

**NATIONAL CANCER INSTITUTE PRECISION MEDICINE STUDY**  
*Telephone Reminder Script*

OMB No.: 0925-xxx  
 Expiration Date: xx/xx/20xx

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by mail to complete this instrument so that we can understand how genomic testing results are used to inform cancer treatment.

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 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

**INITIAL RESPONSE AFTER DIALING OFFICE NUMBER**

Physician answers		➔ Go to PHYSICIAN INTRODUCTION
Physician line - goes to voicemail		➔ Go to PHYSICIAN MESSAGE
Gatekeeper (e.g, receptionist, nurse, or other staff) answers		➔ Go to GATEKEEPER INTRODUCTION
Gatekeeper not at desk, goes to voicemail		➔ Go to GATEKEEPER MESSAGE
Automated response provides options		➔ SELECT OPTION (IF AVAILABLE) TO SCHEDULE AN APPOINTMENT OR SPEAK WITH A NURSE  After selecting your option, <ul style="list-style-type: none"> <li>• If someone answers, continue to GATEKEEPER Introduction</li> <li>• If you are directed to voicemail, Go to GATEKEEPER MESSAGE</li> </ul>
Disconnected number, personal residence (not of sample member), or		➔ ROUTE CASE TO TRACING

4/30/15  
XX/XXXX

OMB #: 0925-xxxx, Expiration Date:

non-medical organization		
--------------------------	--	--

**GATEKEEPER MESSAGE**

Hello, this is (CALLER'S NAME), calling from RTI International on behalf of Dr. [XXXX] at the National Cancer Institute.

We recently sent Dr. [NAME] a survey on precision medicine in cancer treatment sponsored by the National Cancer Institute, the National Human Genome Research Institute, and the American Cancer Society.

We're conducting this survey to better understand the current and potential uses of genomic testing in cancer treatment. We're also hoping to identify future research needs and inform the development of educational materials for both patients and providers.

It should take only 20 minutes and it can be sent back in the postage-paid envelope that we provided in the initial mailing. Dr. [NAME] can also complete it online using a link we send to you by e-mail.

If you have any questions or would like to request another copy of the survey, you can contact us at [PrecisionMedicine@rti.org](mailto:PrecisionMedicine@rti.org) or at 800-XXX-XXXX.

<ASSIGN FINAL CODE FOR LEFT VM FOR GATEKEEPER>

**PHYSICIAN MESSAGE**

Hello, this is (CALLER'S NAME), calling from RTI International on behalf of Dr. [XXXX] at the National Cancer Institute.

We recently sent you a survey on precision medicine in cancer treatment sponsored by the National Cancer Institute, the National Human Genome Research Institute, and the American Cancer Society.

We're conducting this survey to better understand the current and potential uses of genomic testing in cancer treatment. We're also hoping to identify future research needs and inform the development of educational materials for both patients and providers.

It should take only 20 minutes and it can be sent back in the postage-paid envelope that we provided in the initial mailing. You can also complete it online using a link we send to you by e-mail.

If you have any questions or would like to request another copy of the survey, you can contact us at [PrecisionMedicine@rti.org](mailto:PrecisionMedicine@rti.org) or at 800-XXX-XXXX.

<ASSIGN FINAL CODE FOR LEFT VM FOR PHYSICIAN>

**GATEKEEPER INTRODUCTION**

Hello, this is (CALLER'S NAME), calling from RTI International on behalf of Dr. [XXXX] at the National Cancer Institute. May I please speak with Dr. [name]?

<b>Asks for more information</b>		➔ <b>GO TO GATEKEEPER INTRODUCTION 2</b>
<b>Yes, connects/forwards while still on the line (ask for phone number in case of disconnection):</b> _____		➔ <b>START OVER WITH SCRIPT</b>
<b>Yes, provides phone number:</b> _____		➔ <b>CALL NEW NUMBER AND START OVER WITH SCRIPT</b>
<b>No (e.g. won't connect you, won't provide #)</b>		➔ <b>[THANK AND END CALL; SCHEDULE CALL BACK]</b>
<b>Not available, please call back at: _____ (date and time)</b>		➔ <b>THANK AND END CALL</b>
<b>N/A, retired</b>		➔ <b>THANK AND END CALL; mark as ineligible</b>
<b>N/A, no longer practicing</b>		➔ <b>THANK AND END CALL; mark as ineligible</b>
<b>N/A, does not work there</b>		➔ <b>ATTEMPT TO GET NAME AND ADDRESS OF NEW EMPLOYMENT LOCATION</b>
<b>N/A, does not treat cancer patients</b>		➔ <b>THANK AND END CALL; mark as ineligible</b>

**GATEKEEPER INTRODUCTION 2.**

I'm calling today to check if Dr. [NAME] received a survey on precision medicine in cancer treatment. We mailed a copy of the questionnaire several times in recent weeks and Dr. [NAME] may also have received a link to the survey via email e-mail. This is a national physician survey sponsored by the National Cancer Institute, the National Human Genome Research Institute, and the American Cancer Society. Do you know if Dr. [NAME] has received a request to complete this survey?

