

# Quarterly Report Data Collection Tool FAQ (7/1/2011)

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QUESTION	RESPONSE
<b>Organizational and Global Issues</b>	
1. How should question #4 in the Organizational section be answered: “Has there been any interaction between your cancer center staff and an evaluation contractor this quarter?”	The evaluation contractor has not been identified yet, so the answer will be “No”
2. Question 6b (What is your site’s annual number of new cancer cases as provided to the Commission on Cancer in 2010?) of the Organization and Global Issues section of the quarterly report. Is this question asking for cases that are submitted via RQRS. We are not an RQRS site yet and so we will not be submitting 2010 cases to the CoC until Jan2012. Is there some other data source that you would like us to use?	We would like this number to be the same number you submit to the CoC, for calendar years 2009 and 2010 if you have them. We understand that there is a lag and that many sites are not RQRS sites. Most sites have told us in the past that they are able to report the annual new cancer cases about 4 months after the year ends. Questions 6 a-d refer to calendar years, 2009 through 2012. <b>If you do not have data yet for a particular year please enter “0”.</b>
3. Additionally, we have a few relationships that we need to amend from the previous reports based on the newly given definition. I thought I saw	We will not be opening up the past report submissions for editing. Instead, we will be working with sites to obtain clarification/revisions via an alternative mechanism. In addition, the

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<p>an email stating that we should wait and clarify this at the time of evaluation. Is this correct, or should I try to have the older versions unlocked and update?</p>	<p>subsequent quarterly report will be revised to make the questions clearer.</p>
<p><b>Disparities</b></p>	
<p>1. Effective April 2011, all sites were required to begin collecting race and ethnicity data according to OMB guidelines. Where will we report this information?</p>	<p>The <b>Disparities Patient Navigation and Screening Table</b> has been revised with new columns where you can report numbers of patients screened and navigated with OMB race and ethnicity categories. Please follow the instructions on the table (emailed to you by SAIC-F) to report this data.</p>
<p>2. Is there a "submit" function for the disparities Excel spreadsheets (Disparities Patient Navigation and Screening Table and Disparities Community Partnership Table)?</p>	<p>No. Instead of submitting via the DCT, you will email the completed Excel files to Yvonne Rempel at SAIC-F: <a href="mailto:Yvonne.rempel@nih.gov">Yvonne.rempel@nih.gov</a>. (The Excel tables will be emailed to you by SAIC-F, and last quarter's answers will be pre-populated. [Note: there will not be pre-populated data in the OMB race and ethnicity fields of the <b>Disparities Patient Navigation and Screening Table</b> as this is the first quarter for collecting OMB data.] )</p>
<p>3. Is the definition of 'patients screened' all those who had mammograms or pap smears or all those who were screened through an event or program?</p>	<p>All those screened through an event or program. Those individuals who are screened for cancer through a specific event or program. (e.g., it is not the total number of mammograms provided by a hospital).</p>
<p>4. I can't seem to find this colorectal screening and tracking tool....where would I find that?</p>	<p>The colorectal screening tool is in development and not yet available to sites.</p>
<p>5. Because the colorectal screening and tracking tool isn't yet available, how should I answer Disparities questions 5, 6A, and 6B? They refer to the tool.</p>	<p>For this quarter, please select the bolded answer choices below. When the tool becomes available, these questions will mark sites' progress with the tool.</p> <p>5. Please identify the stage of progress for use of the colorectal cancer screening tool  <b>-Plan to use (all sites will select this response this quarter)</b>                      -Partially in use                      -Fully in use                      -Do not plan to use</p> <p>6-A. How is your site utilizing the colorectal cancer screening and tracking tool? Please select all that apply. If your site is not utilizing the colorectal cancer screening tool, please select N/A.                      -Reducing time intervals                      -Tracking follow up                      -Tracking minority patients  <b>-N/A (all sites will select this response this quarter)</b>                      -Other</p>

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	6-B. Enter <b>N/A</b>
6. For Disparities Question #3: "Please identify the stage of progress for use of the breast cancer screening tool," are there instructions on how to use the breast cancer screening tool?	This is a voluntary tool which is on the web site. We will suggest that the Disparities sub-committee have an agenda item on this for an update and so new sites can ask questions.
