Supporting Statement B For:

Multidisciplinary Treatment Planning (MTP) within the

National Cancer Institute (NCI) Community Cancer Centers Program

December 27, 2013

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[1] PDF of the survey will be sent in advance, along with the email invitation so that the hospital staff can review and collaborate on responding to the questions. The screenshots are also supplied to demonstrate what the hospital staff will see when they enter their responses on-line.

B. STATISTICAL METHODS

B.1 Respondent Universe and Sampling Methods

The aim of this organizational survey is to understand how NCI Community Cancer Centers Program (NCCCP) hospitals define, organize and implement multidisciplinary treatment planning (MTP), which is the fundamental aspect of multidisciplinary care. All 21 NCCCP hospitals will comprise the universe of respondent sites for this study and each hospital will be assigned to respond for one of three tumor sites (Breast, Lung, Head and Neck). Therefore, no sampling of hospitals or tumor sites will be needed.

The NCCCP has developed a focus around multidisciplinary care within the Quality of Care component. All 21 hospitals assess their own development of multidisciplinary care programs, which involves increasing the proportion of cases presented for prospective treatment planning. Given the program focus, we anticipate that 85% of the 21 NCCCP hospitals will participate in the survey.

B.2 Procedures for the Collection of Information

Pre-Data collection activities:

As noted above, the respondent for each NCCCP hospital will complete the survey questions for their assigned tumor type. Assignment of tumor sites to each of the 21hospitals had to be completed prior to data collection as part of the planning for the proposed survey. NIH Investigators assigned one of the three tumor sites based on NCCCP hospitals' activity in multidisciplinary care as reported in quarterly reports.

Tumor sites were assigned using a step-wise approach using two criteria: MTP meetings reported and volume of cases for the three tumor sites (breast, lung, and head/neck). First, we reviewed program quarterly reports for all NCCCP facilities over two quarters (January – June

2012) to identify the number of cases presented at an MTP meeting for each tumor site. Secondly, we tabulated the NCCCP facilities with highest case volumes for each tumor. Finally, to assure that NCCCP facilities were distributed as evenly as possible among the three tumor sites, we selectively assigned each facility a tumor site based on highest case volume for that facility. The final assignments are as follows: Breast (7 hospitals), Lung (8 hospitals), and Head/Neck (6 hospitals) (**Attachment 3**).

The link to the online survey is unique to each NCCCP hospital based on the assigned tumor site.

Data Collection Procedures:

The NCCCP Principal Investigator (PI) and the Quality of Care (QoC) Subcommittee Lead will be contacted via e-mail (**Attachment 4**) to participate in this survey. All NCCCP PI's and QoC Leads will be informed during their regularly scheduled calls at least one month prior to survey administration. A cover e-mail along with a link to the online survey and a PDF version of the survey will be sent to the QoC Leads with a copy to the NCCCP PI at each site. The Quality of Care leads will be asked to either complete the survey or to coordinate the completion of the survey by an appropriate respondent(s). Since this survey is intended to characterize MTP in NCCCP hospitals, data collected will reflect the organization's description of their MTP and operations, and not an individual perspective. Hence, participants will be encouraged to consult with colleagues at their facility, regardless of whether they are involved with the NCCCP or not to improve the accuracy and completeness of their responses.

The consent form (**Attachment 2**) is included in the online survey explaining participants' rights with regard to the study. Both the cover e-mail (**Attachment 4**) as well as the survey instrument (**Attachment 2**) will explicitly inform the site that they are not required to

participate in the study as a NCCCP deliverable. Participants' consent will be considered implied through the completion of the electronic survey. The survey will be completed using Survey Monkey, an online survey software and questionnaire tool (www.surveymonkey.com). The web link, the online survey instrument, and all files submitted through the Survey Monkey server are secured by encryption.

The survey will be in the field for eight weeks. Three reminders will be sent to only those NCCCP hospitals that have not completed the online survey at that time. Once the online data collection ends, the data will be converted to an Excel file and then to an analytic format using SAS or STATA. Open text responses to five questions and for the "Other" options will be independently coded and categorized through an iterative process by each member of the research team. A consensus approach will be used to finalize the categories for analysis. Both the survey data and respective program characteristics will be linked to create the final dataset. There are three questions pertaining to the organization's policies, procedures, guidelines and evaluation documents (**Attachment 2:** # 9, 17, & 62). If the NCCCP hospitals agree to share them, a member of the NIH research team will follow-up with them via e-mail to obtain the documents (**Attachment 4**). These documents will be examined using qualitative content analysis to supplement MTP characterization at NCCCP hospitals. Facility names and other identifying information on NCCCP documents shared will be redacted. The site ID codes assigned to the survey will be used on the redacted documents. All NCCCP data will be linked by the site ID code. The data from this qualitative examination will be incorporated into the final analytic dataset. This will be a one-time data collection. Additional procedures will be established to assure data quality control for collection and analysis.

B.3 Methods to Maximize Response Rates and Deal with Non-response

Up to three reminders will be sent to those NCCCP hospitals that have not responded by a given time during the survey period. The first two reminders will be sent by e-mail **(Attachment 4**) to the NCCCP Principal Investigators and the QoC Leads three weeks after the initial contact (1st reminder) and then two weeks before the end of the survey period (2nd reminder). The third reminder will consist of a telephone call by a member of the research team to the NCCCP PI one week before the end of data collection.

The number of survey responses received by the end of the data collection period will be divided by the total number of NCCCP sites (n=21) to calculate the response rate. We are hopeful that all of the 21 hospitals will participate given their experience in developing multidisciplinary care as a program priority. However, as the survey is voluntary, we expect that a few hospitals may choose not to participate, and therefore, expect a minimum response rate of 85%.

Non-response weighting Adjustment

This MTP survey attempts to obtain responses from all 21 NCCCP funded hospitals. If the response rate is less than 100%, weighting will be used to account for hospitals that do not participate in the MTP survey. Non-response weighting adjustments will be carried out by tumor sites (Breast, Lung, Head and Neck) once data collection is complete. Because the survey will be a census of all NCCCP funded hospitals, all hospitals will be sampled with certainty and the non-response adjustment will be the only weight that needs to be applied to produce estimates of the full population. The non-response adjustment weight will be the ratio of the number of eligible hospitals in the sample (which will also be the number in the population) to the number of responding eligible hospitals for each of the three tumor sites.

B.4 Test of Procedures or Methods to be Undertaken

In 2010, the National Cancer Institute (NCI) provided the technical expertise to the American College of Surgeons' Commission on Cancer (CoC) to develop a survey on multidisciplinary treatment planning. NCCCP clinicians provided expert review on the survey items very early in the development of the instrument. The instrument was cognitively tested among CoC-accredited facilities. OMB approved pre-testing clearance for the cognitive testing (OMB No.: 0925-0589-07; Expiration Date: 5/31/2011). The CoC administered the survey to their accredited facilities in October 2012.

The questions on the CoC MTP survey formed the basis for the questions for the NCCCP MTP survey and the preliminary analyses of the CoC MTP survey informed the revision of some items for the proposed survey data collection. The CoC survey results revealed that certain questions may not have been clear or reflected facilities' implementation of MTP.

B.5 Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Several individuals were consulted and were integral to the development of the research plan, the revision of survey questions, and the analysis plan. Some of the same individuals will be involved with the analysis once the data are collected (**Attachment 5**).