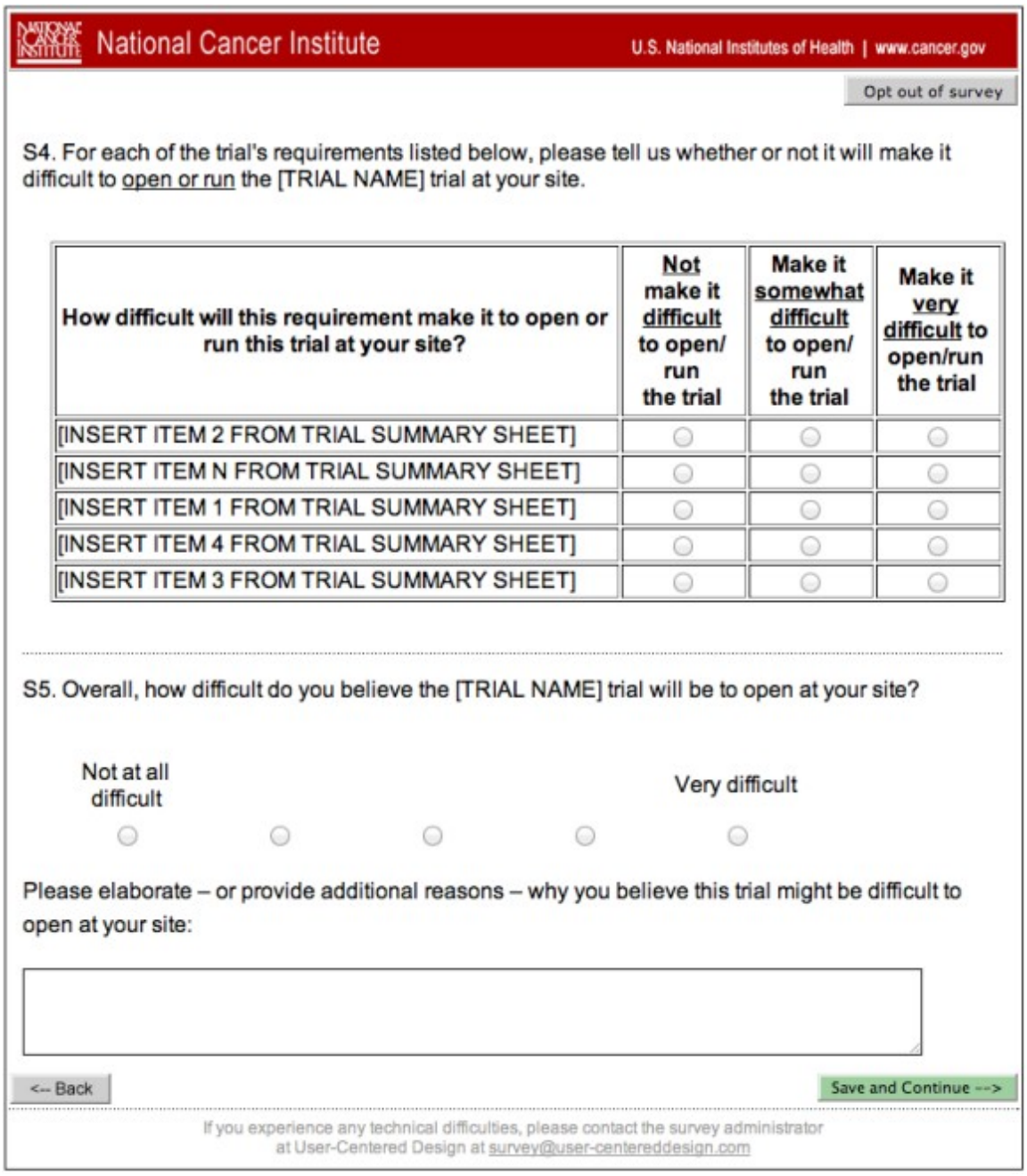

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Opt out of survey

S4. For each of the trial's requirements listed below, please tell us whether or not it will make it difficult to open or run the [TRIAL NAME] trial at your site.

