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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 opening and accruing 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 NCI determine if this trial should be approved and developed! **To begin the survey, click the "Next" button below.**

Next --->

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

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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 --->

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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 am ready to begin --->

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Attachment_C9_conceptsurvey

Please reply to all questions from the perspective of your site.

1. Please indicate which best describes your site:

- ○ My practice is located within an academic medical center
- ○ My practice is located within an NCI designated cancer center
- ● My practice is located within a community hospital (i.e., a non-academic, medical center hospitals)
- ○ I/We are a free-standing private practice
- ○ Other: [   ]

 1a. What best describes the size of your community hospital compared to others?

- ○ We are a small-size community hospital (less than 100 beds)
- ○ We are a mid-size community hospital (between 100-250 beds)
- ○ We are a large-size community hospital (more than 250 beds)

2. 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: [   ]

3. What type of oncology best describes your expertise?

- ○ Medical oncologist
- ○ Surgical oncologist
- ○ Radiation oncologist
- ○ Gynecologic oncologist
- ○ Pediatric oncologist
- ○ [VARIABLE]
- ○ Other: [   ]

Opt out of survey   Save and Continue -->

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

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[ALLOW OPTION TO ADD TEXT HERE DESCRIBING TRIAL AND ITS BACKGROUND, BRIEFLY]

4. [BACKGROUND 1: ALLOW OPTION TO INCLUDE TWO BACKGROUND QUESTIONS]

○ [INSERT RESPONSE CATEGORY]
○ [INSERT RESPONSE CATEGORY]
○ [INSERT RESPONSE CATEGORY]
○ [INSERT RESPONSE CATEGORY]
○ Other (please specify): [_____]

5. [BACKGROUND 2: ALLOW OPTION TO INCLUDE TWO BACKGROUND QUESTIONS]

○ [INSERT RESPONSE CATEGORY]
○ [INSERT RESPONSE CATEGORY]
○ [INSERT RESPONSE CATEGORY]
○ [INSERT RESPONSE CATEGORY]
○ Other (please specify): [_____]

[Opt out of survey]   [Save and Continue -->]

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6. The [TRIAL NAME] trial has [INSERT #] research question[s]. [For each,] Please tell us how scientifically interesting it is to you.

RQ1: [INSERT RQ1 FROM CONCEPT SHEET]

6a. How scientifically interesting is this research question to you?

Not at all   Very
interesting   interesting
○   ○   ○   ○   ○

Why or why not?

[_____]

RQ2: [INSERT RQ1 FROM CONCEPT SHEET]

6b. How scientifically interesting is this research question to you?

Not at all   Very
interesting   interesting
○   ○   ○   ○   ○

Why or why not?

[_____]

[Opt out of survey]   [Save and Continue -->]

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7. With what you read in the concept sheet summary, how interesting do you believe this trial will be to your colleagues?

Not at all   Very
interesting   interesting

○   ○   ○   ○   ○

8. Assuming the [TRIAL NAME] trial is completed as planned, what impact do you believe the findings will have on your treatment of [PATIENT TYPE]?

Low impact   High impact

○   ○   ○   ○   ○

9. In your opinion, how important is it that resources are used to conduct the [TRIAL NAME] trial proposed in the concept sheet?

Not at all   Very
important   important

○   ○   ○   ○   ○

Can you elaborate on your answer?

[ ]

Opt out of survey   Save and Continue -->

10. Are there any arms of the [TRIAL NAME] trial to which your patients would be reluctant to be randomized? (Please select one.)

☐ [INSERT CATEGORY]
☐ [INSERT CATEGORY]
☐ [INSERT CATEGORY]
☐ I think they would accept randomization to any of the arms

11. There are [INSERT #] arms to the [TRIAL NAME] trial. Which comparison from the list below is most interesting to you? (Please select one.)

○ [INSERT CATEGORY]
○ [INSERT CATEGORY]
○ [INSERT CATEGORY]
○ [INSERT CATEGORY]
○ None are of interest to me

Opt out of survey   Save and Continue -->

Attachment_C9_conceptsurvey

12. With what you read in the concept sheet summary, how interested do you believe your site will be to open the [TRIAL NAME] trial?

Not at all interested   Very interested

○   ●   ○   ○   ○

12a. What are the top reasons why you are not that interested in opening the [TRIAL NAME] trial? [Select up to 3.]

☐ Concerns about drug availability
☐ Does not match our patient population
☐ Too many competing trials for this cancer
☐ Not scientifically interesting enough
☐ Limited interest by oncologist(s) here
☐ Financial cost to our site would be too great (e.g., non-reimbursable expenses)
☐ Too difficult to accrue patients (e.g., randomization; screening many to identify one; anticipate high refusals)
☐ Too difficult to conduct the study (e.g., burden on staff, coordination required, equipment needed)
☐ Too great of a burden on patients (e.g., logistics, cost)
☐ Other: _____

Opt out of survey   Save and Continue --->

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

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

12. With what you read in the concept sheet summary, how interested do you believe your site will be to open the [TRIAL NAME] trial?

Not at all interested   Very interested

○   ○   ●   ○   ○

12a. What are the top reasons why you might be interested in opening the [TRIAL NAME] trial? [Select up to 3.]

☐ Fills unmet need for our current patient population
☐ Ease of doing the study (e.g., limited burden on staff or coordination, have equipment needed)
☐ Ease in accruing to the trial
☐ High level of interest by oncologist(s) in the practice
☐ Limited burden on patient (e.g., logistics, cost)
☐ Scientifically interesting research question(s)
☐ Availability of study drug(s)
☐ Few competing trials for this cancer
☐ Limited non-reimbursable expenses
☐ Other: _____

Opt out of survey   Save and Continue --->

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

13. Which specialty at your institution would most likely be 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 for the [TRIAL NAME] trial (i.e., [PATIENT TYPE])?

- ○ Daily
- ○ Weekly
- ○ Monthly
- ○ Every few months
- ○ A couple times per year or less

15. If your site were to open this trial, about how many patients do you believe your site could accrue to the [TRIAL NAME] trial in a year?

[____] (Number of patients - integers only)

16. Please tell us in the box below if there are any major concerns you have that might make this trial difficult to accrue patients at your site:

[   ]

| Opt out of survey | | Save and Continue --> |

17. Do you have any **final comments** about the [TRIAL NAME] trial that you would like to share?

[   ]

| Opt out of survey | | Submit Survey --> |

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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
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 survey@user-centereddesign.com