# CARE.

### 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 and the [COOPERATIVE GROUP NAME] Cooperative Group would like your opinions about [TRIAL NAME] ([TRIAL TITLE]).

We are soliciting feedback from clinical oncology researchers to learn your interest in this trial and any potential issues you foresee with respect to <u>opening and accruing</u> to the trial should it be approved.

CTEP has developed a **brief online survey** to quickly and easily gather your comments **anonymously**. The PDF attachment to your email invitation provides background and the proposed trial's design and key questions. Please review this brief document before completing the survey.

Thank you for your help with this important survey. Your feedback will help NCI determine if this trial should be approved and developed! To begin the survey, click the "Next" button below.

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

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### Privacy Statement and Consent

Your participation in this survey is completely voluntary. 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 bottom 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.

Opt out of survey

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Public reporting trunter 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 deplays a currently valid OMS control number. Send comments regarding the burden returned or any other respect of the collection of information, including suggestions for reducing the burden, to NRI. Propor Clearance Branch, 6705 Rockledge Drive, MSC 7674, Bethesda, MD 2082/1974, ATTN: FRA (0000-0000-00), Do not return the completed form to the address.

Fyou experience any technical difficulties, please contact the survey administrator at User-Centered Design at survey@user-pentereddesign.com

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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 concept sheet here.

(The document will open in a new tab.)

Opt out of survey

I have reviewed the concept sheet and am ready to begin -->

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

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Nease reply to all questions from the perspective of your	site.
. Please indicate which best describes your site:	
My practice is located within an academic medical	center
<ul> <li>My practice is located within an NCI designated car</li> </ul>	ncer center
<ul> <li>My practice is located within a community hospital</li> </ul>	(i.e., a non-academic, medical center hospitals)
<ul> <li>I/We are a free-standing private practice</li> </ul>	
Other:	
1a. What best describes the size of your community ho	spital compared to others?
<ul> <li>We are a small-size community hospital (less the</li> </ul>	an 100 beds)
<ul> <li>We are a mid-size community hospital (between</li> </ul>	100-250 beds)
<ul> <li>We are a large-size community hospital (more th</li> </ul>	nan 250 beds)
Please indicate which best describes your site's affiliati	ion(s): (Please check all that apply)
CCOP	
□ MB-CCOP	
NCCCP	
ALLIANCE	
□ ECOG, ACRIN	
□ SWOG	
□ NRG	
COG	
□ EORTC	
COGNO	
□ NCIC	
Other:	
What type of oncology best describes your expertise?	
Medical oncologist     Surgical oncologist	
Radiation oncologist	
Gynecologic oncologist	
Pediatric oncologist	
[VARIABLE]	
Other:	
y weeks	
Opt out of survey	Save and Continue

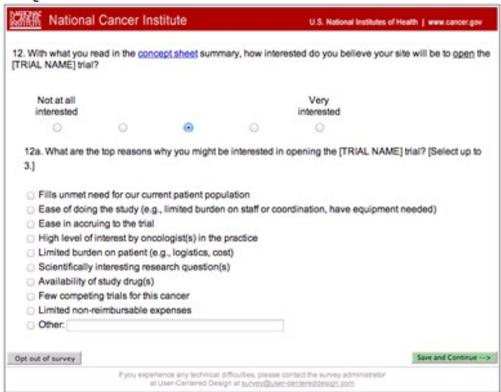
Note: Q1a appears only if "My practice is located within a community hospital" is selected for Q1.

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Note: This Q12a appears if the user selects either of the two leftmost radio buttons for Q12.



Note: This Q12a appears if the user selects any of the three rightmost radio buttons for Q12.

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13. Which specialty at your institution would mospotentially eligible patient?  Medical oncologist Surgical oncologist Radiation oncologist Gynecologic oncologist Pediatric oncologist [VARIABLE]	st likely be in the position to recommend or refer this trial to a
Other:  14. How often do you see a patient who may be Daily Weekly Monthly Every few months A couple times per year or less	eligible for the [TRIAL NAME] trial (i.e., [PATIENT TYPE])?
15. If your site were to open this trial, about how [TRIAL NAME] trial in a year?  [[Number of patients - integers only)]	many patients do you believe your site could accrue to the
16. Please tell us in the box below if there are ar accrue patients at your site:	ny major concerns you have that might make this trial difficult to
	Save and Continue> al difficulties, please contact the survey administrator esign at survey@user-centereddesign.com

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17. Do you have any <b>final comments</b> about the [TRIAL	NAME] trial that you would like to share?
Opt out of survey	Submit Survey>
	s, please contact the survey administrator vey@user-centereddesign.com

# National Cancer Institute U.S. National Institutes of Health | www.cancer.gov Survey Complete Thank you for completing this anonymous survey! We appreciate your feedback regarding the [TRIAL NAME] 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 61164thfirlab@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