### National Cancer Institute

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Introduction

The National Cancer Institute and the [COOPERATIVE GROUP NAME] Cooperative Group would like your opinions about [TRIAL NAME] ([TRIAL TITLE]).

We are soliciting feedback from clinical oncology researchers to learn your interest in this trial and any potential issues you foresee with respect to <u>opening and accruing</u> to the trial should it be approved.

CTEP has developed a **brief online survey** to quickly and easily gather your comments **anonymously**. The PDF attachment to your email invitation provides background and the proposed trial's design and key questions. Please review this brief document before completing the survey.

Thank you for your help with this important survey. Your feedback will help NICI determine if this trial should be approved and developed! To begin the survey, click the "Next" button below.

Ment --- je

Fyou experience any technical difficulties, please contact the survey administrator at User-Centered Design at <u>survey@user-centereddesign.com</u>

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# Privacy Statement and Consent

Your participation in this survey is completely voluntary. Your participation in the survey is anonymous and your responses cannot be linked or associated with you.

You may skip any questions that you prefer not to answer. You are also free to stop participating at any point during the survey and have your responses deleted by clicking the "Opt out of survey" box at the bottom of each survey page.

This brief survey should only require approximately 5 minutes of your time.

Please click the "Next" button if you consent to taking this survey.

Opt out of survey

Next -->

Public reporting burder for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An approxy may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMS control number. Send comments regarding this burder estimate or any other espect of the collection of information, including suggestions for reducing this burder, to: NINI, Proport Clearance Branch, 6705 Rockings Drive, MSC 7974, Bethresda, MS 2008/201974, ATTN: PRA (2008-0000-00), Co not return the completed form to this address.

Eyou experience any technical difficulties, please contact the survey administrator at User-Centered Design at survey@user-centereddesign.com

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Trial Summary Sheet

### IMPORTANT:

Please review the 2-page trial description attached to the email you received regarding this survey.

You can open a copy of the concept sheet here.

(The document will open in a new tab.)

Opt out of survey

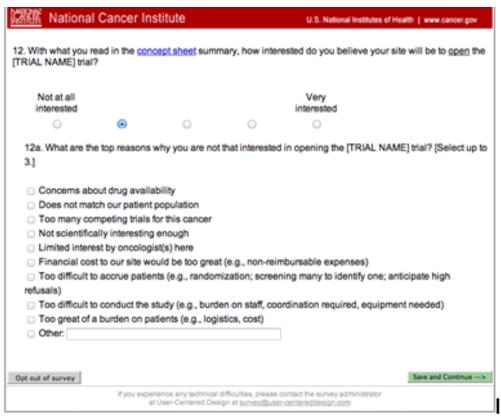
I have reviewed the concept sheet and are ready to begin -->

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|---|---|
| Please reply to all questions from the perspective of <u>your</u> site.         |   |
| Please indicate which best describes your site:                                 |   |
| <ul> <li>My practice is located within an academic medical center</li> </ul>    | ,   |
| <ul> <li>My practice is located within an NCI designated cancer of</li> </ul>   | enter   |
| <ul> <li>My practice is located within a community hospital (i.e., a</li> </ul> | non-academic, medical center hospitals)             |
| <ul> <li>IWe are a free-standing private practice</li> </ul>                    |   |
| Other:  | ]   |
| 1a. What best describes the size of your community hospital                     | compared to others?                                 |
| <ul> <li>We are a small-size community hospital (less than 10)</li> </ul>       | D beds)   |
| <ul> <li>We are a mid-size community hospital (between 100-2</li> </ul>         | 250 beds)   |
| <ul> <li>We are a large-size community hospital (more than 25</li> </ul>        | 0 beds)   |
| Please indicate which best describes your site's affiliation(s)                 | (Please check all that apply)                       |
| □ CCOP  |   |
| MB-CCOP   |   |
| NCCCP   |   |
| ALLIANCE  |   |
| □ ECOG, ACRIN   |   |
| □ SWOG  |   |
| □ NRG   |   |
| □ COG   |   |
| □ EORTC   |   |
| □ COGNO   |   |
| □ NCIC  |   |
| Other:  |   |
| What type of oncology best describes your expertise?                            |   |
| Medical oncologist  |   |
| Surgical oncologist   |   |
| Radiation oncologist  |   |
| Gynecologic oncologist  |   |
| <ul> <li>Pediatric oncologist</li> </ul>  |   |
| (VARIABLE)  |   |
| Other:  |   |
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| Opt out of survey   | Save and Continue>                                  |
| If you experience any technical difficulties, please                            |   |

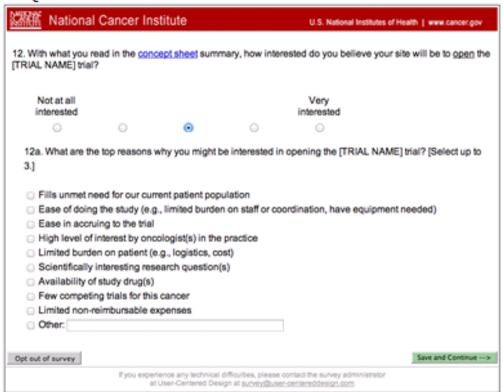
Note: Q1a appears only if "My practice is located within a community hospital" is selected for Q1.

