

OHSR RESPONSE TO REQUEST FOR REVIEW OF RESEARCH ACTIVITY
INVOLVING HUMAN SUBJECTS

FAX:
To: Sivaram, Sudha
NCI
BG 9609 RM 3W528

Exempt #: 12376

From: Office of Human Subjects Research (OHSR)

Nature of Research Activity:

We will send out a questionnaire to the participants of various CGH workshops including the Cancer Control Leadership Forums, Symposia on Global Cancer Research, Workshops in Cancer Control Planning and Implementation, the Summer Curriculum in Cancer Prevention, Women's Empowerment Cancer Advisory Network Workshops (WECAN), Regional Grant Writing and Peer Review Workshops and other similar workshops. The proposed evaluation requests information about the outcomes of each of these workshops.

Original Request Received in OHSR on: 4/8/2014

Responsible NIH Research Investigator(s): Sudha Sivaram, PhD NCI

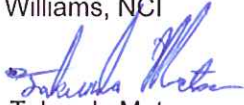
OHSR review of your request dated Tue, Apr 8, 2014 has determined that:

- Federal regulations for the protection of human subjects do not apply to above named activity. The OHSR determination of Not Human Subjects Research is based on the interpretation of 45 CFR 46 under "Research Involving Coded Private Information or Biological Specimens" (OHRP, Revised October 16, 2008) and Guidance on Engagement of Institutions in Human Subjects Research (October 16, 2008). NOTIFY OHSR VIA AN E-MAIL AMENDMENT OF ANY CHANGES THAT MAY ALTER THIS RESEARCH ACTIVITY.
- The activity is designated **EXEMPT**, and has been entered in the OHSR database. PLEASE NOTIFY OHSR OF ANY SIGNIFICANT CHANGES THAT MAY ALTER THE EXEMPT STATUS OF THIS RESEARCH ACTIVITY.
- NOT EXEMPT.** OHSR recommends IRB review. Please forward your request to the Chair of your IRB, who may ask you to provide additional information in order to determine whether expedited or full review is appropriate.
- Confidentiality Agreement
- Reliance
- Amendment
- Other

Office Person TM

Admin Assist. CB

Note:
4/30/2014: Rebecca Minneman, Kalina Duncan, Catherine Hidalgo, Renicha McCree, Brenda Kostelecky, Makeda Williams, NCI


Takunda Matose

Program Analyst, OHSRP

4/30/2014

Signature

Title

Date

Domestic/International:

Domestic

Human Subjects Data: Yes

Biologic Material: No

OHSR Use Only

1 2 3 4 5 6

Matose, Takunda (NIH/OD) [C]

From: OHSR (NIH/DDIR)
To: Sivaram, Sudha (NIH/NCI) [E]
Cc: Minneman, Rebecca (NIH/NCI) [E]; Grant, Nicole (NIH/NCI) [E]
Subject: Determination for OHSRP 12376
Attachments: Request for Amendment OHSRP #____

Dear Dr. Sivaram,

Attached is the OHSRP determination of **Excluded from IRB Review** per 45 CFR 46 and NIH policy for your project *Evaluation of Center for Global Health's (CGH) Workshops*. **You may proceed with the project.**

Please retain this documentation as you would other research records. Amendments and or changes to the research must be submitted to OHSRP for review as changes may affect the determination. Please refer to **OHSRP #12376** for future amendments to this activity. To request future amendments, please use the attached email template modified to meet the specific changes needed for your project. If you have any questions or need further assistance, please feel free to contact us.

Best,

Takunda Matose
OHSRP - National Institutes of Health
Bldg 10, Suite 2C146
Bethesda, MD 20892
Office Telephone: 301-402-3444
Office Fax: 301-402-3443

From: OHSR (NIH/DDIR)
Sent: Monday, April 21, 2014 1:50 PM
To: Sivaram, Sudha (NIH/NCI) [E]
Cc: Minneman, Rebecca (NIH/NCI) [E]
Subject: Req for Determination Rec'd_OHSRP 12376

Good afternoon Dr. Sivaram,

This email is to verify that OHSR has received your Request for Determination and it is currently being processed as **OHSRP #12376**. Please use this number in any future correspondence regarding this study. We will contact you via email if any additional information is needed. Please note that due to ongoing project deadlines, determinations are taking longer than normal to process.

Protocol Title: Evaluation of Center for Global Health's (CGH) Workshops

Thank you.
Sincerely,
Chris Brentin
OHSRP - National Institutes of Health
Bldg 10, Suite 2C146

Bethesda, MD 20892
Office Telephone: 301-402-3444
Office Fax: 301-402-3443

The NIH is committed to maintaining the highest standards for the protection of human subjects.

 Please consider the environment before printing this e-mail

REQUEST FORM: OHSRP DETERMINATION FOR SURVEYS, INTERVIEW PROCEDURES, PROGRAM EVALUATION, EDUCATIONAL TESTING AND RESEARCH

Date of Request: ~~November 17, 2013~~ April 8, 2014

Requestor's name: Rebecca Minneman e-mail: rebecca.minneman@mail.nih.gov

Role: Administrative support Investigator Other, explain: _____

Name of NIH Senior Investigator: Dr. Sudha Sivaram
(The investigator must be an NIH employee)

IC NCI _____ Laboratory/Branch Center for Global Health _____

Building & Room No. 9609 Medical Center Dr. RM 3W528 Tel. No. 240-276-5804
FAX No. N/A

Is the NIH Senior Investigator an NIH employee (FTE)? Yes No

Senior Investigator Signature: Sudha Sivaram
(Signature of Investigator who will conduct research)

Supervisor Signature: [Signature]
(Signature of official for IC, e.g., Lab/Branch Chief)

Name of NIH investigator conducting research if not the NIH Senior Investigator: (i.e., junior investigator, contractor investigator, fellow, student)
N/A

Please provide the name and e-mail of any others who should receive a copy of the OHSRP determination: Sudha Sivaram (sivarams@mail.nih.gov), Catherine Hidalgo (hidalgocj@mail.nih.gov) and Vivian Horovitch-Kelley (horovitchkellv@mail.nih.gov)

1. What role will the NIH investigator(s) have in this research project? (check all that apply)

- Conduct research activity
- Analyze samples/data only
- Consultant/advisor to collaborator(s)
- Author on publication(s)/manuscript(s) pertaining to this research
- Other, please describe: _____

2. Title: Evaluation of Center for Global Health's (CGH) Workshops
(Provide a short title to distinguish this activity from other projects that you may have)

3. Describe in lay terms the research activity that will be performed:
We will send out a questionnaire to the participants of various CGH workshops including the Cancer Control Leadership Forums, Symposia on Global Cancer Research,

**REQUEST FORM: OHSRP DETERMINATION FOR SURVEYS, INTERVIEW PROCEDURES,
PROGRAM EVALUATION, EDUCATIONAL TESTING AND RESEARCH**

Workshops in Cancer Control Planning and Implementation, the Summer Curriculum in Cancer Prevention, Women's Empowerment Cancer Advisory Network Workshops (WE-CAN), Regional Grant Writing and Peer Review Workshops and other similar workshops. The proposed evaluation requests information about: the outcomes of each of these workshops including 1) new cancer research partnerships and networks 2) cancer control partnerships and networks, 3) effects on cancer research, and 4) effect on cancer control planning and implementation efforts. The information will be collected 3-12 months after the workshops and is needed to evaluate the effectiveness of these workshops in order to inform future programming and funding decisions.

4. Proposed start date 09/01/2014 Proposed completion date 08/30/2016

5. Specify the nature of the data: (select all that apply)

Interview procedure

Survey

Educational Testing

Educational Research

Research on public benefit or service programs

Other, describe: program evaluation

6. What kind of human data (e.g., private information, responses to questionnaires, test results, recordings) will be collected in your research?

