Part 2: Global Oncology Projects Survey

Global Oncology Projects led by NCI-Designated Cancer Centers

This 2021 global oncology survey of NCI-Designated Cancer Centers is led by the National Cancer Institute Center of Global Health (NCI/CGH) in collaboration with the American Society of Clinical Oncology (ASCO), American Society of Preventive Oncology (ASPO), and American Association for Cancer Research (AACR). It is designed to understand the global oncology programs, activities, and projects at your Cancer Center, to inform both the NCI-Designated Cancer Center community and the larger global oncology community.

This part of the survey focuses on global oncology projects that are not directly supported by NIH, as such activities are not readily captured in existing NIH databases. Given the robust portfolio of global oncology activities at NCI-Designated Cancer Centers that are not directly supported by NIH, we anticipate this survey will help provide a clearer view of the breadth and depth of global oncology engagement led by NCI-Designated Cancer Centers.

As with prior surveys such as the 2018-2019 Global Oncology Survey of NCI-Designated Cancer Centers, results from this survey will contribute to a comprehensive report of global oncology activities and training programs that can be shared with NCI, ASCO, ASPO, AACR, and the NCI-Designated Cancer Center network, as well as other stakeholders. Data from this survey may also inform a publication, similar to the JCO Global Oncology publication that followed the 2018-2019 survey. The objective of the report and subsequent publication is to create a tool for Cancer Centers and collaborating institutions to learn about projects with global collaborators, find new areas for global oncology collaboration, reduce duplicative efforts, and identify gaps in global cancer research and training activities.

The information provided in this survey is voluntary. Thank you for participating.

Q1. Please fill in your contact information below.
   1. Respondent Name: ______________________________________
   2. Cancer Center Name: _____________________________________
   3. Email: ________________________________________________

(End of Page 1)
Project Submission Form

Use this form to record global oncology research or projects in which your Cancer Center leads or participates. If you provided global oncology project information in the 2018 survey, your responses have been pre-populated. Check the box to validate that all project information remains the same, update the project information if it has changed, or delete the project if it is no longer active. For new projects, please report all active projects, regardless of current funding status. Projects should be entered one at a time.

4. Project Title:

__________________________________________________________________________
__________________________________________________________________________

4a. Status of this project:

________________________

(End of Page 2)
5. Was this project impacted by the COVID-19 pandemic?
   - Yes
   - No
   - Unsure

(End of Page 3)
6. Please explain how this project was impacted by the COVID-19 pandemic. Select all that apply.

- Ability to travel to conduct the project
- Ability to receive international trainees or collaborators
- Research priorities diverted
- Disruption to transport/access to services/infrastructure (e.g., patients, medicines, materials)
- Halting of in-country activities
- Funding for global oncology project
- Funding for trainees
- Other, please specify: ____________________

(End of Page 4)
7. Project Summary/Abstract [Please enter a brief description of your project. You may also copy and paste the project abstract here. For pre-populated forms, please verify/update the project information provided.]:

______________________________________________________________

______________________________________________________________

______________________________________________________________

(End of Page 5 )
8. Primary Focus Area of Project. Select all that apply.
   ☐ Research
   ☐ Capacity Building/Training
   ☐ Clinical practice
   ☐ Other, please specify: ____________________

(End of Page 6)
9. Common Scientific Outline (CSO) Codes: Please identify one or more codes for your project. CSO codes describe the research area(s) of focus for your project. More information about the CSO codes can be found here: icrpartnership.org/cso.

- Biology
- Etiology
- Prevention
- Early Detection, Diagnosis, and Prognosis
- Treatment
- Cancer Control, Survivorship, and Outcomes Research
10. Please identify one or more cancer sites of focus for your project. Projects that address many cancer types or are not specific to a particular cancer site may be coded as "Non-Site-Specific".
   - Non-Site-Specific
   - Adrenocortical Cancer
   - Anal Cancer
   - Bladder Cancer
   - Bone Cancer, Osteosarcoma
   - Brain Tumor
   - Breast Cancer
   - Cervical Cancer
   - Colon and Rectal Cancer
   - Ear Cancer
   - Endometrial Cancer
   - Esophageal/Oesophageal Cancer
   - Eye Cancer
   - Gallbladder Cancer
   - Head and Neck Cancer
   - Heart Cancer
   - Hodgkin’s Disease
   - Kidney Cancer
   - Laryngeal Cancer
   - Leukemia
   - Liver Cancer
   - Lung Cancer
   - Melanoma
   - Myeloma
   - Neuroblastoma
   - Non-Hodgkin’s Lymphoma
   - Oral Cavity and Lip Cancer
   - Ovarian Cancer
   - Pancreatic Cancer
   - Penile Cancer
   - Pharyngeal Cancer
   - Prostate Cancer
   - Retinoblastoma
   - Salivary Gland Cancer
   - Sarcoma
   - Skin Cancer
   - Stomach Cancer
   - Testicular Cancer
   - Thyroid Cancer
   - Vaginal Cancer
   - Wilms Tumor
☐ Other, please specify: ____________________