7. For Disparities Question # 5: "Please identify the stage of progress for use of the colorectal cancer screening tool," can we get a copy of the colorectal screening tool? I couldn't find it on the NCCCP intranet site.	We will also suggest this as a Disparities sub-committee update item. It is a voluntary too that has not been rolled out to the sites yet – it's a future effort. Please answer the question "Plan to use"
8. For Disparities Question #7A: "How many screening events were held at your site for breast cancer?" what is the definition of screening events? If we do a health fair to educate people about cancer screening and/or prevention, does this count?	An event is an organized effort for cancer screening. A health fair would count.
9. For Disparities Question #17: "What is the number of community outreach staff members that your site employs?" what is the definition of a community outreach staff? Is it only for cancer outreach staff?	Any staff involved in reaching out to underserved populations. They do not have to be cancer outreach staff but should be able to promote cancer screening, education and follow up.
10. Can you please clarify whether "Number of patients navigated during prostate cancer treatment" refers to all Cancer Institute patients or only Disparate populations identified by our site (African American, Uninsured...)?	All patients.
11. I am putting together the Navigator and Screening table. My question is around reporting abnormal findings after patients are screened. For breast, we track abnormal findings from clinical breast exams, screening mammograms and diagnostic mammograms. Do you have any thoughts about which number we might want to use to report abnormal findings?	<p>The goal as you know is patients not falling through the cracks and getting evidence based care in a timely manner.</p> <p>So think about a numerator and denominator. For screening, the denominator is the number you screen through events and the numerator would be those with abnormal findings...then the denominator becomes those with abnormal findings and the numerator would be those with a diagnosis of cancer. It should be more tied to the patients screened than the type of screening. In this example, I think you would add together all patients screened for breast cancer whether it is a CBE or any kind of mammo or both but count the patient only once for screening as one example and then place the item in the appropriate box on the table. Then for abnormal finding from any kind of screening...put that in the appropriate box, etc.</p>
12. Pg 34 - 39 the Patient Navigation and Screening Table.....does this correlate to question 3 - 6 of this same section? We are not yet using the breast cancer or colorectal screening or tracking tool.	The table and the screening tool questions are not related. The table will capture information about your site's patient navigation and screening regardless of what tools were used to conduct the navigation and screening.
13. On the Navigation and Screening Table for Colon Cancer. Do you only want Colon and no rectal cases?	YES---only colon cases please.
14. Related to screenings, events are a specific activity that we developed	CORRECT. A screening event is an organized effort for cancer screening. Routine screenings

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that are outside of our routine screening. Correct?	should not be counted as screening events. Routine screenings include pap smears and mammograms performed in your hospital by your lab or radiology. Please remember that disparities is the focus, and screening events are intended to reach these groups.
15. The data section (going backwards) requests number of diagnoses (e.g. breast), then number of abnormal, then number of screens. Should these roll up from the bottom? I.e. The diagnosed pool should come from the abnormal pool which should come from the screening pool. If so, should we being trying to also track those not screened with us, but who come for a diagnostic procedure or to get their care and are navigated, and those who get screened by us but go elsewhere for the diagnostics and or care?	Please only report patients screened by your site at screening events. Please report the actual number of screens (even if some of these patients went elsewhere for treatment, etc), the actual number of abnormal findings that resulted from the screens at the screening events, and actual number of diagnoses that resulted from the abnormal findings at the screening events. We know this is a challenge for sites to track as patients seek care in different places and it is not always possible to know the outcome of the next step. Our expectation is that the sites do their best to insure that patients do not fall through the cracks. This will also be discussed more during the December Disparities call.
16. The Patient Navigation and Screening Table asks that you total the number of pts navigated during screening, tx, and/or survivorship. If it is the same pt being screened and treated, would you count that pt as two since they were counted in each col. (screening and treatment) or only as one since it is the same pt.?	The patient would be counted in each column that applies---it's OK that the patient might be counted more than once.
