

Intro



OMB #0925-0046  
Exp. Date: 07/31/2019

We are conducting market research on behalf of *the National Cancer Institute* and would really value your opinion.

The purpose of the research is to *discuss healthcare treatment options including experiences and preferences* and it will take the form of *a telephone interview*. We will provide a payment of an honorarium to you as detailed in your invitation.


Taking this opportunity to have your voice heard would greatly help us further our research, and including your expertise would be appreciated. If you have any questions, or wish to withdraw from the research at any point, please contact *Alise* at [OpinionSite/SurveyHealthcare](#) by email at [qual@surveyhealthcare.com](mailto:qual@surveyhealthcare.com) and/or call this number [+1-646-616-9193](tel:+1-646-616-9193).

Select one

- Continue
- Quit this survey

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We are required to pass on to our client details of adverse events/ product complaints pertaining to their products that are mentioned during the course of market research interviews. Although this is a market research interview and what you say will, of course, remain private to the extent provided by law, should you raise during the discussion an adverse event or product complaint in a specific patient, or group of patients, we will need to report this even if it has already been reported by you directly to the company or the regulatory authorities. In such a situation you will be asked whether or not you are willing to waive the privacy to the extent provided by law specifically in relation to that adverse event. Everything else you say during the course of the interview will continue to remain private to the extent provided by law.

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing at any time. Refusal to participate will not affect your benefits in any way. The information collected will be kept private to the extent provided by law. Names and other identifiers will not appear in any report. Information provided will be combined for all participants and reported as summaries. You are being contacted via the web to complete this form so that NCI can improve websites and web tools.

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 (0925-0046). Do not return the completed form to this address.

Are you happy to proceed with the interview on this basis?  
Select one


I agree and I give permission to pass my contact details to the Drug Safety department of the sponsoring company

I agree but I don't give permission to pass my contact details to the Drug Safety department of the sponsoring company

I don't agree and I wish to terminate the interview

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S1.



Are you a practicing oncologist who currently treats patients?  
Select one


Yes

No

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## Oncologists

S2.




For how many years have you been practicing as an oncologist, excluding residency?  
Please enter a whole number

 years

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S3.



Please choose the specialty that most closely describes your clinical focus area.  
Select one


Medical Oncology

Surgical Oncology

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S4.



Have you treated 3 or more types of cancer in the past year?  
Select one

Yes


No

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## Oncologists

S5.



How would you describe your clinical practice setting?  
*Select one*

Academic/Medical Center-Based


Community-Based

Hospital-Based

Other (please specify)

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## Invite



**Based on your responses, you have qualified for the 45 minute in-depth telephone interview with a professional moderator.**

We are scheduling in-depth telephone interviews and there are a range of dates and times available.

Your opinions and expertise contributed to this research are very important.

Would you like to participate?  
*Select one*

Yes

No

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What dates and times would work best for you to participate in the 45 minute session?

*Please enter your requested times in Eastern time reference.*

The moderators will be available from XXam – XXpm EST, Monday – Friday from DATES.

Be specific

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**Please provide your contact information below.**

*This information will be used to schedule and/or confirm session bookings and may be used to connect you with a professional conferencing service for your session. It may also be used for deduplication purposes. It will not be used for any other purpose and will not be shared for any other reason.*

| Contact information                                       |  |
|---|--|
| First Name:   | <input type="text"/>                       |
| Last Name:  | <input type="text"/>                       |
| Full Practice Name (no abbreviations):                    | <input type="text"/>                       |
| Practice City/Post Town:                                  | <input type="text"/>                       |
| Practice State/Province/Territory:                        | <input type="text"/>                       |
| Email Address:  | <input type="text"/>                       |
| Primary Contact Phone (Please include your country code): | <input type="text"/>                       |
| Alternate Contact Phone:                                  | <input type="text"/>                       |
| Time Zone:  | <input type="text" value="Select one..."/> |

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Please click "continue" to save your screening responses.

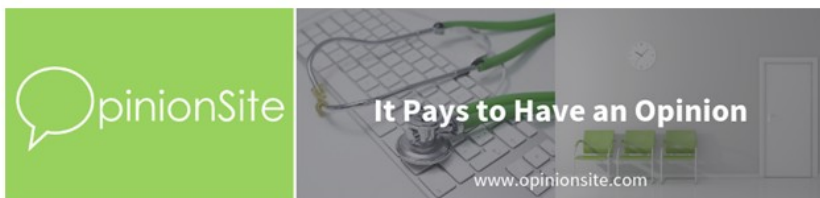
This is the end of the qualification screener. You may print this screen for your records.

Please expect an email or telephone call from the recruitment team at SurveyHealthcare **if you are selected to participate** in the research. They will email and/or phone you to confirm a time and date for your session, and will also share detailed instructions for participation. *We ask that you read all instructions carefully and reach out to the recruiter with any questions you may have.*

Honorarium rewards are credited after completion of the project and the research may be in field for several weeks. The recruitment booking manager will be able to provide timelines upon request.

Should you wish to *withdraw your consent* to participate in this research at any time, please contact the project manager, or our team to be removed from the project.

The recruitment team can be reached at [Qual@SurveyHealthCare.com](mailto:Qual@SurveyHealthCare.com)



Call if you have any questions and reference project # (9020120) - 1+646-616-9193

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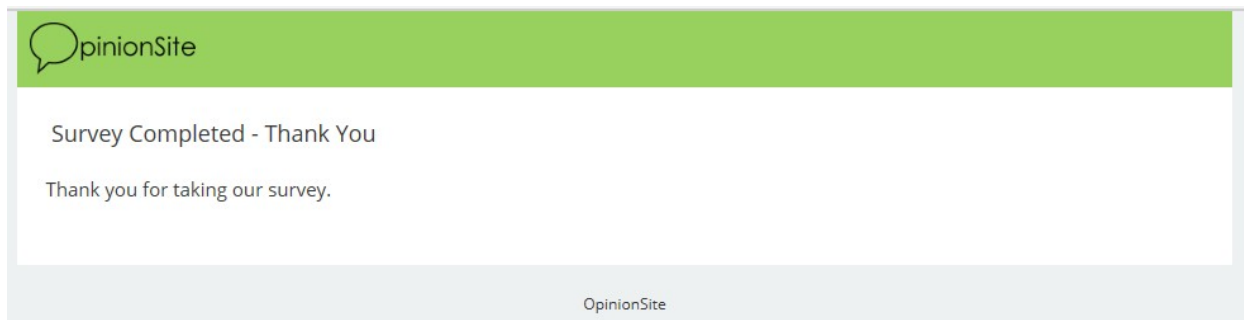
Survey Completed - Thank You

Thank you for taking our survey. Your efforts are greatly appreciated!

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### Terminates

Terminate #1: This screen is shown when a respondent terminates on a “hard spec”. Someone that does not qualify at all.



Terminate #2 (2 screens): These screens are shown at the end when a respondent terminates on a “soft spec”. The respondents continues through the survey and is shown this screen after their contact information has been collected. If criteria is loosened, we can contact and include these respondents as possible participants.

