

## Mini Supporting Statement A

### The National Cancer Institute's (NCI) Market Research to Inform Next Generation Physician's Data Query (PDQ)

Date: April 8, 2019

Sub-study under,  
“A Generic Submission for Formative Research,  
Pretesting, and Customer Satisfaction of  
NCI's Communication and Education Resources”

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## **Attachments**

### **1. Screener Screenshots**

- Attachment 1 - FINAL Patient Screener (Screenshots).docx
- Attachment 2 - FINAL Caregiver Screener (Screenshots).docx
- Attachment 3 - FINAL Medical Oncologist Screener (Screenshots).docx
- Attachment 4 - FINAL PCP Screener (Screenshots).docx
- Attachment 5 - FINAL Oncology Nurse Screener (Screenshots).docx
- Attachment 6 - FINAL Non-Oncologist Clinician (Screenshots).docx
- Attachment 7 - FINAL Radiation Oncologist Screener (Screenshots).docx
- Attachment 8 - FINAL Medical Director Screener (Screenshots).docx
- Attachment 9 - FINAL Navigator Screener (Screenshots).docx

### **2. Interview Invitations and Reminder**

- Attachment 10 – Invitation - Medical Directors Invitation - REV
- Attachment 11 – Invitation - Nurse and Non-Oncologist Clinician Invitation - REV
- Attachment 12 – Invitation - Patient and Caregiver Invitation - REV
- Attachment 13 – Invitation - PCP, Medical Oncologist, Radiation Oncologist and Gastro  
Invitation - REV
- Attachment 14 – Email Reminder

### **3. Interview Guides**

- Attachment 15 – FINAL Patient Discussion Guide.docx
- Attachment 16 – FINAL Caregiver Discussion Guide.docx
- Attachment 17 – FINAL Medical Oncologist Discussion Guide.docx
- Attachment 18 – FINAL PCP Discussion Guide.docx
- Attachment 19 – FINAL Oncology Nurse Discussion Guide.docx
- Attachment 20 – FINAL Non-Oncologist Clinician Discussion Guide.docx
- Attachment 21 – FINAL Radiation Oncologist Discussion Guide.docx
- Attachment 22 – FINAL Medical Director Discussion Guide.docx
- Attachment 23 – FINAL Navigator Discussion Guide.docx

## **Mini Supporting Statement A**

### **A.1 Circumstances Making the Collection of Information Necessary**

The National Cancer Institute's PDQ (Physician's Data Query) cancer information summaries form the core of content on the Cancer.gov website. These summaries account for approximately one quarter of all traffic to the site and are a key component of NCI's dissemination of evidence-based information about cancer to health professionals, patients and caregivers.

PDQ has a long history and strong reputation as a source of reliable, evidence-based cancer information. NCI is in the early stages of envisioning the future of PDQ. As part of the foundation of a future-ready strategy for the next generation of PDQ (NextGen PDQ), NCI plans to conduct an environmental scan and market research to systematically explore the competitive environment and broad landscape of cancer health information within which PDQ exists. Analyzing the external landscape and competitive environment will enable us to identify the areas of greatest opportunity and threat so that we might strategically position NextGen PDQ to provide cancer information that best meets the information needs of its audiences through the channels that they use now and will use in the future.

The market research component will engage with users to understand their perceptions and experiences with PDQ with a goal to gain insights into their behavior and attitudes. This involves a series of interviews with multiple audiences including:

- Cancer patients
- Caregivers of cancer patients (e.g., family, friends)
- Medical Oncologists
- Primary Care Physicians (PCPs)
- Oncology Nurses
- Non-Oncologist Clinicians
- Radiation Oncologists
- Navigators
- Medical Directors

The proposed primary research helps NCI to better understand current and future oncology content needs, access behaviors and information seeking preferences of the above audiences.