17. If the pt navigated should only include those that are identified from our screening events, why is there a lung cancer navigation sheet to complete when there is no screening for lung cancer to source the patients?	If your site does not conduct screening events for lung cancer, please enter "0" for the fields on the lung cancer tab of the Patient Navigation and Screening Table.
18. With the original MDC Matrix my understanding was that Tumor Boards were not to be assessed as part of the MDC Matrix and were not to be considered MDCs. The way I'm reading MDC Matrix 3.0 it looks like we may be considering Tumor Boards as fledgling MDCs, which makes sense. But then when it comes to answering the Quarterly Data Collection Questions do we consider our Tumor Boards MDCs?	You are correct, the revised MDC assessment tool 3.0 has tumor boards on it. Tumor boards will not fit the definition of PROSPECTIVE multidisciplinary care if they present cases in a retrospective manner as indicated by the definition being provided at the top of the assessment tool. So when completing your data, we are looking for PROSPECTIVE review of cases.
19. In questions 7-A through 7-H the data collection tool asks for the number of patients that have gone through our site's breast cancer meeting, colon/gastrointestinal/liver cancer meeting, gynecological/ovarian cancer meeting,...prostate/genitourinary cancer meeting in the last quarter. What kind of "meetings" are these? Are they MDCs or are they Tumor Board Conferences or both?	Here we would like you to indicate the number of PROSPECTIVE cases presented to the multidisciplinary team regardless of the name of the venue in which they are presented. If your X cancer tumor board presents and discusses cases prospectively and develops a treatment plan at that time then those cases should be counted. If the X cancer tumor boards presents cases retrospectively for educational purposes, those cases would not count.
20. For questions 7-A through 7-H we were not exactly sure how to proceed. We have a general tumor board that picks up the colon/GI, gyn/ovarian, hematology, neuro/brain, and prostate/genitourinary patient cases. So how I answered the number of patients for all of these was to answer "Yes" to question 7-I Are there any other cancer conferences your site's	Yes, if you could indicate the number of cases per disease type that would be great and then indicate in the 'other or comments' section that all non-breast (if that is the case) are seen in general tumor board and that you have indicated by disease type the number seen. We understand that this is the reality in rural areas – I spent 21 years in North Dakota so I understand that you don't have the populations to support separate specialty multidisciplinary

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<p>patients have been presented at in the last quarter? And then answered 7-J as 62 patients, general tumor board. However, should I have filled in all of the number of specific cancer type patient numbers in questions 7-A through 7-H instead of lumping them together?</p>	<p>meetings. This is such rich information for the NCI to have because it helps us to learn how sites are providing MDC care to all patients.</p>
<p>21. In question 7-I asks if there are any other “cancer conferences”. Does this mean only other tumor board conferences or does this also include MDCs?</p>	<p>Any other cancer conferences that prospectively present patient cases would be included here. I encourage you to think of this in the prospective/retrospective model. Are we taking action and planning future care based on discussion at this meeting with the multidisciplinary team? Then those cases should be included. You may have a conference where 3 cases were prospective and one was a retrospective education case, that is okay, just count the prospective cases.</p>
<p>22. I have a question from the Disparities section of the quarterly report. For question 13-A, referring to what areas race and ethnicity data is being collected: We collect this data primarily at registration, but the field is shown in other areas such as clinical trials, navigation, outpatient, and survivorship. If, for some reason, this data wasn’t collected at registration, then it can be collected at these other areas. Should we include all of them, or just patient registration, as it is the primary site for collection?</p>	<p>The instructions state ‘Please select all that apply.’ Please include all of the areas that collect this information.</p>
<p>23. Thank you for the clarification of the questions I had. I have one additional one that relates to the disparities reporting webinar on March 16<sup>th</sup>. For the slide below (Question 8), it stated that we should report on all patients who are eligible to receive a navigator. Is this how we should answer the question? For example all (100%) of our patients are eligible. Or, are you asking that we use the number of patients eligible as the denominator for the percentage of patients navigated</p>	<p>We want to know the percentage of patients who are ‘touched’ by the navigator. The denominator is all patients who were eligible to be navigated (in your case all of your patients). The numerator is the actual number of patients navigated... so as an example:</p> <p><u>50 patients navigated</u> = 50% = SOME 100 patients seen</p>