[PROVIDE ADDITIONAL INFORMATION ABOUT SURVEY AS NEEDED].

Connects/forwards you while still on the line		→ START OVER WITH SCRIPT
Provides new phone number for physician: _____		→ CALL NEW NUMBER AND START OVER WITH SCRIPT
No, but interested		→ VERIFY mailing address and email address and mode preference go to RESEND_THANKFINAL
No, and not interested		→ go to GATEKEEPER REFUSAL
No, and retired		→ go to INELIGIBLE
No, and no longer practicing		→ go to INELIGIBLE
No, and not an oncologist (i.e. does not treat patients with cancer)		→ go to INELIGIBLE
Yes, not yet completed		→ CONTINUE to GATEKEEPER REMINDER
Yes, but not interested		→ go to GATEKEEPER REFUSAL
Yes, but retired		→ go to INELIGIBLE
Yes, but no longer practicing		→ go to INELIGIBLE
Yes, but not an oncologist (i.e. does not treat patients with cancer)		→ go to INELIGIBLE
Yes, recently completed		→ thank and end call.

**PHYSICIAN INTRODUCTION** Hello, this is (CALLER'S NAME), calling from RTI International on behalf of Dr. [XXXX] at the National Cancer Institute.

I'm calling today to check if you have received in the mail and possibly an e-mail) a survey on precision medicine in cancer treatment. This is a national physician survey sponsored by the National Cancer Institute, the National Human Genome Research Institute, and the American Cancer Society. Have you received a request to complete this survey?

[PROVIDE ADDITIONAL INFORMATION ABOUT SURVEY AS NEEDED].

No, but interested		➔ VERIFY mailing address and email address and mode preference go to RESEND_THANKFINAL
No, and not interested		➔ go to PHYSICIAN REFUSAL
No, and retired		➔ go to INELIGIBLE
No, and no longer practicing		➔ go to INELIGIBLE
No, and not an oncologist (i.e. does not treat patients with cancer)		➔ go to INELIGIBLE
Yes, not yet completed		➔ go to PHYSICIAN REMINDER
Yes, but not interested		➔ go to PHYSICIAN REFUSAL
Yes, but retired		➔ go to INELIGIBLE
Yes, but no longer practicing		➔ go to INELIGIBLE
Yes, but not an oncologist (i.e. does not treat patients with cancer)		➔ go to INELIGIBLE
Yes, recently completed		➔ thank physician and end call.

**RESEND\_THANKFINAL**

Thank you. We will send a replacement [email/questionnaire] within the next 2 weeks.  
<ASSIGN FINAL CODE FOR NEW QUESTIONNAIRE REQUESTED OR NEW EMAIL REQUESTED>

**GATEKEEPER REMINDER** I just wanted to give a quick reminder to have Dr. [NAME] complete the survey at [his/her] earliest convenience.

*IF GATEKEEPER IS NOT IN A RUSH:* We're conducting this survey to better understand the current and potential uses of genomic testing in cancer treatment. We're also hoping to identify future research needs and inform the development of educational materials for both patients and providers.

It should take only 20 minutes and it can be sent back in the postage-paid envelope that we provided in the initial mailing. Dr. [NAME] can also complete it online using a link we send to you by e-mail.

4/30/15  
XX/XXXX

OMB #: 0925-xxxx, Expiration Date:

We understand Dr. [NAME] is incredibly busy and I want to thank [him/her] in advance for completing the survey. We appreciate your help! [END CALL]

<ASSIGN FINAL CODE FOR PROMPTED GATEKEEPER>

**PHYSICIAN REMINDER** I just wanted to give a quick reminder to complete the survey at your earliest convenience.

*IF PHYSICIAN IS NOT IN A RUSH:* We're conducting this survey to better understand the current and potential uses of genomic testing in cancer treatment. We're also hoping to identify future research needs and inform the development of educational materials for both patients and providers.

It should take only 20 minutes of your time and you can send it back in the postage-paid envelope that we provided in the initial mailing. You can also complete it online using a link we send to you by e-mail.

We understand you are incredibly busy and I want to thank you in advance for completing the survey. We appreciate your help! [END CALL]

<ASSIGN FINAL CODE FOR PROMPTED PHYSICIAN>

#### **INELIGIBLE**

Thank you for informing me of [retirement, no longer practicing, not seeing cancer patients]. It looks like you are not eligible to participate in this study after all. We will remove your name from our contact list. Thank you for your time and have a nice day. [END CALL]

<ASSIGN FINAL INELIGIBLE CODE>

#### **GATEKEEPER REFUSAL**

**R1.** Can I ask you why Dr. [NAME] does not want to complete the survey? Is it for any of the following reasons? [SELECT ALL THAT APPLY.]