Responses to questionnaires and phone-interviews (includes information about program outcomes)

7. Will human data be? (select all that apply)

Collected Yes No

Received Yes No

Sent Yes No

8. If receiving or sending, list the collaborating investigator(s):

Name	Institution/IC	Address/e-mail	FWA number*
------	----------------	----------------	-------------

Rebecca Minneman	National Cancer Institute	Email: rebecca.minneman@nih.gov	FWA00005897
------------------	---------------------------	---	-------------

Kalina Duncan	National Cancer Institute	Email: duncank@mail.nih.gov	FWA00005897
---------------	---------------------------	---	-------------

**REQUEST FORM: OHSRP DETERMINATION FOR SURVEYS, INTERVIEW PROCEDURES,
PROGRAM EVALUATION, EDUCATIONAL TESTING AND RESEARCH**

Catherine Hidalgo
National Cancer Institute
Email: hidalgocj@mail.nih.gov
FWA00005897

Renicha McCree
National Cancer Institute
Email: renicha.mccree@nih.gov
FWA00005897

Brenda Kostelecky, Ph.D.
National Cancer Institute
Email: kosteleckybd@mail.nih.gov
FWA00005897

Makeda Williams, Ph.D.
National Cancer Institute
Email: willimak@mail.nih.gov
FWA00005897

9. Where are the subjects of this research activity located? *(Provide a general description or complete the institutional information below)*

Various educational/academic institutes, foreign ministries of health, non-governmental organizations, and businesses across the globe.

10. Will NIH investigator(s) have direct contact or intervention with the subjects of the study? *(For example, by interviewing, surveying or recording the subjects?)*

Yes No

If yes, what is the age range of subjects involved in the research?

Children aged < 18 years

Adults aged ≥ 18 years

11. Who will collect the data or information?

(a) NIH Investigator

(b) non-NIH Collaborator

(c) NIH Contractor

(d) Other, specify _____

If b or c, will an Honest Broker or data use agreement be used? Yes No

If yes, complete and attach the Honest Broker Assurance or data-use agreement to this submission; e-mail ohsr_nih_ddir@od.nih.gov to request a form.

**REQUEST FORM: OHSRP DETERMINATION FOR SURVEYS, INTERVIEW PROCEDURES,
PROGRAM EVALUATION, EDUCATIONAL TESTING AND RESEARCH**

12. Select the best description that applies to the human data or information:

- Data or information will not contain any identifiable information, nor can it be linked to individual subjects by you or your collaborators.
- Data or information will be recorded in such a manner that subjects can be identified directly or through identifiers linked to the subjects

13. Per NIH guidance, are all conflicts of interest by NIH employees (sender or receiver), if any, resolved? Yes No**

**A Federalwide Assurance (FWA) is issued by the U.S. Department of Health and Human Services (DHHS)/ Office of Human Research Protections (OHRP) to institutions which receive Federal funds/support to conduct human subjects research. To search for the FWA# for domestic or international institutions go to <http://ohrp.cit.nih.gov/search/fwasearch.aspx?styp=bsc>*

***If the answer is "No", note that OHSRP will be unable to make a determination and research may not proceed until all conflicts are resolved. For more information, see the October 2011, [A Guide to Preventing Financial and Non-Financial Conflict of Interest in Human Subjects Research at NIH](#). For assistance review the list of Ethics Coordinators and find the contact for your IC: <http://ethics.od.nih.gov/coord.pdf>*

Symposium on Global Cancer Research Outcome Evaluation

OMB No.: 0925-XXXX

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 email to complete this instrument so that we can improve future workshops.

Public reporting burden for this collection of information is estimated to average 20 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.

1. What is the name of the organization that you represented while participating in the Symposium on Global Cancer Research?
2. Please mark the type of organization you represented:
 - USG
 - Foreign Government
 - Industry
 - Non-governmental organization
 - Academic/Research
 - Health care
3. What country is the organization you represented located in?
4. How many new partnerships or collaborations have you formed as a result of the Symposium on Global Cancer Research?
5. Please indicate the type of partnership(s) formed (please mark all that apply)?
 - Scientific/research
 - Cancer control planning/implementation
 - Government/policy
 - Civil society/NGOs
 - Private sector/industry
 - Not applicable
6. What regions are these partners primarily located in (please mark all that apply)?
 - Africa
 - Americas
 - Eastern Mediterranean
 - Europe
 - South-East Asia
 - Western Pacific
 - Not applicable
7. Please mark the types of organizations that of the new partnerships that you formed during the Symposium on Global Cancer Research (please mark all that apply)?

- USG
- Foreign Government
- Industry
- Non-governmental organization
- Academic/Research
- Health care
- Not applicable

8. How do collaborations or relationships that you formed as a result of attending the Symposium on Global Cancer Research assist you in your work?

Not Applicable

9. How has the Symposium on Global Cancer Research affected your relationships with policy makers?

Not applicable

10. Have you, as a result of the Symposium on Global Cancer Research, completed any of the following: (please mark all that apply)?

- Submission of grant applications to NIH
- Submission of grant applications to other funding organizations
- Development or strengthening of regional research networks
- Development or improvement of data collection or analysis systems for cancer research
- Development or improvement of administration systems for cancer research
- Research that resulted in change in standard of care
- Research that informs programs/policies that reduce cancer burden
- None of the above

11. How has attending the Symposium on Global Cancer Research helped you shape individual research (priorities, questions, applications for funding, etc.)?

Not applicable

12. How has attending the Symposium on Global Cancer Research helped you shape institutional priorities on global cancer research and control?

Not applicable

13. How much additional funding from NIH for cancer research have you received as a result of your participation in [PROGRAM NAME]?

14. How much additional funding from other organizations (not NIH) for cancer research have you received as a result of your participation in [PROGRAM NAME]?

Country Stakeholder Meeting Outcome Evaluation For non-Ministry of Health participants

OMB No.: 0925-XXXX

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 email to complete this instrument so that we can improve future workshops.

Public reporting burden for this collection of information is estimated to average 20 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.

1. Name:

2. What is the name of the organization that you represented while participating in [PROGRAM NAME]?

3. Please mark the type of organization you represented:
 - United States Government
 - Foreign Government
 - Industry
 - Non-governmental organization
 - Academic/Research
 - Health care

4. What country is the organization you represented located in?

5. What track did you participate in:
 - Strengthening Cancer Control and Care through Clinical Research
 - Strengthening Cancer control and Care through Pathology and Cancer Registries
 - The Public, the Patient and the Community Health worker: Cancer Awareness and Education
 - Creating and Implementing Sustainable Cancer Care
 - Unsure

6. What is the topic of the action plan you worked on?

7. Have you, as a result of [PROGRAM NAME], completed any of the following: (please mark all that apply)?
 - Development of a new national cancer control and prevention plan
 - Advancement of an existing national cancer control and prevention plan
 - Creation of an evaluation plan for a national cancer control and prevention plan
 - Implementation of a national cancer control and prevention plan
 - Achievement of organizational cancer control objectives
 - Development of tools (curriculum, guideline, model, conference) for cancer control planning

- Development of tools (curriculum, guideline, model, conference) for implementation of cancer control activities
 - Development or refinement of institutional cancer control priorities
 - Adoption of new technologies or practices for cancer control and treatment
 - None of the above
8. How many new partnerships or collaborations have you formed as a result of [PROGRAM NAME]?
9. Please indicate the type of partnership(s) formed (please mark all that apply)?
- Scientific/research
 - Cancer control planning/implementation
 - Government/policy
 - Civil society/NGOs
 - Private sector/industry
 - Not applicable
10. Please mark the types of organizations that you formed new partnerships with during [PROGRAM NAME] (please mark all that apply)?
- United States Government
 - Foreign Government
 - Industry
 - Non-governmental organization
 - Academic/Research
 - Health care
 - Not applicable
11. Please list and describe all collaborations this workshop initiated (include collaborator and objectives of the collaboration).
12. How much interaction with the [COUNTRY] Ministry of Health does your cancer research/control require?
- No interaction
 - Occasional Interaction (e.g. 1-4 times/year)
 - Frequent interaction (7-10+ times/year)
13. Has the number of interactions with [COUNTRY] Ministry of Health changed as a result of this workshop?
- Decreased
 - No Change
 - Increased
14. As a result of this workshop, in your opinion, is your work better aligned with [COUNTRY]'s Ministry of Health?
- Yes
 - No
 - Unsure

If yes, please describe how:

15. As a result of this workshop, in your opinion, is your work better integrated into [COUNTRY]'s National Cancer Control Plan?

- Yes
- No
- Unsure

If yes, please describe how:

16. **For United States Government representatives:** In your opinion, have you been able to better align your investments into the [COUNTRY]'s National Cancer Control Strategy as a result of this workshop?

- Yes
- No
- Unsure
- Not USG

17. **For participants who are not United States Government representatives:** Do you feel you have been able to better leverage the USG investments in [COUNTRY] to meet your in-country research needs as a result of this workshop?