<p><b>Clinical Trials</b></p>	
<p>1. For Clinical Trials Question #3, “How many newly opened trials have there been at your site in this reporting period?” do we record all trials or just non-NCI trials?</p>	<p>Record ALL trials (NCI and non-NCI).</p>
<p>2. Clinical trials log: should we add cooperative group trials?</p>	<p>No, do not add cooperative group trials or any trial sponsored by NCI. These will be gathered from an NCI database and added to your self-reported quarterly report data. Please only add those trials at sites directly collaborating with an NCI-designated Cancer Center.</p>
<p>3. Should I be including the pediatric trial accrual data in the clinical trial log for this Quarterly Report?</p>	<p>We are not counting peds accrual or pediatric institutions. Accruals are counted only if the patients meet the criteria for adult trials.</p>
<p>4. If you a trial is open at the site but there are no accruals yet, do we add it</p>	<p>Add open trials to the log even if the trial has no accruals yet.</p>

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<p>to the log? And if we have to add it, are we required to put "0" in all the fields?</p>	
<p>5. In the instructions on the Clinical Trials page, the top line states: "Please enter only those trials NOT sponsored by the NCI...." followed by definitions. Then on the instructions on filling out the Summary Table it asks for the total number of..... patients accrued to NCI Research Base Trials.</p>	<p>The Clinical Trials Data Collection Tool Table should only include trials NOT sponsored by NCI, with the <u>exception</u> of trials conducted with NCI designated cancer centers. You do not need to document cooperative group trials or DCP cancer control/prevention trials. NCI will be gathering the information for those trials and adding it later.</p> <p>The data NCCCP gets from CTEP does not capture rural or lack of insurance coverage for clinical trials, hence sites are being asked to provide this information. Once you have added/edited and saved all of your clinical trials data, please enter the "Total number of <b>rural</b> patients accrued to <b>NCI Research Base Trials</b> (Cooperative Group treatment, prevention and cancer control trials and DCP prevention and cancer control trials) during this reporting period" and "Total number of patients enrolled who <b>lack insurance coverage for clinical trial</b> accrued to <b>NCI Research Base Trials</b> (Cooperative Group treatment, prevention and cancer control trials and DCP prevention and cancer control trials) during this reporting period" into the Summary Table. Text boxes to input each of these total figures are located towards the bottom right hand corner of the Clinical Trials Summary Table. The instructions for inputting these numbers are located above the Clinical Trials Summary Table.</p>
<p>6. We do not collect uninsured information for clinical trials subjects. How do we complete the "uninsured" field?</p>	<p>Please enter "0"</p>
<p>7. We opened a study last quarter from Hoosier Oncology Group (HOG):</p> <p><i>Phase I / Randomized Phase II Study of Second Line Therapy with Irinotecan and Cetuximab with or without RAD001, an Oral mTOR Inhibitor for Patients with Metastatic Colorectal Cancer</i></p> <p>HOG studies are not on CTSU and are not an NCI-Designated Cancer Center, Industry/Pharma Trials, Externally Peer-Reviewed Trials, or Institutional Trials. Should this study be listed on the table? If so, how should it be listed?</p>	<p>Please use "<b>Externally Peer-Reviewed Trials.</b>"</p> <p>HOG is a unique consortium of academia and community investigators and they get their funding from a combination of sources and usually have investigator initiated trials.</p>
<p>8. Does "NCI-Sponsored trials also include accrual numbers for those trials sites are directly collaborating with an NCI-Designated Cancer Center" mean that the pilot sites counted patients enrolled at the pilot site, but who were referred through a collaboration with an NCI-Designated CC? Or that pilot sites counted accruals whether they enrolled at the pilot site OR the NCI-D CC?</p>	<p>The accruals included are those for the pilot sites only. The pilot site would be considered one of the cancer centers performances site to conduct the trial. It is through the collaboration with the NCI designated cancer center that the pilot site has access to the trial to then offer it to their patient population.</p>

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<b>Quality of Care</b>	
1. For Quality of Care, Question 13-A: “How many patients has your site referred for genetic counseling in the last quarter?” what is the definition of referred? Does it mean actually seen by a genetic counselor? Does it count if the tumor board recommended genetic counseling?	Just the number referred. If the patient did or did not see the genetic counselor, that is not the information we want. Just how many were referred.
