以 National Cancer Institute

U.S. National Institutes of Health | www.cancer.gov

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 (0000-0000-000). 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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	Opt out of survey
Please reply to all questions from the perspective of y	our site.
1. Please indicate which best describes your site:	
 My practice is located within an academic med 	ical center
 My practice is located within an NCI-Designate 	d Cancer Center
 My practice is located within a community hosp hospitals) 	oital (i.e., non-academic, medical center
 I/We are a free-standing private practice 	
Other:	
1a. What best describes the size of your communit	y hospital compared to others?
 We are a small-size community hospital (fev 	ver than 100 beds)
We are a mid-size community hospital (betw	
We are a large-size community hospital (mo	
2. Please indicate which best describes your site's aff	filiation(s): (Please check all that apply)
□ CCOP	
□ MB-CCOP	
NCCCP	
□ ALLIANCE	
□ ECOG-ACRIN	
SWOG	
□ NRG	
□ COG	
□ EORTC	
 COGNO (Cancer Australia) 	
□ NCIC	
□ NCIC	
□ NCIC □ Other:	anti-on?
□ NCIC	actice?
NCIC Other: Other: 3. Which category best describes your role at your prace. Physician	actice?
NCIC Other: Other: 3. Which category best describes your role at your practice.	actice?
NCIC Other: Other: 3. Which category best describes your role at your practice. Physician	actice?

Attachment_7_prospectivesurvey

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

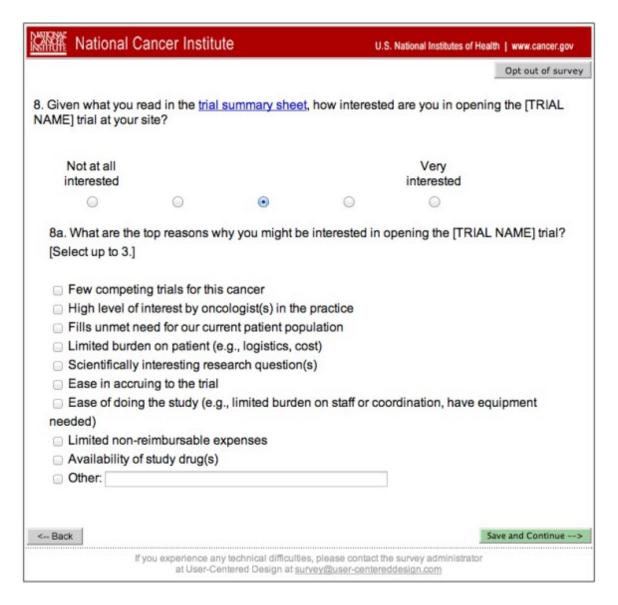
If user selects "physician" to Q3, continue below. If user selects "Staff member/other", continue $\underline{\text{HERE}}$.

Mational C	ancer Institu	te	U	S. National Institutes of Health www.can	cer.go
				Opt out o	f sur
What type of onco	logy best des	cribes your exp	ertise?		
Medical onco					
 Surgical onco 					
 Radiation one 					
 Gynecologic 					
O Pediatric once					
(VARIABLE)					
Other:					
				_	
The [TRIAL NAM] entifically interest			ch question[s]. [For each,] Please tell us ho	w
RQ1: [INSERT R	Q1 FROM TR	IAL SUMMAR	SHEET]		
5a. How scientific	cally interestin	g is this researc	ch question to	you?	
Not at all				Very	
interesting				interesting	
0	0	0	0	0	
Please elaborate	13				
				(100)	
RQ2: [INSERT R	Q2 FROM TR	IAL SUMMARY	Y SHEET]		
5b. How scientific	ally interestin	g is this research	h question to	you?	
				Very	
Not at all				interesting	
Not at all interesting					
	0	0	0	0	
interesting	0	Θ	0		
	:	0	(i)		
interesting	:	0	-		
interesting	:				
interesting	:				
interesting	:			Save and Con	