| Mational (   | Cancer Ins  | titute  |   | U.S. National Institute                                  | s of Health   www.cancer.gov |
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| Talan.   |   |   |   |  |                              |
| he [TRIAL NAME<br>resting it is to you   | i.  | SERT#] resear                                     |   | U.S. National Institute [For each,] Please tell          | us how scientifically        |
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| The [TRIAL NAME<br>resting it is to you<br>RQ1: [INSERT RO   | i) trial has (INS<br>21 FROM CO                     | SERT#] resear                                     | :т]   | . [For each,] Please tell                                |                              |
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| <b>湖底</b> National   | Cancer Ins  | titute                                      |                                 | U.S. National Institute                                | of Health   www.cancer.gov   |
|--|---|---|---------------------------------|--|------------------------------|
| 7. With what you rea<br>colleagues?  | ed in the conce   | ot sheet summa                              | ry, how intere                  | sting do you believe this                              | s trial will be to your      |
| Not at all interesting   |   |   |                                 | Very<br>interesting                                    |                              |
| 0  | 0   | 0   | 0                               | 0  |                              |
| 3. Assuming the [TR<br>on your treatment of  |   |   | as planned, w                   | hat impact do you belie                                | ve the findings will have    |
| Low impact   |   |   |                                 | High impact  |                              |
| 0  | 0   | 0   | 0                               | 0  |                              |
| I. In your opinion, ho   | ow important is   | it that resource                            | s are used to                   | conduct the [TRIAL NAI                                 | ME] trial proposed in the    |
| Not at all<br>important  |   |   |                                 | Very<br>important                                      |                              |
| 0  | 0   | 0   | 0                               | 0  |                              |
|  |   |   |                                 |  |                              |
| Opt out of survey  |   |   |                                 |  | Save and Continue>           |
|  | If you experi<br>at I   | ence any technical d<br>Jser-Centered Desig | moutes, please on at sunrey@use | contact the survey administrato<br>-centereddesign.com | ,                            |
| <b>羅</b> National  | Cancer Ins  | titute                                      |                                 | U.S. National Institute                                | s of Health   www.cancer.gov |
|  |   | L NAME) trial to                            | o which your                    | patients would be reluct                               | ant to be randomized?        |
|  | )   |   |                                 |  |                              |
|  |   |   |                                 |  |                              |
| ☐ [INSERT CAT  | TEGORY]   |   |                                 |  |                              |
| □ [INSERT CAT  | TEGORY]<br>TEGORY]<br>TEGORY]   | domization to a                             | ny of the arms                  | ,  |                              |
| [INSERT CAT  | TEGORY] TEGORY] TEGORY] Dulid accept ran  | he [TRIAL NAM                               | -                               | n comparison from the I                                | ist below is <u>most</u>     |
| [INSERT CAT<br>[INSERT CAT<br>[INSERT CAT<br>I think they wo<br>1. There are [INSE<br>theresting to you? (I<br>[INSERT CAT<br>[INSERT CAT                              | TEGORY] TEGORY] TEGORY] Duld accept ran  RT#] arms to t Please select of TEGORY] TEGORY]                  | he [TRIAL NAM                               | -                               |  | ist below is <u>most</u>     |
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| [INSERT CAT<br>[INSERT CAT<br>I think they wo<br>1. There are [INSE<br>theresting to you? (INSERT CAT<br>[INSERT CAT<br>[INSERT CAT                                    | TEGORY] TEGORY] TEGORY] Duld accept ran ERT #] arms to t Please select of TEGORY] TEGORY] TEGORY] TEGORY] | he [TRIAL NAM                               | -                               |  | ist below is <u>most</u>     |
| [INSERT CAT   [INSERT CAT   [INSERT CAT   I think they wo  1. There are [INSE   theresting to you? (INSERT CAT   [INSERT CAT   [INSERT CAT   [INSERT CAT   [INSERT CAT | TEGORY] TEGORY] TEGORY] Duld accept ran ERT #] arms to t Please select of TEGORY] TEGORY] TEGORY] TEGORY] | he [TRIAL NAM                               | -                               |  | ist below is most            |



Note: This Q12a appears if the user selects either of the two leftmost radio buttons for Q12.



Note: This Q12a appears if the user selects any of the three rightmost radio buttons for Q12.

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|---|---|
| 13. Which specialty at your institution would most likely b   | pe in the position to recommend or refer this trial to a                |
| potentially eligible patient?   |   |
| Medical oncologist  |   |
| ○ Surgical oncologist   |   |
| Radiation oncologist  |   |
| Gynecologic oncologist  |   |
| Pediatric oncologist  |   |
| ○ [VARIABLE]  |   |
| Other:  |   |
|   |   |
| 14. How often do you see a patient who may be eligible to   | for the [TRIAL NAME] trial (i.e., [PATIENT TYPE])?                      |
| ○ Daily   |   |
| ○Weekly   |   |
| ○ Monthly   |   |
| <ul><li>Every few months</li></ul>  |   |
| ○A couple times per year or less  |   |
|   |   |
| 15. If your site were to open this trial, about how many pa [TRIAL NAME] trial in a year?  (Number of patients - integers only) | ntients do you believe your site could accrue to the                    |
| 16. Please tell us in the box below if there are any major accrue patients at your site:  | concerns you have that might make this trial difficult to               |
|   |   |
|   | s, please contact the survey administrator rvey@user-centereddesign.com |
|   |   |
| National Cancer Institute   | U.S. National Institutes of Health   www.cancer.gov                     |
| 17. Do you have any <b>final comments</b> about the [TRIAL  | NAME] trial that you would like to share?                               |
|   |   |
|   |   |
|   |   |
| Opt out of survey   | Submit Survey>  |
| If you experience any technical difficulties  | es, please contact the survey administrator                             |

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# Survey Complete

# Thank you for completing this anonymous survey!

We appreciate your feedback regarding the [TRIAL NAME] trial. Your comments will help ensure that we plan in advance for any concerns identified.

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

You may now close this window.

If you experience any technical difficulties, please contact the survey administrator at User-Centered Design at <a href="mailto:survey@user-centereddesign.com">survey@user-centereddesign.com</a>