How difficult will this requirement make it to open or run this trial at your site?	Not make it difficult to open/ run the trial	Make it somewhat difficult to open/ run the trial	Make it very difficult to open/run the trial
[INSERT ITEM 2 FROM TRIAL SUMMARY SHEET]	○	○	○
[INSERT ITEM N FROM TRIAL SUMMARY SHEET]	○	○	○
[INSERT ITEM 1 FROM TRIAL SUMMARY SHEET]	○	○	○
[INSERT ITEM 4 FROM TRIAL SUMMARY SHEET]	○	○	○
[INSERT ITEM 3 FROM TRIAL SUMMARY SHEET]	○	○	○

S5. Overall, how difficult do you believe the [TRIAL NAME] trial will be to open at your site?

Not at all difficult ○ ○ ○ ○ ○ Very difficult

Please elaborate – or provide additional reasons – why you believe this trial might be difficult to open at your site:

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If you experience any technical difficulties, please contact the survey administrator at User-Centered Design at survey@user-centereddesign.com

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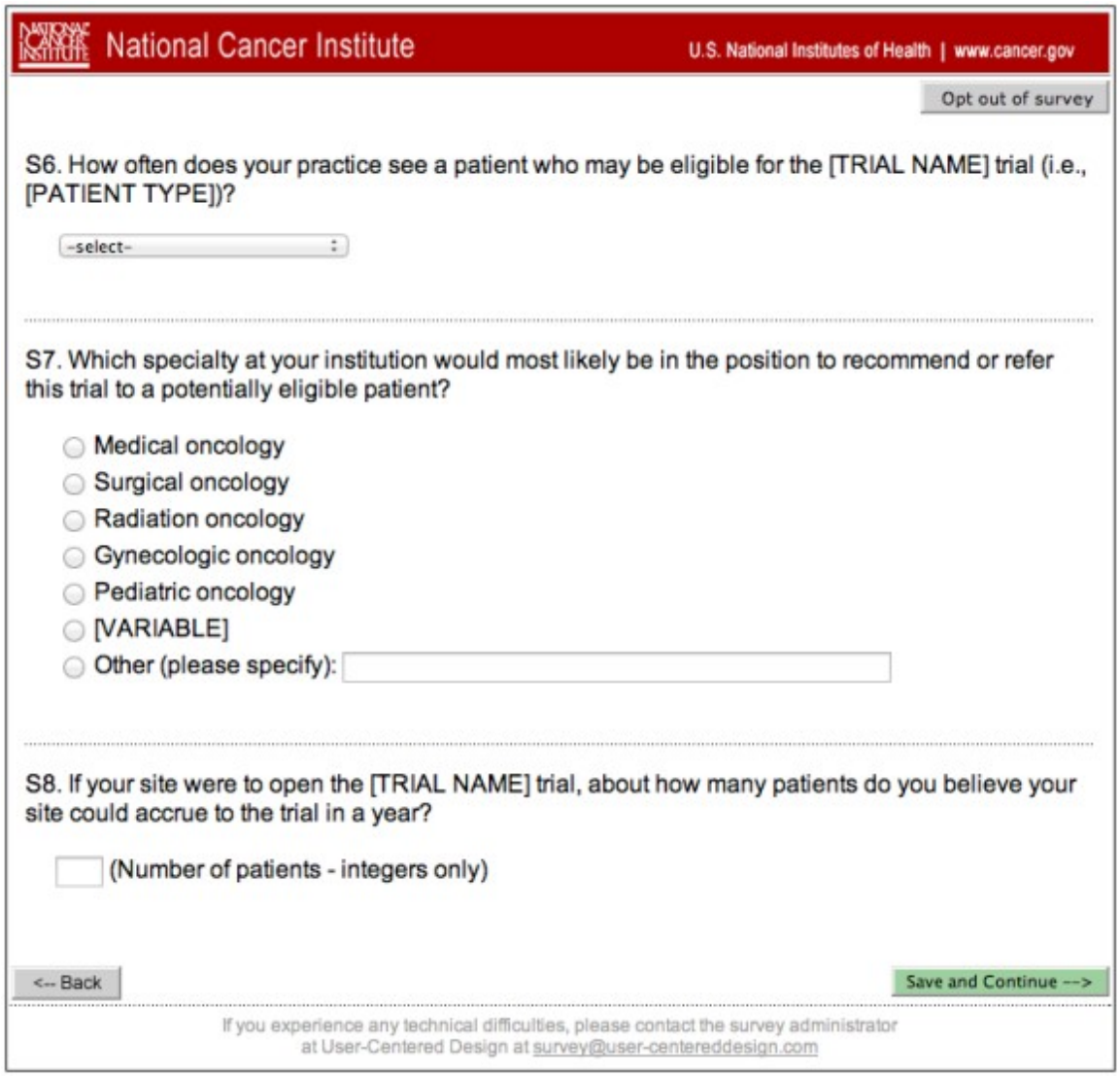

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Opt out of survey

S9. Overall, how difficult do you believe it will be to accrue patients to the [TRIAL NAME] trial at your site?