- Yes
- No
- Unsure
- USG

18. Have you seen progress/success in implementing the action plans developed as a result of this workshop?

- Yes
- No
- Unsure

19. Has your organization contributed to implementation of the action plan developed in the workshop?

- Yes
- No
- Unsure

If yes, please describe how:

20. Have you, as a result of [PROGRAM NAME], completed any of the following: (please mark all that apply)?

- Submission of grant applications to NIH
- Submission of grant applications to other funding organizations
- Development or refinement of individual research priorities
- Development or refinement of institutional research priorities
- Development or strengthening of regional research networks
- Development or improvement of data collection or analysis systems for cancer research

- Development or improvement of administration systems for cancer research
- Research that resulted in change in standard of care
- Research that informs programs/policies that reduce cancer burden
- None of the above

21. How many peer reviewed publications (including white papers) on cancer control planning or activities have you published as a result of your participation in [PROGRAM NAME]?

22. How many peer reviewed publications (including white papers) on cancer research have you published as a result of your participation in [PROGRAM NAME]?

23. How much additional funding for cancer control activities (planning, prevention, screening, etc.) have you received as a result of your participation in [PROGRAM NAME]?

24. How much additional funding for cancer research have you received as a result of your participation in [PROGRAM NAME]?

25. Are there any additional comments you would like to share?

Country Stakeholder Meeting Outcome Evaluation for MOH:

OMB No.: 0925-XXXX

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 email to complete this instrument so that we can improve future workshops.

Public reporting burden for this collection of information is estimated to average 20 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.

1. Name:

2. What track did you participate in:
 - Strengthening Cancer Control and Care through Clinical Research
 - Strengthening Cancer control and Care through Pathology and Cancer Registries
 - The Public, the Patient and the Community Health worker: Cancer Awareness and Education
 - Creating and Implementing Sustainable Cancer Care
 - Unsure

3. What is the topic of the action plan you worked on?

4. Have you, as a result of [PROGRAM NAME], completed any of the following: (please mark all that apply)?
 - Development of a new national cancer control and prevention plan
 - Advancement of an existing national cancer control and prevention plan
 - Creation of an evaluation plan for a national cancer control and prevention plan
 - Implementation of a national cancer control and prevention plan
 - Achievement of organizational cancer control objectives
 - Development of tools (curriculum, guideline, model, conference) for cancer control planning
 - Development of tools (curriculum, guideline, model, conference) for implementation of cancer control activities
 - Development or refinement of institutional cancer control priorities
 - Adoption of new technologies or practices for cancer control and treatment
 - None of the above

5. Please indicate the type of partnership(s) formed (please mark all that apply)?
 - Scientific/research
 - Cancer control planning/implementation
 - Government/policy
 - Civil society/NGOs
 - Private sector/industry
 - Not applicable

6. Please mark the types of organizations that you formed new partnerships with during [PROGRAM NAME] (please mark all that apply)?
- United States Government
 - Foreign Government
 - Industry
 - Non-governmental organization
 - Academic/Research
 - Health care
 - Not applicable
7. Has the number of interactions with non MOH partners changed as a result of this workshop?
- Decreased
 - No Change
 - Increased
8. Have action plans from this workshop contributed to furthering the implementation of [COUNTRY]'s National Cancer Control Strategy?
- Yes
 - No
 - Unsure
- If yes:
- a. Please explain how the action plans developed in this workshop have contributed to cancer control in [COUNTRY]?
 - b. Please explain how the action plans developed in this workshop have contributed to cancer research in [COUNTRY]?
9. How have partners helped address the areas of need in cancer research and cancer control planning identified in this workshop?
- a. Area 1:
 - b. Area 2:
 - c. Area 3:
10. Did this workshop enhance cooperation in identified areas of need?
- Yes
 - No
 - Unsure

IF YES, please describe specific success stories or models that describe the successful types of collaborations this workshop initiated?

11. Have you, as a result of [PROGRAM NAME], completed any of the following: (please mark all that apply)?
- Submission of grant applications to NIH
 - Submission of grant applications to other funding organizations
 - Development or refinement of individual research priorities
 - Development or refinement of institutional research priorities
 - Development or strengthening of regional research networks

- Development or improvement of data collection or analysis systems for cancer research
- Development or improvement of administration systems for cancer research
- Research that resulted in change in standard of care
- Research that informs programs/policies that reduce cancer burden
- None of the above

12. What next steps would help facilitate greater interactions between the [COUNTRY] MOH and other partners?

NCI Summer Curriculum in Cancer Prevention Evaluation

OMB No.: 0925-XXXX

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 email to complete this instrument so that we can improve future workshops.

Public reporting burden for this collection of information is estimated to average 30 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.

1. What is the name of the organization that you represented while participating in [PROGRAM NAME]?
2. Please mark the type of organization you represented:
 - USG
 - Foreign Government
 - Industry
 - Non-governmental organization
 - Academic/Research
 - Health care
3. What country is the organization you represented located in?
4. If you have relocated since participating in the NCI Summer Curriculum, what country are you currently located in?
 - Not applicable
5. What degree(s) do you hold? Please select all that apply.
 - Medical Degree
 - Doctoral Degree
 - Master of Public Health
 - Master of Science in Nursing
 - Other Master Degree
 - Registered Nurse
 - Bachelor of Science in Nursing
 - Other Bachelor's Degree
 - None
 - Other : _____
6. What year did you participate in the Summer Curriculum?
7. What Summer Curriculum Course did you participate in? Please select one answer.
 - Principles and Practices of Cancer Prevention
 - Molecular Prevention Course
 - Both courses

8. Had you received a research grant before participating in the Summer Curriculum?
- Yes Please name the agency(s) and funding amount(s)
 - No
9. Have you, as a result of [PROGRAM NAME], completed any of the following: (please mark all that apply)?
- Development of a new national cancer control and prevention plan
 - Advancement of an existing national cancer control and prevention plan
 - Implementation of a national cancer control and prevention plan
 - Achievement of organizational cancer control objectives
 - Development of tools (curriculum, guideline, model, conference) for cancer control planning
 - Development of tools (curriculum, guideline, model, conference) for implementation of cancer control activities
 - Development or refinement of organizational cancer control priorities
 - Adoption of new technologies or practices for cancer control and treatment
 - Been an advocate or community leader with regard to cancer prevention
 - None of the above
10. Have you, as a result of [PROGRAM NAME], completed any of the following: (please mark all that apply)?
- Submission of grant applications to NIH
 - Submission of grant applications to other funding organizations
 - Development or refinement of individual research priorities
 - Development or refinement of institutional research priorities
 - Development or strengthening of regional research networks
 - Development or improvement of data collection or analysis systems for cancer research
 - Development or improvement of administration systems for cancer research
 - Research that resulted in change in standard of care
 - Research that informs programs/policies that reduce cancer burden
 - None of the above
11. How many peer reviewed publications (including white papers) on cancer control planning or activities have you published as a result of your participation in [PROGRAM NAME]?
- Not applicable
12. How much additional funding for cancer control activities (planning, prevention, screening, etc.) have you received as a result of your participation in [PROGRAM NAME]?
- Not applicable
13. How many peer reviewed publications (including white papers) on cancer research have you published as a result of your participation in [PROGRAM NAME]?
- Not applicable
14. How many presentations at national or international meetings have you given as a result of your participation in [PROGRAM NAME]?

- Not applicable
15. How much additional funding for cancer research from NCI have you received as a result of your participation in [PROGRAM NAME]?
- Not applicable
16. How much additional funding for cancer research from NIH (not including NCI) have you received as a result of your participation in [PROGRAM NAME]?
- Not applicable
17. How much additional funding for cancer research from other agencies (not including NCI and NIH) have you received as a result of your participation in [PROGRAM NAME]?
- Not applicable
18. How many others have you trained using the NCI Summer Curriculum learning objectives and content?
- Not applicable
19. How many new partnerships or collaborations have you formed as a result of [PROGRAM NAME]?
20. Please indicate the type of partnership(s) formed (please mark all that apply)?
- Scientific/research
 - Cancer control planning/implementation
 - Government/policy
 - Civil society/NGOs
 - Private sector/industry
 - Not applicable
21. What regions are these partners primarily located in (please mark all that apply)?
- Africa
 - Americas
 - Eastern Mediterranean
 - Europe
 - South-East Asia
 - Western Pacific
 - Not applicable
22. Please mark the types of organizations that you formed new partnerships with during [PROGRAM NAME] (please mark all that apply)?
- NCI
 - NIH (excluding NCI)
 - USG (excluding NCI and NIH)
 - Foreign Government
 - Industry
 - Non-governmental organization
 - Academic/Research

- Health care
- Not applicable

23. How often have you used the knowledge and skills acquired in the Summer Curriculum in your work?

- Frequently
- Sometimes
- Rarely
- Never

24. How often do you contact the fellow students who participated in the Summer Curriculum with you?

- Frequently
- Sometimes
- Rarely
- Never

We-CAN Outcome Evaluation Document

OMB No.: 0925-XXXX

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 email to complete this instrument so that we can improve future workshops.