### **A.2 Purpose and Use of the Information Collection**

The proposed research is intended to ensure the PDQ is achieving its aims. The assessment instruments are evaluating current and potential user's cancer information needs and possibly satisfaction with the content, accessibility, and usefulness of PDQ content to their need for cancer information. The evaluation fits under the scope of NCI's Generic Submission for Formative Research, Pretesting and Customer Satisfaction, OMB# (0925-0046) Expiration Date 7/31/2019 (Generic SSA). The information is being collected to determine the level of customer use and satisfaction with resources to help NCI identify strategies for improving the accessibility of materials/programs, their user-friendliness, and their

relevance to the needs of cancer patients and their families, health educators and interventionists, cancer advocates, cancer information specialists, and health care professionals (Generic SSA Section A1 pp.4). Collecting information from users will allow NCI to better understand the communications channels and technologies they use when accessing cancer information. Ultimately, the goal is to plan for the future of our cancer information content and its dissemination.

Information collection consists of a screener for each of the audiences (**Attachments 1- 9**) that will be completed online. Potential interviewees will receive a notification that they are eligible to partake in an interview and invited to complete the screener via a link in an email. Should the interviewee decide they are interested, they will then click the link and be presented with the screener. Upon meeting all of the inclusion criteria, the recruiter will work with the potential respondent to schedule an appropriate time for the interview. Prior to the interview, the respondent will receive an email confirming the interview schedule details, instructions and a file (**Attachments 10-14**) that will be referred to during the interview. The structured telephone interviews will be supported by Interview Guides (**Attachments 15-23**) and recorded. NCI research staff associated with this project may listen in to the interview with the permission of the participant. If a participant refuses to have listeners or have their voice recorded, their request will be honored. The notes from the discussion will also be captured by support staff. The Discussion Guides will not be shared with the interviewees other than listening to the questions. Informed consent will be requested from the participants prior to the start of the online survey and prior to the recorded interview. All participants will be able to print or receive a written copy of the consent. The structured interview data will be used by NCI to inform how NCI cancer information, including that which is on Cancer.gov and PDQ, might be disseminated in the future in accordance with NCI's Congressional mandate (<https://www.cancer.gov/about-nci/overview>) and the National Cancer Act (<https://www.cancer.gov/about-nci/legislative/history/national-cancer-act-1971>).

The anticipated positive aspects of this data collection include:

- Collecting data from users will enable us to better understand their needs related to cancer information
- Understanding our audiences' acceptance of technology trends will better prepare NCI to provide content through the technologies that they are likely to use in the future
- This insight will help NCI evaluate the utility of our content and allow us to re-envision it to best serve our audiences in the future

The negative consequences of not periodically collecting user data include:

- We will not be able to adapt the content or the website to best meet our audience's needs
- We will not be able to assess what improvements or new features are most desirable
- We will not be able to understand how to better engage users and maintain strong user return rates
- We will not be able to make informed decisions regarding how to use technology to get users the information they need when and where they need it

### **A.3 Use of Information Technology and Burden Reduction**

Online technology provides benefits that traditional paper screeners do not: information is captured immediately; skip patterns are built in so participants are not exposed to irrelevant questions; and participants can answer the questions from anywhere versus physically going to an interview site. The use of a telephone interview for gathering additional qualitative feedback enables the participant to respond at a time and location that is convenient for them. Skip patterns are built into the structured interview as well to ensure that NCI is extracting the most relevant information from each individual interviewee.

### **A.4 Efforts to Identify Duplication and Use of Similar Information**

This information is unique to PDQ and is not found elsewhere.

### **A.5 Impact on Small Businesses or Other Small Entities**

No small businesses or other small entities will be impacted.

### **A.6 Consequences of Collecting the Information Less Frequently**

This is a one-time information collection.

### **A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

This survey will be implemented in a manner that fully complies with 5 C.F.R. 1320.5.