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					Opt out of survey
6. Assuming the [TR findings will have or				hat impact do you b	elieve the
Low impact				High impact	
0	0	0	0	0	
to open and con				Strongly	
Disagree	0	0	0	Agree	
	0	0	0		
< Back				Sa	ve and Continue>
lfy		y technical difficultie intered Design at <u>su</u>		ne survey administrator addesign.com	

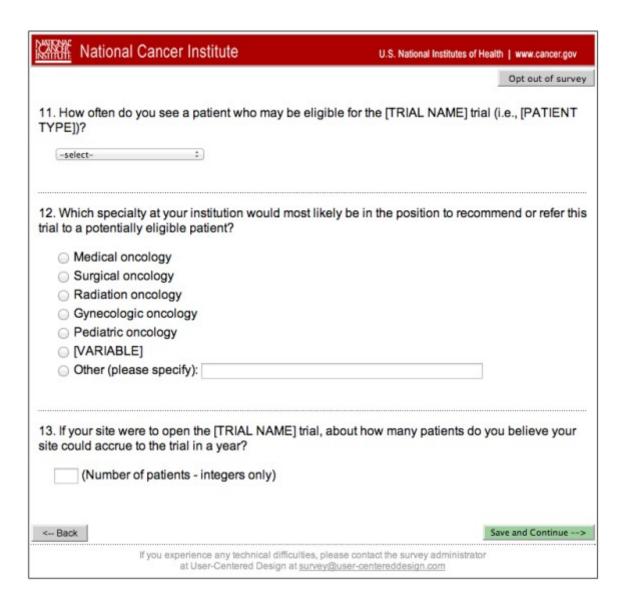
National (Cancer Institu	te	U.s	S. National Institutes of H	ealth www.cancer.gov
					Opt out of survey
8. Given what you NAME] trial at your		summary shee	et, how intereste	ed are you in open	ning the [TRIAL
Not at all interested				Very interested	
0	•	0	0	0	
8a. What are the [Select up to 3.]	e top reasons wi	ny you are not	that interested	in opening the [TF	RIAL NAME] trial?
Too many co Limited inter Too difficult high refusals) Financial co Concerns ab Does not ma	st to our site wo bout drug availal thich our patient p cally interesting	or this cancer st(s) here ts (e.g., rando uld be too great bility copulation enough	mization, screer	ning many to iden mbursable expens ordination require	
< Back					Save and Continue>
			es, please contact tr urvey@user-centere	ne survey administrator addesign.com	,

Note: This 8a appears if the user selects either of the two leftmost radio buttons for $\mathsf{Q8}.$

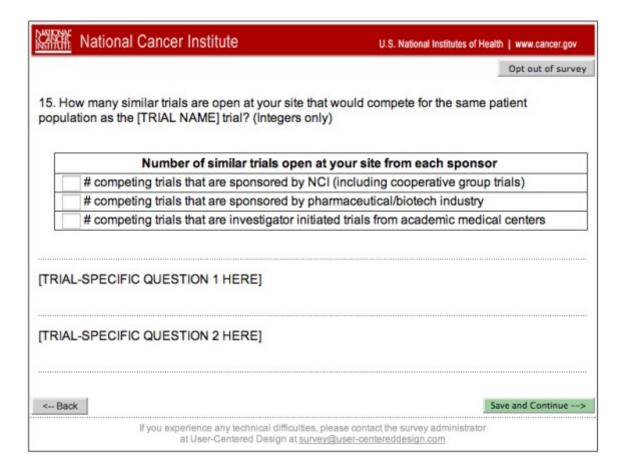


Note: This Q8a appears if the user selects any of the three rightmost radio buttons for Q9.