Public reporting burden for this collection of information is estimated to average 20 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.

1. What is the name of the organization that you represented while participating in [PROGRAM NAME]?
2. Please mark the type of organization you represented:
 - USG
 - Foreign Government
 - Industry
 - Non-governmental organization
 - Academic/Research
 - Health care
3. What country is the organization you represented located in?
4. Have you, as a result of We-CAN, completed any of the following: (please mark all that apply)?
 - Development of tools (curriculum, guideline, model, conference) for cancer control planning
 - Development of tools (curriculum, guideline, model, conference) for implementation of cancer control activities
 - Development or refinement of organizational cancer control priorities
 - Adoption of new technologies or practices for cancer control and treatment
 - None of the above
5. How much additional funding for cancer control activities (planning, prevention, screening, etc.) have you received as a result of your participation in We-CAN?
6. How many presentations at national or international meetings have you given as a result of your participation in We-CAN?
7. How much additional funding for cancer research from other agencies (not including NIH) have you received as a result of your participation in We-CAN?
8. How many new partnerships or collaborations have you formed as a result of We-CAN?
9. Please indicate the type of partnership(s) formed (please mark all that apply)?

- Scientific/research
- Cancer control planning/implementation
- Government/policy
- Civil society/NGOs
- Private sector/industry
- Not applicable

10. What regions are these partners primarily located in (please mark all that apply)?

- Africa
- Americas
- Eastern Mediterranean
- Europe
- South-East Asia
- Western Pacific
- Not applicable

11. Please mark the types of organizations of the new partnerships that you formed during We-CAN (please mark all that apply)?

- USG
- Foreign Government
- Industry
- Non-governmental organization
- Academic/Research
- Health care
- Not applicable

12. Which of the following training options did you use to share the lessons you learned during the We-Can workshop with colleagues in your advocacy network? (please mark all that apply)

- Train-the-trainer model (direct, hands-on, skills-building)
- Small group workshops
- Webinars
- Lecture series
- One-on-one sharing
- Team meeting
- Not applicable

14. How many colleagues did you share the lessons you learned during the We-Can workshop with?

15. Did you develop goals/priorities for your advocacy network as a result of your participation in the We-Can workshop?

- Yes
- No
- Not applicable

16. Did you develop an action plan for how to achieve your advocacy goals/priorities as a result of your participation in the We-Can workshop?

- Yes
- No
- Not applicable

17. Describe your networks' top three advocacy priorities. Please list below.

- List_____
- Not applicable

18. What regional partnerships did you develop to help achieve your advocacy goals and share ideas as a result of having attended the workshop?

- Yes, Please list__
- No partnerships have been developed

19. What changes did you or your organization make to your practice as a result having attended the workshop?

- List_____
- Not applicable

Regional Grant Writing Workshop Outcomes Evaluation

OMB No.: 0925-XXXX

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 email to complete this instrument so that we can improve future workshops.

Public reporting burden for this collection of information is estimated to average 30 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.

1. What is the name of the organization that you represented while participating in the Grant Writing Workshop?
2. Please mark the type of organization you represented:
 - USG
 - Foreign Government
 - Industry
 - Non-governmental organization
 - Academic/Research
 - Health care
3. What country is the organization you represented located in?
4. How useful did you find the content presented in the Grant Writing Workshop when preparing a grant application?
 - Very useful
 - Moderately useful
 - Not useful
 - Not applicable

Please provide examples of how the workshop content was useful or an explanation of why the content was not useful _____

5. Research Administrators: How useful did you find the content presented in the Grant Writing Workshop when assisting researchers with the preparation of the administrative areas of a grant application?
 - Very useful
 - Moderately useful
 - Not useful
 - Not applicable

Please provide examples of how the workshop content was useful or an explanation of why the content was not useful _____

-
-
6. Which of the following topics would you like further training in? Please select no more than three topics.
- Identifying funding opportunities at NIH and other agencies
 - Grant Application: Developing and presenting your ideas
 - Establishing collaborations
 - Understanding confidentiality and financial conflict of interest
 - Intellectual property
 - Overseeing the grant management process (such as pre- and post-award activities)
 - The Application Process: Moving from an idea to submitting an application
 - Grant Application Review: What goes on behind the scenes once an application has been received
 - Concept Paper development: tips/tools
 - None of the above
7. Do you need training in writing scientific research proposals, abstracts and manuscripts?
- Yes
 - No, I have these skills
 - No, I don't use these skills in my work
8. How useful do you think the grant writing workshop would be if offered through a webinar?
- More useful
 - As useful
 - Less useful
 - Not useful
9. Which of the funding agencies below have awarded you grants since you participated in the workshop? Please select all that apply.
- NIH's National Cancer Institute (NCI)
 - NIH's National Heart Lung and Blood Institute (NHLBI)
 - NIH's National Institute of Child Health and Human Development (NICHD)
 - NIH's National Institute of Allergy and Infectious Diseases (NIAID)
 - NIH's National Institute of Neurological Disorders and Stroke (NINDS)
 - NIH's National Institute of Mental Health (NIMH)
 - NIH's National Institute on Drug Abuse (NIDA)
 - NIH's Fogarty International Center (FIC)
 - NIH's Office of AIDS Research (OAR)
 - NIH's Office of Dietary Supplements (ODS)
 - Centers for Disease Control and Prevention (CDC)
 - United States Agency for International Development (USAID)
 - Pan American Health Organization (PAHO)
 - World Health Organization Regional Office for Africa (WHO AFRO)
 - South African Medical Research Council (SAMRC)

- African Organization for Research and Training in Cancer (AORTIC)
- Wellcome Trust
- Union for International Cancer Control (UICC)
- International Agency for Research on Cancer (IARC)
- American Cancer Society (ACS)
- Other funders: _____
- I have not applied for any grants

10. Which of the funding agencies below have awarded you grants since you participated in the workshop? Please select all that apply.

- NIH's National Cancer Institute (NCI)
- NIH's National Heart Lung and Blood Institute (NHLBI)
- NIH's National Institute of Child Health and Human Development (NICHD)
- NIH's National Institute of Allergy and Infectious Diseases (NIAID)
- NIH's National Institute of Neurological Disorders and Stroke (NINDS)
- NIH's National Institute of Mental Health (NIMH)
- NIH's National Institute on Drug Abuse (NIDA)
- NIH's Fogarty International Center (FIC)
- NIH's Office of AIDS Research (OAR)
- NIH's Office of Dietary Supplements (ODS)
- Centers for Disease Control and Prevention (CDC)
- United States Agency for International Development (USAID)
- Pan American Health Organization (PAHO)
- World Health Organization Regional Office for Africa (WHO AFRO)
- South African Medical Research Council (SAMRC)
- African Organization for Research and Training in Cancer (AORTIC)
- Wellcome Trust
- Union for International Cancer Control (UICC)
- International Agency for Research on Cancer (IARC)
- American Cancer Society (ACS)
- Other funders: _____
- I have not been awarded any grants

11. If you have not applied for any research or training grants since participating in the workshop, please explain why: _____

12. What are your biggest challenges when writing and submitting a grant application?

13. How many peer reviewed publications (including white papers) on cancer research have you published as a result of your participation in the Grant Writing Workshop?

14. How many presentations at national or international meetings have you given as a result of your participation in the Grant Writing Workshop?

15. Have you, as a result of the Grant Writing Workshop, completed any of the following: (please mark all that apply)?

- Development or strengthening of regional research networks
- Development or improvement of administration systems for cancer research
- Research that informs programs/policies that reduce cancer burden
- None of the above

16. How many new research collaborations and/or research administration partnerships have you formed as a result of your participation in this workshop?

17. If you created collaborations, have those collaborations resulted in a grant application submission?

- Yes
- No
- Not applicable

18. What additional tools or resources would facilitate collaborations for you with other researchers in your region?

19. Did the knowledge gained from the grant writing workshop provide you with research leadership opportunities in your institution?