Not at all difficult				Very difficult
○	○	○	○	○

S10. For each of the items below, please tell us whether or not you think it will make it difficult to accrue patients to the [TRIAL NAME] trial.

How difficult will 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
Getting patients referred to the trial	○	○	○
Cost to the patient (e.g., insurance, reimbursement)	○	○	○
Explaining the trial's details to a patient, including consenting	○	○	○
Inclusion/exclusion criteria of the trial	○	○	○
Burden on patient to participate in the trial (e.g., logistics, time)	○	○	○
Patients declining to enroll (e.g., unwilling to randomize, prefer one study arm)	○	○	○

Please elaborate – or provide additional reasons – why you believe this trial might be difficult to accrue patients at your site:

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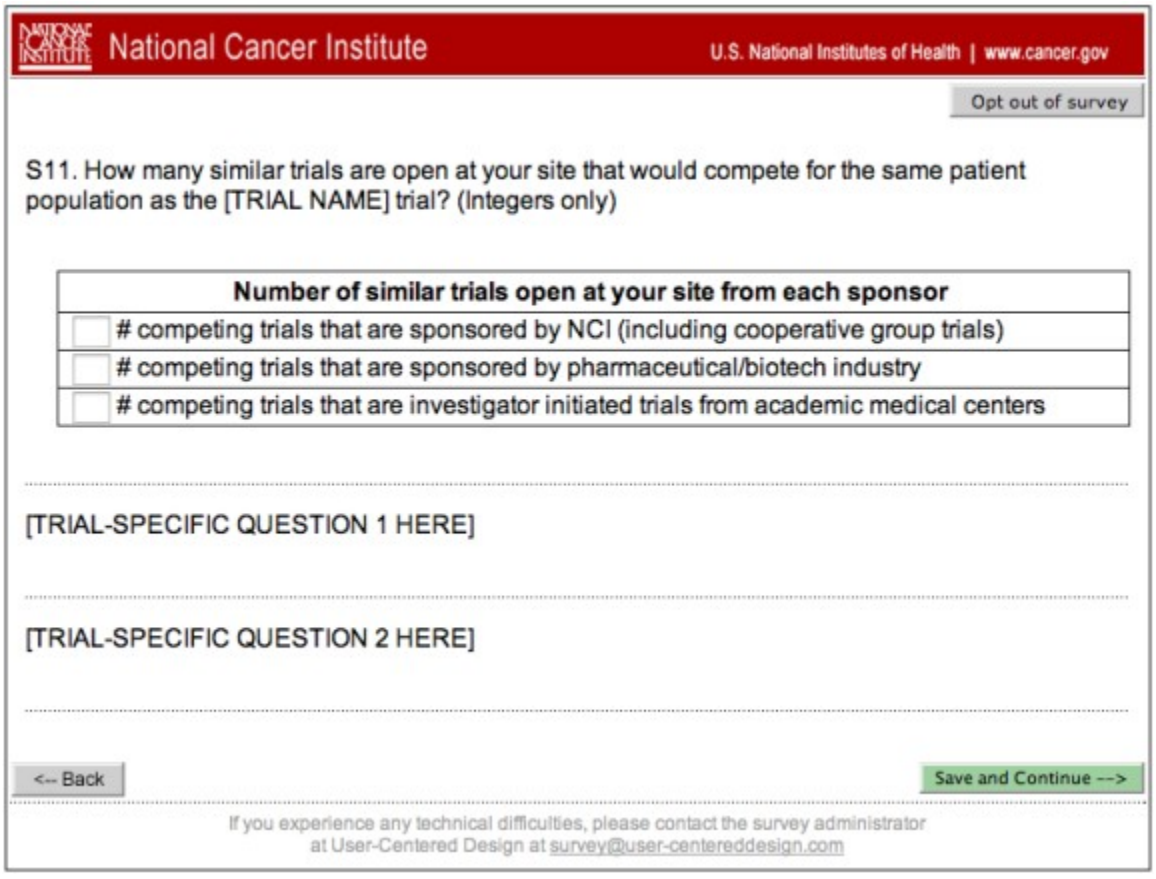

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