		ents listed below, please NAME] trial at your site.	tell us whethe	r or not it will r	make it
	ill this require un this trial at	ement make it to open o 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	2 FROM TRIA	L SUMMARY SHEET]	0	0	0
INSERT ITEM I	N FROM TRIA	L SUMMARY SHEET]	0	0	0
INSERT ITEM	1 FROM TRIA	L SUMMARY SHEET]	0	0	0
(INSERT ITEM	3 FROM TRIA	L SUMMARY SHEET]	0	0	0
[INSERT ITEM 4	4 FROM TRIA	L SUMMARY SHEET]	0	0	0
Overall, how diff Not at all difficult	ficult do you b	elieve the [TRIAL NAME		open at your	site?
0	0	0 0	(0	



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)	0	0	0
Cost to the patient (e.g., insurance, reimbursement)	0	0	0
Patients declining to enroll (e.g., unwilling to randomize, prefer one study arm)	0	0	0
Explaining the trial's details to a patient, including	0	0	0
Getting patients referred to the trial	0	0	0
Inclusion/exclusion criteria of the trial	0	0	0
Explaining the trial's details to a patient, including consenting Getting patients referred to the trial Inclusion/exclusion criteria of the trial	0	0	(





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Survey Complete	Opt out of survey
Thank you for complet	ing this survey!
Your answers have been sub	omitted anonymously.
We appreciate your feedback Your comments will help ensure that we plan it	0 0
If you would like a summary of the findings after the 61164thflrlab@ma	
You may now close	this window.
If you experience any technical difficulties, ple at User-Centered Design at <u>survey@</u>	

END OF SURVEY

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	Opt out of survey
Please reply to all questions from the perspective of y	<u>rour</u> site.
Please indicate which best describes your site:	
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 My practice is located within an NCI-Designate 	ed Cancer Center
 My practice is located within a community hosp hospitals) 	pital (i.e., non-academic, medical center
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We are a small-size community hospital (fev	war than 100 hade)
We are a mid-size community hospital (between the communi	
We are a large-size community hospital (mo	
2. Please indicate which best describes your site's af	filiation(s): (Please check all that apply)
□ CCOP	
☐ MB-CCOP	
□ NCCCP	
ALLIANCE	
ECOG-ACRIN	
SWOG	
□ NRG	
□ COG	
□ EORTC	
 COGNO (Cancer Australia) 	
□ NCIC	
Other:	
Which category best describes your role at your pro	actice?
O Physician	
Staff member/other	
< Back	Save and Continue>

$Attachment_7_prospective survey$

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

Attachment_7_prospectivesurvey

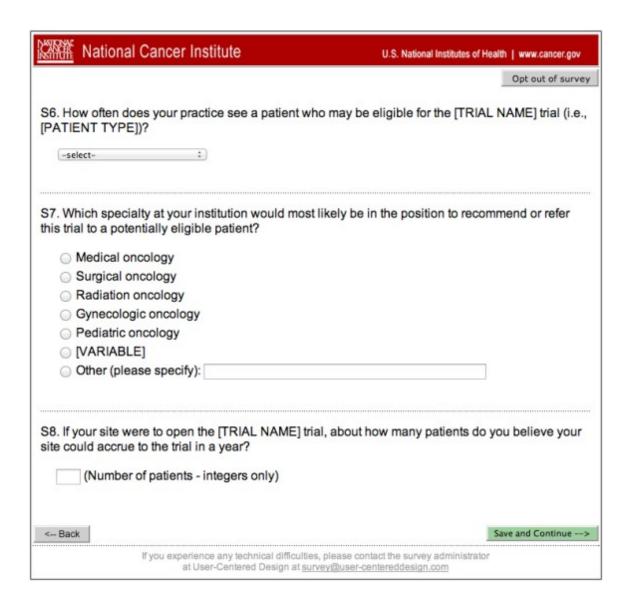
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	Opt out of survey
S1. What category best describes your role within your	practice? (Select one)
Research Nurse	
 Site Administrator / Manager 	
 Coordinator 	
CRA (non-nurse)	
 Regulatory Specialist 	
Data Manager	
Other:	
3-1-3-27	
< Back	Save and Continue>
If you experience any technical difficulties, pleas at User-Centered Design at <u>survey@u</u>	