- a. Yes
- b. No

Question Bank

1. How many organizational cancer control objectives have you achieved as a result of [PROGRAM NAME]?
 - Not applicable
2. How many tools (curriculum, guideline, model, conference) for cancer control planning have you developed as a result of [PROGRAM NAME]?
 - Not applicable
3. How many tools (curriculum, guideline, model, conference) for implementation of cancer control activities have you developed as a result of [PROGRAM NAME]?
 - Not applicable
4. How many new technologies or practices for cancer control and treatment have been adopted as a result of [PROGRAM NAME]?
 - Not applicable
5. How many grant applications have you submitted to NIH as a result of [PROGRAM NAME]?
 - Not applicable
6. How many grant applications have you submitted to other funding agencies (excluding NIH) as a result of [PROGRAM NAME]?
 - Not applicable
7. How many regional research networks have you developed as a result of [PROGRAM NAME]?
 - Not applicable
8. How many data collection or analysis systems for cancer research have you developed as a result of [PROGRAM NAME]?
 - Not applicable
9. How many administration systems for cancer research have you developed as a result of [PROGRAM NAME]?
 - Not applicable
10. If your research has resulted in change in standard of care due to [PROGRAM NAME], please describe how it has changed standard of care and how [PROGRAM NAME] supported this research.
 - Not applicable
11. If your research has informed programs/policies that reduce cancer burden due to [PROGRAM NAME], please describe how it has informed programs/policies and how [PROGRAM NAME] supported this research.
 - Not applicable
12. What is the name of the organization that you represented while participating in [PROGRAM NAME]?
13. Please mark the type of organization you represented:
 - USG
 - Foreign Government
 - Industry
 - Non-governmental organization
 - Academic/Research
 - Health care
14. What country is the organization you represented located in?
15. Have you, as a result of [PROGRAM NAME], completed any of the following: (please mark all that apply)?
 - Development of a new national cancer control and prevention plan
 - Advancement of an existing national cancer control and prevention plan

- Creation of an evaluation plan for a national cancer control and prevention plan
 - Implementation of a national cancer control and prevention plan
 - Achievement of organizational cancer control objectives
 - Development of tools (curriculum, guideline, model, conference) for cancer control planning
 - Development of tools (curriculum, guideline, model, conference) for implementation of cancer control activities
 - Development or refinement of institutional cancer control priorities
 - Adoption of new technologies or practices for cancer control and treatment
 - None of the above
16. Have you, as a result of [PROGRAM NAME], completed any of the following: (please mark all that apply)?
- Submission of grant applications to NIH
 - Submission of grant applications to other funding organizations
 - Development or refinement of individual research priorities
 - Development or refinement of institutional research priorities
 - Development or strengthening of regional research networks
 - Development or improvement of data collection or analysis systems for cancer research
 - Development or improvement of administration systems for cancer research
 - Research that resulted in change in standard of care
 - Research that informs programs/policies that reduce cancer burden
 - None of the above
17. How many peer reviewed publications (including white papers) on cancer control planning or activities have you published as a result of your participation in [PROGRAM NAME]?
 Not applicable
18. How much additional funding for cancer control activities (planning, prevention, screening, etc.) have you received as a result of your participation in [PROGRAM NAME]?
 Not applicable
19. How many peer reviewed publications (including white papers) on cancer research have you published as a result of your participation in [PROGRAM NAME]?
 Not applicable
20. How many presentations at national or international meetings have you given as a result of your participation in [PROGRAM NAME]?
 Not applicable
21. How much additional funding for cancer research have you received as a result of your participation in [PROGRAM NAME]?
 Not applicable
22. How many new partnerships or collaborations have you formed as a result of [PROGRAM NAME]?
23. Please indicate the type of partnership(s) formed (please mark all that apply)?
- Scientific/research
 - Cancer control planning/implementation
 - Government/policy
 - Civil society/NGOs
 - Private sector/industry
 - Not applicable
24. What regions are these partners primarily located in (please mark all that apply)?
- Africa

- Americas
 - Eastern Mediterranean
 - Europe
 - South-East Asia
 - Western Pacific
 - Not applicable
25. Please mark the types of organizations that of the new partnerships that you formed during [PROGRAM NAME] (please mark all that apply)?
- USG
 - Foreign Government
 - Industry
 - Non-governmental organization
 - Academic/Research
 - Health care
 - Not applicable
26. Which of the following training options did you use to share the lessons you learned during the [PROGRAM NAME] with colleagues in your advocacy network? (please mark all that apply)
- Train-the-trainer model (direct, hands-on, skills-building)
 - Small group workshops
 - Webinars
 - Lecture series
 - One-on-one sharing
 - Team meeting
 - Not applicable
27. How many colleagues did you share the lessons you learned during the [PROGRAM NAME] with?
28. Did you develop goals/priorities for your advocacy network as a result of your participation in the [PROGRAM NAME]?
- Yes
 - No
 - Not applicable
29. Did you develop an action plan for how to achieve your advocacy goals/priorities as a result of your participation in the [PROGRAM NAME]?
- Yes
 - No
 - Not applicable
30. Describe your networks' top three advocacy priorities. Please list below.
- List_____
 - Not applicable
31. What regional partnerships did you develop to help achieve your advocacy goals and share ideas as a result of having attended the workshop?
- Yes, Please list__
 - No partnerships have been developed
32. What changes did you or your organization make to your practice as a result having attended [PROGRAM NAME]?
- List_____
- Not applicable

33. How do collaborations or relationships that you formed as a result of attending [PROGRAM NAME] assist you in your work?

Not Applicable

34. How has [PROGRAM NAME] affected your relationships with policy makers?

Not applicable

35. How has attending [PROGRAM NAME] helped you shape individual research (priorities, questions, applications for funding, etc.)?

Not applicable

36. How has attending [PROGRAM NAME] helped you shape institutional priorities on global cancer research and control?

Not applicable

37. What track did you participate in:

- Strengthening Cancer Control and Care through Clinical Research
- Strengthening Cancer control and Care through Pathology and Cancer Registries
- The Public, the Patient and the Community Health worker: Cancer Awareness and Education
- Creating and Implementing Sustainable Cancer Care
- Unsure

38. What is the topic of the action plan you worked on?

39. Please list and describe all collaborations this workshop initiated (include collaborator and objectives of the collaboration).

40. How much interaction with the [COUNTRY] Ministry of Health does your cancer research/control require?

- No interaction
- Occasional Interaction (e.g. 1-4 times/year)
- Frequent interaction (7-10+ times/year)

41. Has the number of interactions with [COUNTRY] Ministry of Health changed as a result of this workshop?

- Decreased
- No Change
- Increased

42. As a result of this workshop, in your opinion, is your work better aligned with [COUNTRY]'s Ministry of Health?

- Yes
- No
- Unsure

If yes, please describe how:

43. As a result of this workshop, in your opinion, is your work better integrated into [COUNTRY]'s National Cancer Control Plan?

- Yes
- No
- Unsure

If yes, please describe how:

44. **For United States Government representatives:** In your opinion, have you have been able to better align your investments into the [COUNTRY]'s National Cancer Control Strategy as a result of this workshop?

- Yes
- No
- Unsure
- Not USG

45. **For participants who are not United States Government representatives:** Do you feel you have been able to better leverage the USG investments in [COUNTRY] to meet your in-country research needs as a result of this workshop?

- Yes
- No
- Unsure
- USG

46. Have you seen progress/success in implementing the action plans developed as a result of this workshop?

- Yes
- No
- Unsure

47. Has your organization contributed to implementation of the action plan developed in the workshop?

- Yes
- No
- Unsure

If yes, please describe how:

48. Are there any additional comments you would like to share?

49. Has the number of interactions with non MOH partners changed as a result of this workshop?

- Decreased
- No Change
- Increased

50. Have action plans from this workshop contributed to furthering the implementation of [COUNTRY]'s National Cancer Control Strategy?

- Yes
- No
- Unsure

If yes:

- a. Please explain how the action plans developed in this workshop have contributed to cancer control in [COUNTRY]?
- b. Please explain how the action plans developed in this workshop have contributed to cancer research in [COUNTRY]?

51. How have partners helped address the areas of need in cancer research and cancer control planning identified in this workshop?

- Area 1:
- Area 2:
- Area 3:

52. Did this workshop enhance cooperation in identified areas of need?

- Yes
- No
- Unsure

IF YES, please describe specific success stories or models that describe the successful types of collaborations this workshop initiated?