2. For Quality of Care Question 13-B: How many patients has your site referred for genetic testing in the last quarter? Our site employs genetic counselors and they receive roughly half of their referrals from the oncologists employed here and the other half are from surgeons, etc., that are not employed here. Do we just include the referrals from the oncologists or all referrals?	Just the number referred. If the patient did or did not get tested, that is not the information we want. Just how many were referred.
3. Regarding the genetics portion of the Quality of Care data collection tool, on 13-A and 13-B the question states “How many patients has your site referred...” Our site employs genetic counselors and they receive roughly half of their referrals from the oncologists employed here and the other half are from surgeons, etc., that are not employed here. Do we just include the referrals from the oncologists or all referrals?	Please record <u>all</u> referrals, and keep in mind that we’re asking about referrals that your site <u>makes</u> for patients to have genetic counseling, not referrals you <u>receive</u> .
4. Under quality question 9D-E (QOPI), they refer to the time frame 10/01/10 – 12/31/10 as the end of quarter 2. Can you explain that?	<p>There are only two quarters of the year when QOPI data collection occurs (quarter 2 and quarter 4) so these questions only apply during those quarters.</p> <p>Since you are completing your first quarter report for this year, you should enter 0 into the field for 9D and 9E. Then next quarter, you will report in the QOPI information for your Fall 2010 data collection round.</p>
5. Under Quality of Care – when they talk about “affiliated practices” does this include hospital owned practices as well as private practices?	An affiliated practice would be what that NCCCP site considers to be a practice affiliated with their specific site. So it can include private practices, hospital owned practices etc. Sites should have practices that they listed as being affiliated with them when they applied to be an NCCCP site and those would be the practices we would consider for inclusion.
6. Do questions 9-B and 9-C refer only to medical oncologists, or does it refer to radiation oncologists too?	Yes this is referring to medical oncology practices and medical oncologists
7. I had a discussion with our Site Administrators, where we discussed the definition of patients seen in the MDC setting. Specifically, in our Head & Neck MDC in one location, we are seeing patients not referred for their first course of therapy but for metastases. Some of our leads think that we should count these patients seen in the MDC and in the opposite, some of our leads think that only new cancer cases should be counted.	<p>To answer the quarterly report questions, we are now using the new MDC assessment tool v. 3.0, can be found on the NCCCP website. At the top of this document we now have a definition of “prospective,” which is consistent with the Commission on Cancer definition.</p> <p>Per the CoC definition: Any patient being presented to prospective plan treatment can be counted. Example: new patients, a current patient who returns with metastatic disease and</p>

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<p>Do you all have any advice or has this been discussed before? We do want to get credit (so to speak) for the patients seen in our MDC settings (for which we are very proud) and would like to count these folks consistently.</p>	<p>you are planning how to treat the metastatic disease. If the patient is metastatic, receiving treatment, and the group is just being updated on their treatment, then that case would not count.</p>
<p><b>Survivorship and Palliative Care</b></p>	
<p>1. Survivorship and Palliative Care: Under the Hospice section; question 3-A and 3-C – do you want the information for the patients that the cancer center referred to all area hospices or the number of hospice referrals from cancer centers to our site’s hospice?</p>	<p>You are to report on the number of hospice referrals your cancer center makes to all hospices. If a site has its own Hospice program (or programs: in- and out-patient) the number of referrals for that site should reflect patients referred to that program specifically. If a site refers all of their cases out to affiliated programs, then the number would reflect referrals to these outside programs.</p>
<p>2. For the question, “Do you track HOSPICE patient referrals?” do you mean referrals to our own hospice or others?</p>	<p>Both</p>