- [HE/SHE] DID NOT KNOW ABOUT IT/ NEVER RECEIVED AN INVITATION
- DOES NOT HAVE THE TIME OR ENERGY
- THE SURVEY IS TOO LONG
- THE SURVEY QUESTIONS ARE CONFUSING OR DIFFICULT TO ANSWER
- THE TOPIC OF THE SURVEY IS NOT OF INTEREST
- THE SURVEY DOES NOT APPLY TO [HIM/HER]
- THE INCENTIVE AMOUNT WAS NOT ENOUGH
- [HE/SHE] USUALLY DOES NOT PARTICIPATE IN THESE TYPES OF STUDIES
- OTHER, SPECIFY:
- DK
- REF

R1a. ATTEMPT TO ADDRESS CONCERN

Converted/Willing to participate		➔ VERIFY mailing address and email address and go to RESEND_THANKFINAL
Refusal		➔ go to R2
Retired		➔ go to INELIGIBLE
No longer practicing		➔ go to INELIGIBLE
Not an oncologist (i.e. does not treat patients with cancer)		➔ go to INELIGIBLE

R2. I just need to verify some information about Dr. [NAME] for my records and then I will remove [him/her] from my list. It should only take a minute.

For how many years has Dr. [NAME] been practicing in [his/her] primary specialty, including fellowship? Please specify in whole years, rounding up to the nearest year.

\_\_\_\_\_ Years

DK

REF- <ASSIGN FINAL GATEKEEPER REFUSAL CODE>

R3. How would you describe Dr. [NAME]'s primary practice setting? You may select all that apply.

- Academic medical center or medical school
- Medical center not affiliated with a medical school
- Community hospital
- Office-based
- Other, SPECIFY:
- DK
- REF

R4. What is Dr. [NAME]'s primary specialty? [IF NEEDED: Please think about the one specialty in which [he/she] spends most of [his/her] time.]

- Medical oncology
- Hematology
- Hematology/oncology
- Pediatric hematology/oncology
- Other, SPECIFY:
- DK
- REF

R5a. On average, how many patients does Dr. [NAME] see for evaluation or treatment each month?

\_\_\_\_\_ TOTAL PATIENTS PER MONT

DK  
REF

R5a. Of those [FILL from R5a] patients, how many are cancer patients?

\_\_\_\_\_ CANCER PATIENTS PER MONTH

DK  
REF

**G\_FB\_THANKFINAL**

THANK R AND END CALL

<ASSIGN FINAL FOLLOWBACK COMPLETED WITH GATEKEEPER CODE>

**PHYSICIAN REFUSAL**

R1. Can I ask you why you do not want to complete the survey? Is it for any of the following reasons? [SELECT ALL THAT APPLY.]

- I DID NOT KNOW ABOUT IT/ NEVER RECEIVED AN INVITATION
- I DO NOT HAVE THE TIME OR ENERGY
- THE SURVEY IS TOO LONG
- THE SURVEY QUESTIONS ARE CONFUSING OR DIFFICULT TO ANSWER
- THE TOPIC OF THE SURVEY IS NOT OF INTEREST
- THE SURVEY DOES NOT APPLY TO ME
- THE INCENTIVE AMOUNT WAS NOT ENOUGH
- I USUALLY DO NOT PARTICIPATE IN THESE TYPES OF STUDIES
- OTHER, SPECIFY:
- DK
- REF

R1a. ATTEMPT TO ADDRESS RESPONDENT'S CONCERN

Converted/Willing to participate		➔ VERIFY mailing address and email address. go to PHYSICIAN REMINDER
Refusal		➔ go to R2
Retired		➔ go to INELIGIBLE
No longer practicing		➔ go to INELIGIBLE
Not an oncologist (i.e. does not treat patients with cancer)		➔ go to INELIGIBLE



4/30/15  
XX/XXXX

OMB #: 0925-xxxx, Expiration Date:

R2.

I just need to verify some information about you for my records and then I will remove you from my list. It should only take a minute.

For how many years have you been practicing in your primary specialty, including fellowship? Please specify in whole years, rounding up to the nearest year.

\_\_\_\_\_ Years

DK

REF- <ASSIGN FINAL PHYSICIAN REFUSAL CODE>

R3. How would you describe your primary practice setting? You may select all that apply.

- Academic medical center or medical school
- Medical center not affiliated with a medical school
- Community hospital
- Office-based
- Other, SPECIFY:
- DK
- REF

R4. What is your primary specialty? [IF NEEDED: Please think about the one specialty in which you spend most of your time.]

- Medical oncology
- Hematology
- Hematology/oncology
- Pediatric hematology/oncology
- Other, SPECIFY:
- DK
- REF

R5a. On average, how many patients does you see for evaluation or treatment each month?

\_\_\_\_\_ TOTAL PATIENTS PER MONT

DK

REF

R5a. Of those [FILL from R5a] patients, how many are cancer patients?

\_\_\_\_\_ CANCER PATIENTS PER MONTH

DK

REF

**D\_FB\_THANKFINAL**

THANK R AND END CALL

<ASSIGN FINAL FOLLOWBACK COMPLETED WITH PHYSICIAN CODE>