53. What next steps would help facilitate greater interactions between the [COUNTRY] MOH and other partners?

54. If you have you relocated since participating in the [PROGRAM NAME], what country are you currently located in?

- Not applicable

55. What degree(s) do you hold? Please select all that apply.

- Medical Degree
- Doctoral Degree
- Master of Public Health
- Master of Science in Nursing
- Other Master Degree
- Registered Nurse
- Bachelor of Science in Nursing
- Other Bachelor's Degree
- None
- Other : _____

56. What year did you participate in [PROGRAM NAME]?

57. What [PROGRAM NAME] Course did you participate in?

58. Have you received a research grant before participating in [PROGRAM NAME]?

- Yes Please name the agency(s), funding amount(s),
- No

59. How many others have you trained using the [PROGRAM NAME] learning objectives and content?

- Not applicable

60. How often have you used the knowledge and skills acquired in the Summer Curriculum in your work?

- Frequently
- Sometimes
- Rarely
- Never

61. How often do you contact the colleagues who participated in [PROGRAM NAME] with you?

- Frequently
- Sometimes
- Rarely
- Never

62. How useful did you find the content presented in the [PROGRAM NAME] when preparing a grant application?

- Very useful
- Moderately useful

- Not useful
- Not applicable

Please provide examples of how the workshop content was useful or an explanation of why the content was not useful _____

63. Research Administrators: How useful did you find the content presented in the [PROGRAM NAME] when assisting researchers prepare the administrative areas of a grant application?

- Very useful
- Moderately useful
- Not useful
- Not applicable

Please provide examples of how the workshop content was useful or an explanation of why the content was not useful _____

64. Which of the following topics would you like further training in? Please select no more than three topics.

- Identifying funding opportunities at NIH and other agencies
- Grant Application: Developing and presenting your ideas
- Establishing collaborations
- Understanding confidentiality and financial conflict of interest
- Intellectual property
- Overseeing the grant management process (such as pre- and post-award activities)
- The Application Process: Moving from an idea to submitting an application
- Grant Application Review: What goes on behind the scenes once an application has been received
- Concept Paper development: tips/tools
- None of the above

65. Do you need training in writing scientific research proposals, abstracts and manuscripts?

- Yes
- No, I have these skills
- No, I don't use these skills in my work

66. How useful do you think the [PROGRAM NAME] would be if offered through a webinar?

- More useful
- As useful
- Less useful
- Not useful

67. Which of the funding agencies below have awarded you grants since you participated in [PROGRAM NAME]? Please select all that apply.

- NIH's National Cancer Institute (NCI)
- NIH's National Heart Lung and Blood Institute (NHLBI)
- NIH's National Institute of Child Health and Human Development (NICHD)
- NIH's National Institute of Allergy and Infectious Diseases (NIAID)

- NIH's National Institute of Neurological Disorders and Stroke (NINDS)
- NIH's National Institute of Mental Health (NIMH)
- NIH's National Institute on Drug Abuse (NIDA)
- NIH's Fogarty International Center (FIC)
- NIH's Office of AIDS Research (OAR)
- NIH's Office of Dietary Supplements (ODS)
- Centers for Disease Control and Prevention (CDC)
- United States Agency for International Development (USAID)
- Pan American Health Organization (PAHO)
- World Health Organization Regional Office for Africa (WHO AFRO)
- South African Medical Research Council (SAMRC)
- African Organization for Research and Training in Cancer (AORTIC)
- Wellcome Trust
- Union for International Cancer Control (UICC)
- International Agency for Research on Cancer (IARC)
- American Cancer Society (ACS)
- Other funders: _____
- I have not applied for any grants

68. Which of the funding agencies below have awarded you grants since you participated in [PROGRAM NAME]? Please select all that apply.

- NIH's National Cancer Institute (NCI)
- NIH's National Heart Lung and Blood Institute (NHLBI)
- NIH's National Institute of Child Health and Human Development (NICHD)
- NIH's National Institute of Allergy and Infectious Diseases (NIAID)
- NIH's National Institute of Neurological Disorders and Stroke (NINDS)
- NIH's National Institute of Mental Health (NIMH)
- NIH's National Institute on Drug Abuse (NIDA)
- NIH's Fogarty International Center (FIC)
- NIH's Office of AIDS Research (OAR)
- NIH's Office of Dietary Supplements (ODS)
- Centers for Disease Control and Prevention (CDC)
- United States Agency for International Development (USAID)
- Pan American Health Organization (PAHO)
- World Health Organization Regional Office for Africa (WHO AFRO)
- South African Medical Research Council (SAMRC)
- African Organization for Research and Training in Cancer (AORTIC)
- Wellcome Trust
- Union for International Cancer Control (UICC)
- International Agency for Research on Cancer (IARC)
- American Cancer Society (ACS)
- Other funders: _____
- I have not been awarded any grants

69. If you have not applied for any research or training grants since participating in [PROGRAM NAME], please explain why: _____

70. What are your biggest challenges when writing and submitting a grant application?

71. If you created collaborations, have those collaborations resulted in a grant application submission?

- Yes
- No
- Not applicable

72. What additional tools or resources would facilitate collaborations for you with other researchers in your region?

73. Did the knowledge gained from the grant writing workshop provide you with research leadership opportunities in your institution?

- a. Yes
- b. No

74. What are the action items that the team agreed to complete within [NUMBER] months of [PROGRAM NAME]?

75. To what extent have each of the action items identified during [PROGRAM NAME] been implemented by the country team?

76. What challenges has the country team encountered in implementing [PROGRAM NAME] action plan? How has the team addressed these challenges? In what ways could the team address the remaining challenges?

77. Have adjustments/additions been made to the action plan? If so, what has been changed or added? What prompted the changes?

78. What successes did the country team have related to implementing their action plans?

79. What types of resources/support has the country team used to implement the action plan?

80. Has your country team been successful in finding new resources/support including funding?

81. Are there resources you were referred to at [PROGRAM NAME] or in subsequent communications with NCI that you have found useful? If so, describe:

82. Have new partners joined the cancer planning and implementation efforts? If so, who? What will be their contribution?

83. With regard to the cancer planning and implementation team, have there been any challenges in areas such as communication, roles/responsibilities, leadership, etc.? If so, describe:

84. Has your country team developed any written materials as a group (e.g. publications, reports, white papers) or presentations (seminars, webinars, etc.)? If so, describe:

85. Has your country team developed any tools related to cancer control planning and implementation? If so, describe:

86. Is the country team communicating regularly with government leaders on their work and progress? If so, who and how often?

87. Has the country team been involved in building new cancer control planning and implementation partnerships or strengthening existing ones? If so, describe challenges and successes (e.g. in the areas of new partner recruitment, partnership accomplishments, national visibility):

88. Has the country team been involved in using data and information to guide cancer control efforts and policymaking? If so, describe challenges and successes (e.g. improving data reporting from registries, improving data quality, using data to guide policy):

89. Has the country team been involved in strengthening implementation of the cancer control plan? If so, describe challenges and successes (e.g. identification of priorities, securing funding, mobilizing support, tracking progress):
90. Has the country team been involved in enhancing evaluation of the cancer control plan? If so, describe challenges and successes (e.g. formulating measurable objectives, consulting evaluation experts, developing strategies):
91. Has the work you are doing with international or regional partners on cancer control planning and implementation changed? If so, describe:
92. Were there any events in the country that have bolstered cancer control planning and implementation efforts or impeded progress?

Email Invitation

To: SYMPOSIUM ON GLOBAL CANCER RESEARCH PARTICIPANT

From: Resource Mailbox Managed by NCI

Subject: Request: Evaluation of Symposium on Global Cancer Research

We invite you to complete a brief survey about your participation in the Symposium on Global Cancer Research, held on May 9th, 2014. Your responses to these questions will help NCI evaluate the outcomes of the Symposium on Global Cancer Research and improve future workshops.

All information obtained will be kept secure. This survey consists of 14 questions and can be completed in approximately twenty minutes. There are no risks to participating in this survey. There are no direct benefits to you for participating in the survey; however, the survey does not need to be finished in a single sitting. If you agree to participate, please click the link below and complete the survey.

INSERT LINK

Thank you in advance for your participation. Please do not hesitate to contact me (Brenda.Kostelecky@nih.gov; 240-276-5585) if you have any questions. We sincerely appreciate your time assisting with this effort.