### **A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency**

N/A

### **A.9 Explanation of Any Payment of Gift to Respondents**

Incentives will be provided when highly specialized individuals are invited to participate in a survey. Respondents will receive incentives not to exceed the amount that corresponds to their audience type. Included in this incentive amount is a meal or snack provided at the time of the pretest, parking, transportation or other types of local expenses. Please see the table below for the maximum incentive amounts for each audience type. These limits fall within the incentive amounts listed in NCI's Generic Submission for Formative Research, Pretesting and Customer Satisfaction, OMB# (0925-0046) Expiration Date 7/31/2019 (Generic SSA).

<b>Audience</b>	<b>Maximum Incentive amount (USD)</b>
Patient	\$75
Caregiver	\$75
Medical Oncologist	\$150
Primary Care Physician (PCP)	\$150
Oncology Nurse	\$125
Non-Oncologist Clinician	\$150
Radiation Oncologist	\$150
Medical Director	\$150
Navigator	\$125

#### **A.10 Assurance of Confidentiality Provided to Respondents**

All information will be kept private to the extent permitted by law.

#### **A.11 Justification for Sensitive Questions**

Personal identifiable information (PII) will be collected at screening so NCI can contact the individuals to schedule follow up interviews if they choose. There may be questions that are perceived by others as sensitive related to the experience of a cancer patient in their cancer journey, such as “please tell me a little bit about your experience since diagnosis” or “can you share with me a little bit about your role in helping your loved one with cancer.” Per the Generic SSA p. 5 “Other information that may be gathered on respondents regarding gender, health status, and education level to provide a basis for evaluating whether the content on PDQ may be perceived differently by different segments of the audience. (e.g., patients versus health professionals), as well as to ensure a mix of gender and education levels for the interviews. For all groups, language is included in the screener and guide to inform participants that they do not have to answer every question and that they can stop at any time. Additional language is built into the screeners and guides geared toward caregivers and patients to ensure that they are aware of these points and to establish trust and a comfortable rapport with the interview for discussing matters of their health or a family/friend’s health. All interviewers have been fully trained in best practices for researcher techniques when interviewing participants on subject matters that may be sensitive.

#### **A.12 Estimated Annualized Burden Hours and Cost to the Respondents**

The estimated total number of respondents is 1,149. The instruments are broken up into two sections. The first instrument is a screener and it is estimated there will be 1,149 respondents who complete the screener. From the 1,149, there will be a maximum of 65 respondents selected to complete interviews.

The screening should take approximately 5 minutes to complete and the interviews should on average take 45 minutes to complete. The total estimated burden hour included for this information collection is 144 (Table A.12-1) and the cost to the respondents is estimated to be \$9,138.43 (Table A.12-2).

### A.12-1 Estimated Annualized Burden Hours

Category of Respondent	Number of Respondents	Number of Responses per Respondent	Average Time Per Response (in hours)	Total Annual Burden Hours
Individual - Patient Screener	200	1	5/60	17
Individual - Caregiver Screener	167	1	5/60	14
Individual - Medical Oncologist Screener	167	1	5/60	14
Individual - PCP Screener	167	1	5/60	14
Individual - Oncology Nurse Screener	167	1	5/60	14
Individual - Non-Oncologist Clinician Screener	83	1	5/60	7
Individual - Radiation Oncologist Screener	33	1	5/60	3
Individual - Medical Director Screener	33	1	5/60	3
Individual - Navigator Screener	67	1	5/60	6
Individual - Patient Interview	12	1	45/60	9
Individual - Caregiver Interview	10	1	45/60	8
Individual - Medical Oncologist Interview	10	1	45/60	8
Individual - PCP Interview	10	1	45/60	8
Individual - Oncology Nurse Interview	10	1	45/60	8
Individual - Non-Oncologist Clinician Interview	5	1	45/60	4
Individual - Radiation Oncologist Interview	2	1	45/60	2
Individual - Medical Director Interview	2	1	45/60	2
Individual - Navigator Interview	4	1	45/60	3
<b>Totals</b>	<b>1,149</b>			<b>144</b>

