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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] have developed a brief online survey tool to quickly and easily solicit comments from oncologists and research staff in the field about specific NCI clinical trials that have low accrual rates.</p> <p>We would like your opinions about the [TRIAL NAME] ([TRIAL DESCRIPTION]).</p> <p>Your comments will help NCI and the [COOP GROUP NAME] to decide how to move forward with the [TRIAL NAME] trial and possible ways to increase its accrual and reach its projected goals. 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 bottom 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>		
Opt out of survey	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>		
<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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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. (The document will open in a new tab.)		
<input type="button" value="Opt out of survey"/>	<input type="button" value="I have reviewed the concept sheet and am ready to begin -->"/>	
<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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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 (less 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
- RTOG-NSABP-GOG
- 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:

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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 CONCEPT SHEET]

5a1. How scientifically interesting is this research question to you?

Not at all interesting Very interesting

5a2. Which statement best matches your opinion?

RQ1 is more interesting to me than when it first opened.
 RQ1 is less interesting to me than when it first opened.
 RQ1 is about the same level interest to me as when it first opened.

Please elaborate:

RQ2: [INSERT RQ2 FROM CONCEPT SHEET]

5b1. How scientifically interesting is this research question to you?


Not at all interesting Very interesting

5b2. Which statement best matches your opinion?

RQ2 is more interesting to me than when it first opened.
 RQ2 is less interesting to me than when it first opened.
 RQ2 is about the same level interest to me as when it first opened.

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]?

Limited 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


8. If you had the option, what key change(s) would you make to improve the [TRIAL NAME] trial with respect to accrual? Please be as specific as possible.

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9. For each of the trial's requirements listed below, please tell us whether or not it does (or would) make it difficult to <u>open or run</u> the [TRIAL NAME] trial at your site.				
How difficult does (or would) 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 1 FROM TRIAL SUMMARY SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
[INSERT ITEM 2 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 N FROM TRIAL SUMMARY SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Opt out of survey		Save and Continue -->		
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10. How often do you see a patient who may be eligible for the [TRIAL NAME] trial (i.e., [PATIENT TYPE])?				
<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Every few months <input type="radio"/> A couple times per year or less				
11. Which specialty at your institution would most likely be in the position to recommend or refer this trial to a potentially eligible patient?				
<input type="radio"/> Medical oncology <input type="radio"/> Surgical oncology <input type="radio"/> Radiation oncology <input type="radio"/> Gynecologic oncology <input type="radio"/> Pediatric oncology <input type="radio"/> [VARIABLE] <input type="radio"/> Other (please specify): <input type="text"/>				
Opt out of survey		Save and Continue -->		
If you experience any technical difficulties, please contact the survey administrator at User-Centered Design at survey@user-centereddesign.com				

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12. For each of the items below, please tell us whether or not it does (or would) make it difficult to <u>accrue patients</u> to the [TRIAL NAME] trial.			
How difficult does (or would) 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"/>
Inclusion/exclusion criteria of the study	<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"/>
Cost to the patient (e.g., insurance, reimbursement)	<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:			
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
<input type="button" value="Opt out of survey"/>		<input type="button" value="Save and Continue -->"/>	
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13. How many similar trials are open at your site that compete for the same patient population as the [TRIAL NAME] trial?


Number of similar trials open at your site from each sponsor (Integers only)	
<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

14. Has your site opened the [TRIAL NAME] trial?

Yes
 No

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If user selects “Yes” to Q14, continue below. If user selects “No”, continue [HERE](#).

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15. To date, how many patients has your site accrued to the [TRIAL NAME] trial?

(Number of patients - integers only)

My site has not opened this trial.

16. How difficult was the [TRIAL NAME] trial to open at your site?

Not at all difficult ○ ○ ○ ○ ○ Very difficult

Why?

17. What were the top reasons for opening the [TRIAL NAME] trial at your site? [Select up to 3.]

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

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

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Survey Complete

Thank you for completing this survey!

Your answers have been submitted anonymously.

We appreciate your feedback regarding the [TRIAL NAME] trial.
Your comments will help us decide how to move forward to address the trial's accrual challenges.

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

You may now close this window.

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13. How many similar trials are open at your site that compete for the same patient population as the [TRIAL NAME] trial?		
Number of similar trials open at your site from each sponsor (Integers only)		
<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	
14. Has your site opened the [TRIAL NAME] trial?		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
<input type="button" value="Opt out of survey"/>	<input type="button" value="Save and Continue -->"/>	
<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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15. 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	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Very interested
16. What are the top reasons your site has <u>not</u> opened the [TRIAL NAME] trial?		
<input type="checkbox"/> Not scientifically interesting enough <input type="checkbox"/> Does not match our patient population <input type="checkbox"/> Limited interest by oncologist(s) here <input type="checkbox"/> Too many competing trials for this cancer <input type="checkbox"/> Too great of a burden on patients (e.g., logistics, cost) <input type="checkbox"/> Too difficult to conduct the study (e.g., burden on staff, coordination required, equipment needed) <input type="checkbox"/> Financial cost to our site would be too great (e.g., non-reimbursable expenses) <input type="checkbox"/> Too difficult to accrue patients (e.g., randomization, screening many to identify one; anticipate high refusals) <input type="checkbox"/> Concerns about drug availability <input type="checkbox"/> Other: <input type="text"/>		
<input type="button" value="Opt out of survey"/>	<input type="button" value="Save and Continue -->"/>	
<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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17. Do you have any **final comments** about the [TRIAL NAME] trial that you would like to share?

