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Introduction	OMB# 0000-0000-00 Exp. Date: 00/00/0000	
<p>The National Cancer Institute (NCI) and the [COOP GROUP NAME] would like your opinions about a new NCI clinical trial for [TRIAL DESCRIPTION].</p> <p>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.</p> <p>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.</p> <p>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!</p> <p>To continue and begin the survey, click the "Next" button below.</p>		
		Next -->
<small>If you experience any technical difficulties, please contact the survey administrator at User-Centered Design at survey@user-centereddesign.com</small>		

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Privacy Statement and Consent		
<p>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.</p> <p>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.</p> <p>This brief survey should only require approximately 5 minutes of your time.</p> <p style="text-align: center;">Please click the "Next" button if you consent to taking this survey.</p>		
		Next -->
<small>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.</small>		
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Trial Summary Sheet


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](#).
(This document will open in a new tab.)

[I have reviewed the trial description and am ready to begin -->](#)

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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)
- 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

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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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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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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

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8. Given what you read in the [trial summary sheet](#), how interested are you in opening the [TRIAL NAME] trial at your site?

Not at all interested Very interested

8a. What are the top reasons why you are not that interested in opening the [TRIAL NAME] trial? [Select up to 3.]

- Too great of a burden on patients (e.g., logistics, cost)
- Too many competing trials for this cancer
- Limited interest by oncologist(s) here
- 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
- Does not match our patient population
- Not scientifically interesting enough
- Too difficult to conduct the study (e.g., burden on staff, coordination required, equipment needed)
- Other:

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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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8. Given what you read in the [trial summary sheet](#), how interested are you in opening the [TRIAL NAME] trial at your site?

Not at all interested Very interested


8a. What are the top reasons why you might be interested in opening the [TRIAL NAME] trial? [Select up to 3.]


- Few competing trials for this cancer
- High level of interest by oncologist(s) in the practice
- Fills unmet need for our current patient population
- Limited burden on patient (e.g., logistics, cost)
- Scientifically interesting research question(s)
- Ease in accruing to the trial
- 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)
- Other:

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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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		<input type="button" value="Opt out of survey"/>	
<p>9. For each of the trial's requirements listed below, please tell us whether or not it will make it difficult to <u>open or run</u> the [TRIAL NAME] trial at your site.</p>			
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]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT ITEM N FROM TRIAL SUMMARY SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT ITEM 1 FROM TRIAL SUMMARY SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT ITEM 3 FROM TRIAL SUMMARY SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT ITEM 4 FROM TRIAL SUMMARY SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>10. Overall, how difficult do you believe the [TRIAL NAME] trial will be to open at your site?</p>			
Not at all difficult	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Very difficult
<input style="background-color: #cccccc;" type="button" value=" <-- Back "/>		<input style="background-color: #90ee90;" type="button" value=" Save and Continue --> "/>	
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11. How often do you see a patient who may be eligible for the [TRIAL NAME] trial (i.e., [PATIENT TYPE])?

12. Which specialty at your institution would most likely be in the position to recommend or refer this trial to a potentially eligible patient?

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


13. If your site were to open the [TRIAL NAME] trial, about how many patients do you believe your site could accrue to the trial in a year?


(Number of patients - integers only)

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<p>14. For each of the items below, please tell us whether or not you think it will make it difficult to <u>accrue patients</u> to the [TRIAL NAME] trial.</p>			
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)	<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"/>
Patients declining to enroll (e.g., unwilling to randomize, prefer one study arm)	<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"/>
Getting patients referred to the trial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inclusion/exclusion criteria of the trial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Please elaborate – or provide additional reasons – why you believe this trial might be difficult to accrue patients at your site:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
← Back		Save and Continue →	
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15. How many similar trials are open at your site that would compete for the same patient population as the [TRIAL NAME] trial? (Integers only)

Number of similar trials open at your site from each sponsor	
<input type="checkbox"/>	# competing trials that are sponsored by NCI (including cooperative group trials)
<input type="checkbox"/>	# competing trials that are sponsored by pharmaceutical/biotech industry
<input type="checkbox"/>	# competing trials that are investigator initiated trials from academic medical centers

[TRIAL-SPECIFIC QUESTION 1 HERE]

[TRIAL-SPECIFIC QUESTION 2 HERE]

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

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Survey Complete [Opt out of survey](#)

Thank you for completing this survey!

Your answers have been submitted anonymously.


We appreciate your feedback regarding the trial.
Your comments will help ensure that we plan in advance for any concerns identified.

If you would like a summary of the findings after the survey closes, please send an email to 61164thflrab@mail.nih.gov

You may now close this window.

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END OF SURVEY

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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

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

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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:

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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:

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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 be interested in opening the [TRIAL NAME] trial? [Select up to 3.]

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

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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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<p>S4. For each of the trial's requirements listed below, please tell us whether or not it will make it difficult to <u>open or run</u> the [TRIAL NAME] trial at your site.</p>			
How difficult will this requirement make it to open or run this trial at your site?	Not make it <u>difficult</u> to open/ run the trial	Make it <u>somewhat</u> <u>difficult</u> to open/ run the trial	Make it <u>very</u> <u>difficult</u> to open/run the trial
[INSERT ITEM 2 FROM TRIAL SUMMARY SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT ITEM N FROM TRIAL SUMMARY SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT ITEM 1 FROM TRIAL SUMMARY SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT ITEM 4 FROM TRIAL SUMMARY SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT ITEM 3 FROM TRIAL SUMMARY SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


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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S6. How often does your practice see a patient who may be eligible for the [TRIAL NAME] trial (i.e., [PATIENT TYPE])?

S7. Which specialty at your institution would most likely be in the position to recommend or refer this trial to a potentially eligible patient?

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

S8. If your site were to open the [TRIAL NAME] trial, about how many patients do you believe your site could accrue to the trial in a year?

(Number of patients - integers only)

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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	<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"/>
Explaining the trial's details to a patient, including consenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inclusion/exclusion criteria of the trial	<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"/>
Patients declining to enroll (e.g., unwilling to randomize, prefer one study arm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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S11. How many similar trials are open at your site that would compete for the same patient population as the [TRIAL NAME] trial? (Integers only)

Number of similar trials open at your site from each sponsor	
<input type="checkbox"/>	# competing trials that are sponsored by NCI (including cooperative group trials)
<input type="checkbox"/>	# competing trials that are sponsored by pharmaceutical/biotech industry
<input type="checkbox"/>	# competing trials that are investigator initiated trials from academic medical centers

[TRIAL-SPECIFIC QUESTION 1 HERE]

[TRIAL-SPECIFIC QUESTION 2 HERE]

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S12. Do you have any **final comments** about the [TRIAL NAME] trial that you would like to share?

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Thank you for completing this survey!

Your answers have been submitted anonymously.

We appreciate your feedback regarding the trial.
Your comments will help ensure that we plan in advance for any concerns identified.

If you would like a summary of the findings after the survey closes, please send an email to 61164thflrab@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