

# Request for Approval under the “Generic Clearance for NIH Citizen Science and Crowdsourcing Projects” (OMB#: 0925-0766 Exp., date: 04/30/2023)

**TITLE OF INFORMATION COLLECTION:** NCTN Performance Measurement Survey (NCI)

**PURPOSE:**

A short survey for scientific and administrative leaders in the NCI’s new National Clinical Trials Network (NCTN) as we are halfway through the second grant cycle for this network. The survey objective is to gather feedback from engaged extramural members of the NCTN about their satisfaction with various aspects of the network and suggestions for possible improvements as we move forward.

**DESCRIPTION OF RESPONDENTS:**

The NCTN structure includes five U.S. Network groups and one Canadian group which organize and administer cancer clinical trials across the network of member sites. Respondents will include leaders from the groups, their member sites, and PIs of group studies, as identified by the groups, as well as site PIs from Lead Academic Participating Sites (LAPS) and NCI Community Oncology Research Program sites (NCORPs). Any duplicate names will be removed.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Data Catalogue                          | <input type="checkbox"/> Repository of Tools and Best Practices                                  |
| <input type="checkbox"/> Recommendations of scientific reviewers | <input type="checkbox"/> Resources   |
| <input type="checkbox"/> Call for Nominations                    | <input checked="" type="checkbox"/> Other: <u>Program evaluation and performance measurement</u> |

**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. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
5. 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: Grace Mishkin



To assist review, please provide answers to the following question: If you are collecting name and email, then check yes for PII.

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
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	1,100	1	10/60	183
<b>Totals</b>		<b>1,100</b>		<b>183</b>

**COST TO RESPONDENT**

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	183	\$ 121.38	\$22,212.54
<b>Total</b>			<b>\$22,212.54</b>

\*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, May 2021, Occupation title "Physicians" (Occupation code 29-1210): [https://www.bls.gov/oes/current/oes\\_nat.htm#29-1210](https://www.bls.gov/oes/current/oes_nat.htm#29-1210)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2,174.02

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Health Science Policy Analyst	14/2	\$130,441	10%		\$2,174.02
<b>Contractor Cost</b>					\$0
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$2,174.02</b>

\*\*The salary in the table above is cited from: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/DCB.pdf>

**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?

NCTN groups have been asked to provide a list of their leadership, key member investigators, and study PIs. NCI has the list of Lead Academic Participating Site (LAPS) and NCI Community Oncology Research Program (NCORP) PIs. The total list, after duplicates are removed, is expected to be 1,100 people. We will email the survey to all identified individuals.

**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

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.**