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Survey Complete

Thank you for completing this survey!

Your answers have been submitted anonymously.


We appreciate your feedback regarding the [TRIAL NAME] trial.
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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 (less 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
- RTOG-NSABP-GOG
- 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:

[Opt out of survey](#) [Save and Continue -->](#)

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The [TRIAL NAME] trial was opened by the [COOP GROUP NAME] in [INSERT MONTH, YEAR]. To date, [INSERT #] patients have been accrued to the trial. We expected a significantly more robust accrual than we have experienced. As such, NCI and [COOP GROUP NAME] are interested in learning from the field what issues are limiting accrual to [TRIAL NAME] and possible ways to increase its accrual and reach its projected goals.

S2. 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


S3. For each of the trial's requirements listed below, please tell us whether or not it does (or would) make it difficult to open or run the [TRIAL NAME] trial at your site.

How difficult does (or would) 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 1 FROM TRIAL SUMMARY SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT ITEM 2 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 N FROM TRIAL SUMMARY SHEET]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Opt out of survey

Submit Survey -->

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S4. How often does your practice see patients who may be eligible for the [TRIAL NAME] trial (i.e., [PATIENT TYPE])?

- Daily
- Weekly
- Monthly
- Every few months
- A couple times per year or less
- Do not know


S5. 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):

S6. Overall, how difficult do you believe the [TRIAL NAME] trial will be to open at your site?

Not at all difficult Very difficult

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<p>S7. For each of the items below, please tell us whether or not it does (or would) make it difficult to <u>accrue patients</u> to the [TRIAL NAME] trial.</p>			
How difficult does (or would) 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"/>
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"/>
Inclusion/exclusion criteria of the study	<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"/>
Cost to the patient (e.g., insurance, reimbursement)	<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%; margin-top: 10px;"></div>			
<input type="button" value="Opt out of survey"/>		<input type="button" value="Save and Continue -->"/>	
If you experience any technical difficulties, please contact the survey administrator at User-Centered Design at survey@user-centereddesign.com			

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S8. How many similar trials are open at your site that compete for the same patient population as the [TRIAL NAME] trial?


Number of similar trials open at your site from each sponsor (Integers only)	
<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

S9. Has your site opened the [TRIAL NAME] trial?

Yes
 No

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If user selects “Yes” to QS9, continue below. Otherwise continue [HERE](#).

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S10. To date, how many patients has your site accrued to the [TRIAL NAME] trial?

(Number of patients - integers only)

My site has not opened this trial.

S11. How difficult was the [TRIAL NAME] trial to open at your site?

Not at all difficult Very difficult

Why?

S12. What were the top reasons for opening the [TRIAL NAME] trial at your site? [Select up to 3.]

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

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S13. Do you have any **final comments** about the [TRIAL NAME] trial that you would like to share?

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Survey Complete

Thank you for completing this survey!

Your answers have been submitted anonymously.

We appreciate your feedback regarding the [TRIAL NAME] trial.
Your comments will help us decide how to move forward to address the trial's accrual challenges.

If you would like a summary of the findings after the survey closes, please send an email to
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You may now close this window.

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S8. How many similar trials are open at your site that compete for the same patient population as the [TRIAL NAME] trial?		
Number of similar trials open at your site from each sponsor (Integers only)		
<input type="text"/>	# competing trials that are sponsored by NCI (including cooperative group trials)	
<input type="text"/>	# competing trials that are sponsored by pharmaceutical/biotech industry	
<input type="text"/>	# competing trials that are investigator initiated trials from academic medical centers	
S9. Has your site opened the [TRIAL NAME] trial?		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
<input type="button" value="Opt out of survey"/>	<input type="button" value="Save and Continue -->"/>	
<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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S10. 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	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Very interested
S11. What are the top reasons your site has <u>not</u> opened the [TRIAL NAME] trial?		
<input type="checkbox"/> Not scientifically interesting enough <input type="checkbox"/> Does not match our patient population <input type="checkbox"/> Limited interest by oncologist(s) here <input type="checkbox"/> Too many competing trials for this cancer <input type="checkbox"/> Too great of a burden on patients (e.g., logistics, cost) <input type="checkbox"/> Too difficult to conduct the study (e.g., burden on staff, coordination required, equipment needed) <input type="checkbox"/> Financial cost to our site would be too great (e.g., non-reimbursable expenses) <input type="checkbox"/> Too difficult to accrue patients (e.g., randomization, screening many to identify one; anticipate high refusals) <input type="checkbox"/> Concerns about drug availability <input type="checkbox"/> Other: <input type="text"/>		
<input type="button" value="Opt out of survey"/>	<input type="button" value="Save and Continue -->"/>	
<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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S12. Do you have any **final comments** about the [TRIAL NAME] trial that you would like to share?

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Survey Complete

Thank you for completing this survey!

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We appreciate your feedback regarding the [TRIAL NAME] trial.
Your comments will help us decide how to move forward to address the trial's accrual challenges.

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