National C	ancer Institute)	U	S. National Institutes of Health wv	ww.cancer.gov
				Opt	out of survey
S2. Given what you at your site will be in				sted do you believe the or	ncologists
Not at all interested				Very interested	
0	•	0	0	0	
S2a. What are th NAME] trial? [Se		hy your site m	night not be int	erested in opening the [T	RIAL
Does not mate Too difficult to high refusals) Financial cost Concerns about Too difficult to needed) Too many cost Limited interest Too great of a Other:	of accrue patients of to our site would out drug available of conduct the stu out the stu out drug available of conduct the stu out drug available	opulation s (e.g., randor ld be too great lity ldy (e.g., burd r this cancer (s) here ents (e.g., log	et (e.g., non-rei	ning many to identify one mbursable expenses) ordination required, equip	
to open and co	enefits of this tr	ial for patien		ne effort and resources	required
Strongly Disagree				Strongly Agree	
0	0	0	0	0	
Please elaborate o	n your response	above:			4
< Back				Save and	d Continue>
If			es, please contact l	he survey administrator addesign.com	

Attachment_7_prospectivesurvey

National C	ancer Institut	۵		U.S. National Institutes of Hea	
INSTITUTE INACIONAL C				U.S. National Institutes of Hea	
					Opt out of survey
S2. Given what you at your site will be in				ested do you believe	the oncologists
Not at all interested				Very interested	
0	0	•	0	0	
S2a. What are the trial? [Select up to		hy your site m	ight be inter	ested in opening the	[TRIAL NAME]
Limited burdeFills unmet ne	eimbursable ex en on patient (e. eed for our curre ng trials for this	g., logistics, co ent patient pop	000		
77	ing to the trial				
	V	, limited burder	on staff or	coordination, have ed	quipment
	interest by onco	logist(s) in the	practice		
100 To 10	study drug(s)				
 Scientifically 	interesting rese	arch question(s)		
Other:					
00.11			-1-110		
S3. How much do y The potential be to open and cor	enefits of this to	rial for patient		the effort and resou	urces required
Strongly Disagree				Strongly Agree	
0	0	0	0	0	
Please elaborate or	n your response	above:			
< Back					Save and Continue>
lf.		technical difficultier tered Design at sur		ct the survey administrator ereddesign.com	

	vill 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]	0	0	0
[INSERT ITEM	N FROM TRIAL SUMMARY SHEET]	0	0	0
[INSERT ITEM	1 FROM TRIAL SUMMARY SHEET]	0	0	0
[INSERT ITEM	4 FROM TRIAL SUMMARY SHEET]	0	0	0
INSERT ITEM	3 FROM TRIAL SUMMARY SHEET]	0	0	0
<u>[INOLKT TI LINI</u>				
	fficult do you believe the [TRIAL NAME]			1
. Overall, how di			open at your	1



Not at all difficult	difficult			Very difficult		
0	0	0	0	6)	
crue patients to	the [TRIAL NAM	ue make it to accrue		Not make it difficult to accrue patients to the trial	Make it somewhat difficult to accrue patients to the trial	Make it
Getting patients	s referred to the	trial		O the trial	o the thai	Crie triai
		nce, reimbursement)		0	0	0
Explaining the trial's details to a patient, includir consenting		a patient, including		0	0	0
Inclusion/exclu	sion criteria of th	ne trial		0	0	0
Burden on pati- time)	ent to participate	in the trial (e.g., logi	stics,	0	0	0
Patients declin prefer one stud		., unwilling to randon	nize,	0	0	0
Please elaborat accrue patients		dditional reasons – w	hy yo	ou believe thi	is trial might t	oe difficult t