<p>3. Under the Palliative Care questions, I see that the definition of palliative care refers to “programs addressing symptom management, spiritual beliefs, and end of life care.” We have an inpt and outpt palliative care program separate from the cancer center, an outpatient supportive care program specific to the cancer center, social services, a treatment learning class, an RN/NP triage system, chaplaincy, just to name a few – are we to include ALL of these??? Especially for 4-B when asked how many patients did your Palliative Care programs serve during this quarter?</p>	<p>Because it will likely be easier to specify a given program and track cases sent there, I think that sites should identify those programs identified as providing pain or symptom management or palliative care specifically and track numbers of patients referred to/using those programs. I would <b>not</b> include social work, chaplaincy, educational programs, treatment learning, or psychological services programs in this count.</p>
<p>4. Survivorship and Palliative Care: Under the Hospice section; question 3-A and 3-C – do you want the information for the patients that the cancer center referred to all area hospices or the number of hospice referrals from cancer centers to our site’s hospice?</p>	<p>You are to report on the number of hospice referrals your cancer center makes to all hospices. If a site has its own Hospice program (or programs: in- and out-patient) the number of referrals for that site should reflect patients referred to that program specifically. If a site refers all of their cases out to affiliated programs, then the number would reflect referrals to these outside programs.</p>
<p>5. Palliative care question, "How many patients did your site's palliative care programs serve during this quarter?" This is referring to ONCOLOGY patients, correct? Not ALL patients served within the program.</p>	<p>Correct, the answers should be for your cancer center patients.</p>
<p>6. Last quarter I reported that we were not able to accurately report the number of patients who went through our palliative care program because the highest number that could be entered was 41-50 and I believe that we saw somewhere around 90 patients. It does not appear as though the report has been modified to accommodate any higher numbers for this reporting period so I am wondering how I should report</p>	<p>We were not able to make any edits to the questions this quarter; however, the Survivorship and Palliative care questions are being reviewed for potential changes for next quarter.</p>

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that our Palliative care programs saw 101 patients during the quarter.	
<b>IT</b>	
1. In the EHR Category, can you clarify what it means to have an EHR in place in the Cancer Center. We weren't sure what qualifies as "in place" or what parameters defined the Cancer Center. Does the Center include the private practice as well as the hospital owned departments in the physical cancer center or is it limited to just hospital funded components located in the physical cancer center? Do we just define these items for ourselves?	It is for the hospital funded components of your cancer program. It is not a hospital EHR for inpatient but an EHR that supports your cancer patients (mainly cancer center and your organizations physician visits, radiation, infusion, etc.). We hope that you will have electronic connections with the private practices that are part of, or affiliated with (think if who you want to agree to the Conditions of Participation), your cancer center...but this is not required.
2. Please provide clarification on the term private practice physicians in the developed plan for creating electronic linkages with private practice physicians deliverable. Are private practice physicians part of an entity that is not funded in any way by the hospital, or can they be employed by the hospital?	Private Practice in this case means, not owned by your organization. This is intended to be that group of cancer physicians who are closely tied to and interact with your program (think Conditions of Participation) through MDCs, participation on committees, following evidence based guidelines. We assume that the physicians you own and have control over should be participating in what you need them to in order to support a quality cancer program. This question is intended to help us understand how successful you are in getting those practices that you don't control to work in an integrated way with the cancer program and in support of NCCCP goals.
<b>Biospecimens</b>	
1. In regards to Biospecimens questions 2A & B, 3A & B, and 4A & B. Are these questions in relationship to all specimens prospective and retrospective? Or just Retrospective? Or just Prospective?	These questions relate to only those specimens collected in the time period being reported.
2. The BPIT has not yet been implemented. What should we put for Biospecimens Question #7, "Please estimate what percentage of NCI's Best Practices for Biospecimen Sources (BPIT) your site has implemented."?	Please choose "None (0%)"
3. Regarding the Biospecimens section questions about Biospecimen-Related Initiatives, how do we answer these 3 questions?	You can list any initiative at your site.