Sincerely,

Brenda Kostelecky, PhD
Center for Global Health
National Cancer Institute

Phone Invitation

INTRODUCTION: Hello, may I speak with [RESPONDENT NAME]?

[IF NOT AVAILABLE, ASK]: When would be a good time to reach [RESPONDENT]? **[RECORD BEST DAY AND TIME.]**

IF SOMEONE OTHER THAN RESPONDENT ASKS REASON FOR CALL: My name is [INTERVIEWER NAME, and TITLE]. I'm calling on behalf of the National Cancer Institute's Center for Global Health about an evaluation of the Center's [PROGRAM NAME], which [RESPONDENT NAME] participated in.

IF RESPONDENT IS AVAILABLE: Hello, my name is [INTERVIEWER NAME]. I'm calling on behalf of the National Cancer Institute's Center for Global Health. You participated in [PROGRAM NAME and DATE], and I would like to invite you to complete a brief survey about your experiences with the [PROGRAM NAME.] The National Cancer Institute's Center for Global Health is asking all participants of [PROGRAM NAME] to complete this survey. Your candid responses to questions will allow the Center to evaluate the outcomes of this workshop and improve future workshops and conferences.

Would you be willing to participate in this survey?

[IF YES] What is the best email address for me to send you the survey? [RECORD EMAIL ADDRESS].
Thank you very much for your willingness to participate. We look forward to receiving your completed survey.

[IF NO] Thank you very much for your time and have a wonderful day.

For Ministry of Health Participants

Email Invitation

To: [COUNTRY] Cancer Control and Cancer Research Stakeholder Meeting Attendees
From: Resource Mailbox Managed by NCI

Subject: Request: Evaluation of [COUNTRY] Cancer Control and Cancer Research Stakeholder Meeting

We invite you to complete a brief survey about your participation in the [COUNTRY] Cancer Control and Cancer Research Stakeholder Meeting held on May 20-21th, 2014. Your responses to these questions will help NCI evaluate the outcomes of this workshop and improve future workshops and conferences.

All information obtained will be kept secure and data will be analyzed by NCI staff. This survey consists of 12 questions and can be completed in approximately twenty minutes. You do not need to complete this survey in one sitting. There are no risks to participating in this survey. There are no direct benefits to you for participating in the survey; however, information collected will provide NCI with valuable data and evidence to assess the effectiveness of the [COUNTRY] Cancer Control and Cancer Research Stakeholder Meeting, identify opportunities for improvement, and inform future program decisions.

If you agree to participate, please click the link below and complete the survey.

INSERT LINK

Thank you in advance for your participation. Please do not hesitate to contact Kalina Duncan (Kalina.Duncan@nih.gov) if you have any questions. We sincerely appreciate your time assisting with this effort.

Sincerely,

Kalina Duncan
Center for Global Health
National Cancer Institute

Phone Invitation

INTRODUCTION: Hello, may I speak with [RESPONDENT NAME]?

[IF NOT AVAILABLE, ASK]: When would be a good time to reach [RESPONDENT]? **[RECORD BEST DAY AND TIME.]**

IF SOMEONE OTHER THAN RESPONDENT ASKS REASON FOR CALL: My name is [INTERVIEWER NAME, and TITLE]. I'm calling on behalf of the National Cancer Institute's Center for Global Health about an evaluation of the Center's [PROGRAM NAME], which [RESPONDENT NAME] participated in.

IF RESPONDENT IS AVAILABLE: Hello, my name is [INTERVIEWER NAME]. I'm calling on behalf of the National Cancer Institute's Center for Global Health. You participated in [PROGRAM NAME and DATE], and I would like to invite you to complete a brief survey about your experiences with the [PROGRAM NAME.] The National Cancer Institute's Center for Global Health is asking all participants of [PROGRAM

NAME] to complete this survey. Your candid responses to questions will allow the Center to evaluate the outcomes of this workshop and improve future workshops and conferences.

Would you be willing to participate in this survey?

[IF YES] What is the best email address for me to send you the survey? [RECORD EMAIL ADDRESS]. Thank you very much for your willingness to participate. We look forward to receiving your completed survey.

[IF NO] Thank you very much for your time and have a wonderful day.

For Non- Ministry of Health Participants

Email Invitation

To: [COUNTRY] Cancer Control and Cancer Research Stakeholder Meeting Attendees
From: Resource Mailbox Managed by NCI

Subject: Request: Evaluation of [COUNTRY] Cancer Control and Cancer Research Stakeholder Meeting

We invite you to complete a brief survey about your participation in the [COUNTRY] Cancer Control and Cancer Research Stakeholder Meeting held on May 20-21th, 2014. Your responses to these questions will help NCI evaluate the outcomes of this workshop and improve future workshops and conferences.

All information obtained will be kept secure and data will be analyzed by NCI staff. This survey consists of 25 questions and can be completed in approximately thirty minutes. You do not need to complete this survey in one sitting. There are no risks to participating in this survey. There are no direct benefits to you for participating in the survey; however, information collected will provide NCI with valuable data and evidence to assess the effectiveness of the [COUNTRY] Cancer Control and Cancer Research Stakeholder Meeting, identify opportunities for improvement, and inform future program decisions.

If you agree to participate, please click the link below and complete the survey.

INSERT LINK

Thank you in advance for your participation. Please do not hesitate to contact Kalina Duncan (Kalina.Duncan@nih.gov) if you have any questions. We sincerely appreciate your time assisting with this effort.

Sincerely,

Kalina Duncan
Center for Global Health
National Cancer Institute

Phone Invitation

INTRODUCTION: Hello, may I speak with [RESPONDENT NAME]?

[IF NOT AVAILABLE, ASK]: When would be a good time to reach [RESPONDENT]? **[RECORD BEST DAY AND TIME.]**

IF SOMEONE OTHER THAN RESPONDENT ASKS REASON FOR CALL: My name is [INTERVIEWER NAME, and TITLE]. I'm calling on behalf of the National Cancer Institute's Center for Global Health about an evaluation of the Center's [PROGRAM NAME], which [RESPONDENT NAME] participated in.

IF RESPONDENT IS AVAILABLE: Hello, my name is [INTERVIEWER NAME]. I'm calling on behalf of the National Cancer Institute's Center for Global Health. You participated in [PROGRAM NAME and DATE], and I would like to invite you to complete a brief survey about your experiences with the [PROGRAM NAME.] The National Cancer Institute's Center for Global Health is asking all participants of [PROGRAM NAME] to complete this survey. Your candid responses to questions will allow the Center to evaluate the outcomes of this workshop and improve future workshops and conferences.

Would you be willing to participate in this survey?

[IF YES] What is the best email address for me to send you the survey? [RECORD EMAIL ADDRESS]. Thank you very much for your willingness to participate. We look forward to receiving your completed survey.

[IF NO] Thank you very much for your time and have a wonderful day.

Email Invitation

To: [NAME] NCI Summer Curriculum in Cancer Prevention Participant

From: Resource Mailbox Managed by NCI

Subject: Request: Evaluation of NCI Summer Curriculum in Cancer Prevention for NCI Center for Global Health Sponsored Participants

Thank you for your participation in the NCI Summer Curriculum! I invite you to complete a brief evaluation survey about your participation. Your responses to these questions will help NCI evaluate the outcomes of the Summer Curriculum, specifically for NCI Center for Global Health sponsored participants.

All information obtained will be kept secure and data will be analyzed by NCI staff. This survey consists of 24 questions and can be completed in approximately thirty minutes. You do not need to complete this survey in one sitting. There are no risks or no direct benefits to you for participating in the survey. Information collected will provide NCI with valuable data and evidence to assess the effectiveness of the Summer Curriculum for future planning and improvement.

If you agree to participate, please click the link below and complete the survey.

INSERT LINK

If you have any questions regarding the evaluation survey, please contact Dr. Makeda Williams directly (willimak@mail.nih.gov).

I sincerely appreciate your time in completing this evaluation survey. Thank you in advance for your participation!

Sincerely,

Dr. Makeda J. Williams
Center for Global Health
National Cancer Institute

Phone Invitation

INTRODUCTION: Hello, may I speak with [RESPONDENT NAME]?

[IF NOT AVAILABLE, ASK]: When would be a good time to reach [RESPONDENT]? [RECORD BEST DAY AND TIME.]