### A.12-2 Annualized Cost to the Respondents

Category of Respondent	Total Annual Burden Hours	Hourly Wage Rate*	Total Cost
Individual - Patient Screener	17	\$24.34	\$413.78
Individual - Caregiver Screener	14	\$24.34	\$340.76
Individual - Medical Oncologist Screener	14	\$101.63	\$1,422.82
Individual - PCP Screener	14	\$101.63	\$1,422.82
Individual - Oncology Nurse Screener	14	\$52.05	\$728.70
Individual - Non-Oncologist Clinician Screener	7	\$101.63	\$711.41
Individual - Radiation Oncologist Screener	3	\$101.63	\$304.89
Individual - Medical Director Screener	3	\$101.63	\$304.89
Individual - Navigator Screener	6	\$24.34	\$146.04
Individual - Patient Interview	9	\$24.34	\$219.06
Individual - Caregiver Interview	8	\$24.34	\$194.72
Individual - Medical Oncologist Interview	8	\$101.63	\$813.04
Individual - PCP Interview	8	\$101.63	\$813.04
Individual - Oncology Nurse Interview	8	\$52.05	\$416.40
Individual - Non-Oncologist Clinician Interview	4	\$101.63	\$406.52
Individual - Radiation Oncologist Interview	2	\$101.63	\$203.26
Individual - Medical Director Interview	2	\$101.63	\$203.26
Individual - Navigator Interview	3	\$24.34	\$73.02
<b>Total</b>	<b>144</b>		<b>\$9,138.43</b>

\*The mean wage rates for the types of respondents is based on current salary data from the Bureau of Labor Statistics; All Occupations, Occupation Code 00-0000 (Patient, Caregiver, and Navigator). Physicians and Surgeons, Occupation Code 29-1069 (Medical Oncologist, Primary Care Physician, Non-Oncologist Clinician, Radiation Oncologist, and Medical Director). Nurse Practitioners, Occupation Code 29-1171 (Oncology Nurse) (website: [https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm))

### A.13 Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no additional costs.

### A.14 Annualized Cost to the Federal Government

The annual cost to the federal government is **\$78,120.05**. Federal personnel including a Program Director and a Subject Matter Expert will oversee the design and of the screener and interview guide, data analysis plan, connect the contractor to the appropriate contacts for implementation, and review all materials and reports. The contractor is responsible for drafting and finalizing the screener and interview guides, recruiting participants, implementing the structured interview protocol, providing data analysis, project management, tracking, and preparation of reports and presentations.



**A.14 Annualized Cost to the Federal Government**

<b>Staff</b>	<b>Grade/Step</b>	<b>Salary**</b>	<b>% of Effort</b>	<b>Fringe (if applicable)</b>	<b>Total Cost to Gov't</b>
<b>Federal Oversight</b>					
Program Director/Task Order Monitor	GS-15/6	157,253	5%		7,862.65
Subject Matter Expert	GS-14/9	145,148	5%		7,257.40
<b>Contractor Cost</b>					\$63,000.00
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$78,120.05</b>

\*\*The Salary Table of a Federal Employee can be referenced at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18tables/html/DCB.aspx>

**A.15 Explanation for Program Changes or Adjustments**

N/A

**A.16 Plans for Tabulation and Publication and Project Time Schedule**

We plan to begin data collection in April 2019 and continue through May 2019. Immediate next steps will be to engage the recruitment partner to distribute the screeners to their list of respondents in each of the audience groups, followed by scheduling the interviews. A report for internal NCI use will be submitted by June 15, 2019 based on the results.

**A.17 Reason(s) Display of OMB Expiration Date is Inappropriate**

We are not requesting an exemption to the display of the OMB Expiration date.

**A.18 Exceptions to Certification for Paperwork Reduction Act Submissions**

This survey will comply with the requirements in 5 CFR 1320.9.