4. Can you check with someone that we are supposed to be answering the specimen questions for *all* tissue processed in pathology at our institution, not just specimens for the tissue bank?	This applies to <b><u>ALL BREAST tissue specimens</u></b> , not just those for the tissue bank.
<b>Communications</b>	
1. Communications question number 4B. "How many times has your	The quarterly reports are for NPAC to use to see what's going on at the sites and certainly not

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communications staff met with or communicated about NCCCP with local physicians or oncologists?" We do not track the specific number of times; how should we answer this quarterly report question?	to penalize. To get beyond the number requirement in the questionnaire, you could add up or estimate the number of newsletter mentions, meetings, website updates, etc., put it down in 4B, and then use the dialog box at the end of the questionnaire to explain how your site communicates with physicians regularly. You can also send any samples or language used that NCCCP can share with other sites.
<b>Advocacy</b>	
1. On the Advocacy section, question 4-A asks 'How many TIMES has your site met with, or communicated about NCCCP with, local policymakers?' What is the definition of local policymakers? Is that city, county, district or state?	'Local' policymakers would include all as noted... city, county, district, and state.
<b>Miscellaneous</b>	
1. <b>What is the reporting period for the report due August 15?</b>	<b>April 1 through June 30, 2011</b>
2. We have questions about the meaning of some of the terms in the questions.	Email Joy Beveridge or Deb Hill at SAIC-Frederick.
3. Who is responsible for submitting the data?	Site users are responsible for entering data, seeking PI approval for the completed files, and submitting the data.
4. I am assuming that, as before, only the author can make any corrections to their section.	That is correct... whoever is assigned to the specific section of the report should be the only one to make entries/corrections to their assigned section. The PI will be sent the list for his site tomorrow that will show the list of assignments that we have on record. Then before the data is submitted, the PI will be asked to provide the updated/accurate list of users/assigned section.
5. How does the PI review the report data before it is submitted?	<p>There will be no PI Report for the current report (due date June 15). The NCI support we had to provide this report in the past is no longer available. As such, each site must engage in a local process to ensure that the PI has seen/reviewed the entered data BEFORE the user hits 'SUBMIT.' No type of report will be provided before or after data has been submitted. If you would like a summary of all data submitted, just print off the final data set and save locally.</p> <p>Site users who enter the data may print a copy of the completed, saved section and review it with the PI to obtain approval. Once the PI approves the data, users can submit the data.</p>
6. Where is data sent after hitting the submit button?	The submit button will submit data to SAIC-F.
7. What if something needs to be changed after data was submitted?	After the current due date (June 15), the files remain locked and data cannot be changed. If something needs to be changed prior to the report due date, the user may send an email to Joy Beveridge ( <a href="mailto:jbeveridge@mail.nih.gov">jbeveridge@mail.nih.gov</a> ) to request that the data section be "unlocked" to allow changes.

## Quarterly Report Data Collection Tool FAQ (7/1/2011)

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QUESTION	RESPONSE
8. How do we register new users once the tool is in use?	Get approval from your PI to ask to register a new user for your site and then email NCAB user support.
9. How will sites access the tool?	Via this link: <a href="https://cabig.nci.nih.gov/cadet">https://cabig.nci.nih.gov/cadet</a>
10. ASCO allows as many users as possible when submitting QOPI data online. Why can't NCCCP allow unlimited users?	ASCO performs random on-site audits to verify the data afterwards. Because we don't have this additional measure to ensure quality data, limiting the number of users helps us improve data quality.
11. Can multiple users input data at the same time?	Only one person should input data at the same time. One user per site should fill out each section. This is because when that user hits "save" it will not appear to other users.
12. Should we never use the "Next" button?	Use the Next button when you've completed all the answers and you're satisfied with those inputs for that section. You can submit individual sections at different times.
13. Within disparities and clinical trials, there are multiple parts to those sections: survey questions and tables; can we submit them as we complete each section?	All of the incorporated subsections (survey questions and tables) must be complete for the section to be submitted.
