

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0642 Expiration Date: 3/31/2023)

TITLE OF INFORMATION COLLECTION: Physician Data Query (PDQ) Partner Survey

PURPOSE:

The National Cancer Institute (NCI) PDQ (Physician Data Query) is the Institute’s comprehensive source of cancer information. It contains cancer information summaries on a wide range of cancer topics; drug information summaries on many cancer-related drugs and drug combinations; and dictionaries of general cancer terms, drug terms, and genetics terms.

NCI’s PDQ content includes the following resources:

- PDQ Cancer Information Summaries for Health Professionals and Patients (in English & Spanish)
- NCI Drug Information Summaries
- NCI Dictionary of Cancer Terms (in English & Spanish)
- NCI Dictionary of Genetics Terms
- NCI Drug Dictionary

NCI is interested in learning more about partners’ experiences with NCI content dissemination and their thoughts regarding how information and content can be best shared to improve this program in the future.

DESCRIPTION OF RESPONDENTS:

A list of organizations that partners with the NCI to syndicate NCI’s PDQ content on their own site(s)

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Nina Goodman

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No *optional in last question
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

Amount: _____

Explanation for incentive: (include number of visits, etc.)

ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals	40	1	5/60	3
Totals		40		3

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	3	\$28.17	\$84.51
Totals			\$84.51

*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation, title "Health Information Technologists, Medical Registrars, Surgical Assistants, and Healthcare Practitioners and Technical Workers, All Other" 29-9098, https://www.bls.gov/oes/current/oes_nat.htm#29-0000.

FEDERAL COST: The estimated annual cost to the Federal government is: **\$7,981.05**

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Public Health Advisor	14/8	\$149,621	5%		\$7,481.05
Contractor Cost					\$500.00
Travel					\$0
Other Cost					\$0
Total					\$7,981.05

**The salary in the table above is cited from:

<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/20Tables/html/DCB.aspx>

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Potential respondents are designated partners who work with the NCI PDQ team to use the PDQ content.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

- Web-based or other forms of Social Media
- Telephone
- In-person
- Mail
- Survey Form (web-based survey sent via email)
- Chart Abstraction
- Other, Explain

2. Will interviewers, facilitators, or research coordinators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.