IF SOMEONE OTHER THAN RESPONDENT ASKS REASON FOR CALL: My name is [INTERVIEWER NAME, and TITLE]. I'm calling on behalf of the National Cancer Institute's Center for Global Health about an evaluation of the Center's [PROGRAM NAME], which [RESPONDENT NAME] participated in.

IF RESPONDENT IS AVAILABLE: Hello, my name is [INTERVIEWER NAME]. I'm calling on behalf of the National Cancer Institute's Center for Global Health. You participated in [PROGRAM NAME and DATE], and I would like to invite you to complete a brief survey about your experiences with the [PROGRAM

NAME.] The National Cancer Institute's Center for Global Health is asking all participants of [PROGRAM NAME] to complete this survey. Your candid responses to questions will allow the Center to evaluate the outcomes of this workshop and improve future workshops and conferences.

Would you be willing to participate in this survey?

[IF YES] What is the best email address for me to send you the survey? [RECORD EMAIL ADDRESS].
Thank you very much for your willingness to participate. We look forward to receiving your completed survey.

[IF NO] Thank you very much for your time and have a wonderful day.

Email Invitation

To: **WOMEN'S CANCER CONTROL SYMPOSIUM**

From: Resource Mailbox Managed by NCI

Subject: Request: Evaluation of Symposium on Women's Cancer Control

We invite you to complete a brief survey about your participation in the Symposium on Women's Cancer Control, held on month/day/year. Your responses to these questions will help NCI evaluate the outcomes of the Symposium and improve future workshops.

All information obtained will be kept secure. This survey consists of 19 questions and can be completed in approximately twenty minutes. There are no risks to participating in this survey. There are no direct benefits to you for participating in the survey; however, information collected will provide WECAN with valuable data and evidence to assess the effectiveness of the Symposium on Women's Cancer Control for future planning and improvement. If you agree to participate, please click the link below and complete the survey.

INSERT LINK

Thank you in advance for your participation. Please do not hesitate to contact me (kimia.ramezani@nih.gov; 240-276-5361) if you have any questions. We sincerely appreciate your time assisting with this effort.

Sincerely,

Kimia Ramezani, MPH (c)
Center for Global Health
National Cancer Institute

Phone Invitation

INTRODUCTION: Hello, may I speak with [RESPONDENT NAME]?

[IF NOT AVAILABLE, ASK]: When would be a good time to reach [RESPONDENT]? **[RECORD BEST DAY AND TIME.]**

IF SOMEONE OTHER THAN RESPONDENT ASKS REASON FOR CALL: My name is [INTERVIEWER NAME, and TITLE]. I'm calling on behalf of the National Cancer Institute's Center for Global Health about an evaluation of the Center's [PROGRAM NAME], which [RESPONDENT NAME] participated in.

IF RESPONDENT IS AVAILABLE: Hello, my name is [INTERVIEWER NAME]. I'm calling on behalf of the National Cancer Institute's Center for Global Health. You participated in [PROGRAM NAME and DATE], and I would like to invite you to complete a brief survey about your experiences with the [PROGRAM NAME.] The National Cancer Institute's Center for Global Health is asking all participants of [PROGRAM NAME] to complete this survey. Your candid responses to questions will allow the Center to evaluate the outcomes of this workshop and improve future workshops and conferences.

Would you be willing to participate in this survey?

[IF YES] What is the best email address for me to send you the survey? [RECORD EMAIL ADDRESS].
Thank you very much for your willingness to participate. We look forward to receiving your completed survey.

[IF NO] Thank you very much for your time and have a wonderful day.

Email Invitation

To: [NAME] Regional Grant Writing Workshop Participant
From: Resource Mailbox Managed by NCI

Subject: Request: Evaluation of [REGION] Regional Grant Writing Workshop

Thank you for your participation in the [REGION] Regional Grant Writing Workshop! I invite you to complete a brief evaluation survey about your participation. Your responses to these questions will help NCI evaluate the outcomes of this workshop to improve future workshops.

All information obtained will be kept secure and data will be analyzed by NCI staff. This survey consists of 19 questions and can be completed in approximately thirty minutes. You do not need to complete this survey in one sitting. There are no risks or no direct benefits to you for participating in the survey. Information collected will provide NCI with valuable data and evidence to assess the effectiveness of the [REGION] Regional Grant Writing Workshop for future planning and improvement.

If you agree to participate, please click the link below and complete the survey.

INSERT LINK

If you have any questions regarding the evaluation survey, please contact Dr. Makeda Williams directly (willimak@mail.nih.gov).

I sincerely appreciate your time in completing this evaluation survey. Thank you in advance for your participation!

Sincerely,

Dr. Makeda J. Williams
Center for Global Health
National Cancer Institute

Phone Invitation

INTRODUCTION: Hello, may I speak with [RESPONDENT NAME]?

[IF NOT AVAILABLE, ASK]: When would be a good time to reach [RESPONDENT]? **[RECORD BEST DAY AND TIME.]**

IF SOMEONE OTHER THAN RESPONDENT ASKS REASON FOR CALL: My name is [INTERVIEWER NAME, and TITLE]. I'm calling on behalf of the National Cancer Institute's Center for Global Health about an evaluation of the Center's [PROGRAM NAME], which [RESPONDENT NAME] participated in.

IF RESPONDENT IS AVAILABLE: Hello, my name is [INTERVIEWER NAME]. I'm calling on behalf of the National Cancer Institute's Center for Global Health. You participated in [PROGRAM NAME and DATE], and I would like to invite you to complete a brief survey about your experiences with the [PROGRAM NAME.] The National Cancer Institute's Center for Global Health is asking all participants of [PROGRAM

NAME] to complete this survey. Your candid responses to questions will allow the Center to evaluate the outcomes of this workshop and improve future workshops and conferences.

Would you be willing to participate in this survey?

[IF YES] What is the best email address for me to send you the survey? [RECORD EMAIL ADDRESS].
Thank you very much for your willingness to participate. We look forward to receiving your completed survey.

[IF NO] Thank you very much for your time and have a wonderful day.

OHSR (NIH/DDIR)

From: Minneman, Rebecca (NIH/NCI) [E]
Sent: Tuesday, April 08, 2014 11:31 AM
To: OHSR (NIH/DDIR)
Cc: Hidalgo, Catherine (NIH/NCI) [E]; Sivaram, Sudha (NIH/NCI) [E]; McCree, Renicha (NIH/NCI) [F]; Horovitch-Kelley, Vivian (NIH/NCI) [E]
Subject: Request for OHSRP Determination for Program Evaluation
Attachments: 3A_Symposium on Global Cancer Research.docx; 3B_CancerCtrlPlan Non-MOH.docx; 3C_CancerCtrlPlan MOH.doc; 3D_Summer Curriculum in Cancer Prevention.doc; 3E_WECAN.docx; 3F_RegionalGrantWriting.doc; 3G_Question Bank.docx; 6A_SymposiumGlobalCancer Invitation.docx; 6B_CancerCtrlPlan Invitations.docx; 6C_Summer Curriculum Invitation.doc; 6D_WECAN Invitation.docx; 6E_RegionalGrantWriting Invitation.doc; OHSRP Determination CGH Workshops .pdf

To whom it may concern,

Attached please find a request for determination for program evaluation for the Evaluation of Center for Global Health's (CGH) Workshops. In addition to the request form, the surveys and question bank (3A-3F) and the invitations that will be used are also attached (6A-E). Please let me know if you need any further information to make a determination.

Best,
Rebecca Minneman

OHSR (NIH/DDIR)

From: OHSR (NIH/DDIR)
Sent: Monday, April 21, 2014 1:50 PM
To: Sivaram, Sudha (NIH/NCI) [E]
Cc: Minneman, Rebecca (NIH/NCI) [E]
Subject: Req for Determination Rec'd_OHSRP 12376

Good afternoon Dr. Sivaram,

This email is to verify that OHSR has received your Request for Determination and it is currently being processed as **OHSRP #12376**. Please use this number in any future correspondence regarding this study. We will contact you via email if any additional information is needed. Please note that due to ongoing project deadlines, determinations are taking longer than normal to process.

Protocol Title: Evaluation of Center for Global Health's (CGH) Workshops

Thank you.

Sincerely,

Chris Brentin

OHSRP - National Institutes of Health

Bldg 10, Suite 2C146

Bethesda, MD 20892

Office Telephone: 301-402-3444

Office Fax: 301-402-3443

The NIH is committed to maintaining the highest standards for the protection of human subjects.



Please consider the environment before printing this e-mail