14. Do you have to use the same computer when you're filling out the data?	You can use your username and password to bring up the survey questions on any computer.
15. Will the information we input show up from quarter to quarter?	Yes. Your last quarter's data will appear each time the tool is opened for a new quarter of data entry.
16. Can I print the entire report?	Once you have input data into the summary table, you can also print that table. Also, after you click on the "Next" button, you can review the answers and click the "Print" button to print each page.
17. Will usernames and passwords be emailed to sites?	No, you will use the same usernames and passwords assigned to you last quarter.
18. Can we have a copy to give out to those working on data gathering?	Sites can print any part of the DCT and share with the local team. A file that includes all of the questions is available on the site's Help Page ( <a href="https://cabig.nci.nih.gov/cadet/help.html">https://cabig.nci.nih.gov/cadet/help.html</a> ) under Downloadable Documents.
19. The process overall with users by area who can't see each other's "saved" data, and then the PI being unable to change the data at the site level seems very cumbersome. The process of submission and then the return for verification and the process for changing entries seemed complex.	Sites should come up with their own internal process for handling this. They may prefer to have one person submitting data for all focus areas.
20. Could you assign a common password for a section instead of having it be related to a single user?	No, that would be a violation of NCI's policy. We can't have users share passwords for the same section.
21. If you get an error message when you try to submit the data, will the questions that need to be changed be highlighted?	It will highlight the questions that need to be corrected.
22. We didn't receive the original email. It was caught in our firewall because it included a zipped file.	The files are also available at the DCT site ( <a href="https://cabig.nci.nih.gov/cadet">https://cabig.nci.nih.gov/cadet</a> ) and on the intranet.
23. Are you going to change questions over quarters?	We don't intend to change the questions, but may add questions, and also reserve the right to make edits when appropriate since the program is constantly changing.

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QUESTION	RESPONSE
<p>24. I was curious what the text limit is on questions that have free text responses, such as 5-C from the communications section? I could envision some of these answers becoming lengthy and I wanted to make sure that we won't run out of space.</p>	<p>There is a 4,000 character limit.</p>
<p>25. Is there a way to attach collateral material to the online report? For example, with past quarterly reports we would submit PDFs of new materials created, news stories etc... Is this something that is still desired to be submitted?</p>	<p>You are welcome to share any additional information you wish. There is no subcontract requirement to do so, and it would be totally unrelated to the online Data Collection Tool. We have moved away from the more qualitative information to the more quantifiable data related to the NCCCP activities. If you would like to share any additional items, please send to Joy Beveridge or Deb Hill at SAIC-F.</p>
<p>26. When a user is assigned a user name/password, is there a time limit to when that user must go into the tool and create a more personal password?</p>	<p>Yes, all user accounts have a certain number of "grace logins" and when they are exhausted, you may get error messages when trying to download the Clinical Trials Excel files. Be sure to send any similar issues to the attention of the application support team: <a href="mailto:ncicb@pop.nci.nih.gov">ncicb@pop.nci.nih.gov</a></p>
<p>27. Who do I contact if I have trouble logging into the online DCT/quarterly report?</p>	<p><a href="mailto:ncicb@pop.nci.nih.gov">ncicb@pop.nci.nih.gov</a></p>
<p>28. I have run into some trouble submitting my report. Question 5C has a character limit of 4,000, and I have exceeded that. I called NCICB support and the tech I spoke with said the character limit is hard-coded and can't be quickly changed. He suggested cutting out all of my formatting, including bullet points and extra line breaks, which I did, but I am still over the limit. At this point, I can't cut out anything else without leaving out several of the projects I've done. Any suggestions? Could I continue the answers under question 6?</p>	<p>Unfortunately the response must fit in the text box for that specific question. If your response is not fitting it may be an indication that too much detail is being provided.... Perhaps just list the names of the projects?</p> <p>Please do not continue your response into # 6 as the information will be lost, and when reports are run from this tool your responses will not make sense in relation to the question.</p>