(End of Page 8)
11. Does your project focus on any of the following areas? Select all that apply.
   - Implementation science
   - Health disparities
   - Health equity
   - Pediatric cancers
   - Survivorship/Follow-up care
   - None of the above

(End of Page 9)
12. Project Start Date. Please specify a month and year for the project start date
[Example: December, 2012]:
  Month ________________________________________
  Year ________________________________________

(End of Page 10)
12a. Was there an end date to the project?
   ☐ Yes
   ☐ No

13. Project End Date. Please specify a month and year for the project end date:
   Month ________________________________________
   Year ________________________________________

13a. What is the duration of the project?
   ☐ <1 year
   ☐ 1 year
   ☐ 2 years
   ☐ 3 years
   ☐ 4 years
   ☐ 5 years
   ☐ 6 years
   ☐ 7 years
   ☐ 8 years
   ☐ 9 years
   ☐ 10 years
   ☐ >10 years

(End of Page 11)
14. Please describe your funding source:
   ○ Administrative Funds
   ○ Investigator Discretionary Funds
   ○ Internal Research Award Funds
   ○ Charitable/Donated Funds
   ○ US Government (non-NIH, e.g., CDC, USAID)
   ○ US Non-Profit
   ○ US Corporate/Private Sector
   ○ International – Government
   ○ International - Non-Profit
   ○ International – Corporate/Private Sector
   ○ Other, please specify: ____________________

(End of Page 12 )
15. Please list the name of the funding source(s):
   ○ I will enter this information
   ○ Not public information/Prefer not to state
   ○ Unknown

15a. List the funding source(s) below:
     __________________________

(End of Page 13)
**16. Grant/Project Number:** If your project has a grant or project number from a funding institution, please record the number here.

____________________

(End of Page 14)
17. Please list the country or countries in which your project is located.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

(End of Page 15)
18. Please state project setting:
   - Clinic-based
   - Community-based
   - Academic institution-based
   - Other, please specify: ____________________

(End of Page 16)
19. Please list publications associated with this project:

______________________________________________________________

______________________________________________________________

______________________________________________________________

(End of Page 17)
20. Please list scientific meetings where you gave presentations associated with this project:

______________________________________________________________
______________________________________________________________
______________________________________________________________

(End of Page 18)
21. Project information
   Principal Investigator Name: ________________________________________
   Principal Investigator Email: ________________________________________
   Principal Investigator Institution: _____________________________________
   Principal Investigator Institution City: ________________________________
   Principal Investigator Institution Country: _____________________________

   (End of Page 19 )
22. Does your project have any collaborating partners? Please include US-based and international collaborators.
   ○ Yes
   ○ No

(End of Page 20 )
Collaborating Partners

Please use this section to record collaborating partners for your project (US-based and international partners). These individuals should play a leadership role in your project (up to 20 collaborators). Please record one collaborator at a time.

23a. Please enter the Collaborators' information in the grid below

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23b. Do you have more Collaborators to add?

- ☐ Yes
- ☑ No

(End of Page 21)
Please enter the Collaborators' information in the grid below

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Do you have more Collaborators to add?
- ☐ Yes
- ☐ No

(End of Page 22)
23e. Please enter the Collaborators' information in the grid below

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23f. Do you have more Collaborators to add?
- Yes
- No

(End of Page 23)
23g. Please enter the Collaborators’ information in the grid below

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Data Sharing

Most data from this survey will be shared only in aggregate. However, occasionally the opportunity to share specific project data to increase collaboration and connections may arise. The partners with whom data may be shared include other Cancer Centers, researchers, trainees, and members of the global oncology community such as ASCO, AACR, UICC. The types of information shared includes, but is not limited to, scientific focus areas, geographic areas of work, types of funding sources, and training information.

24. Do you consent to the submitted project information being shared with relevant partners from the global oncology community?
   - No, do not share any project information
   - Yes, okay to share all the project information
   - Yes, but only okay to share certain types of information

(End of Page 25)
25. Please specify which information you would not like to be shared. Select all that apply. All other information may be shared.

- Scientific focus area information
- Geographic areas of work
- Training information
- Types of funding sources
- Collaborator information
- Other: __________

(End of Page 26)
Thank you for submitting your global oncology project for the NCI-Designated Cancer Centers Global Oncology Survey. If you have multiple global oncology projects, you should receive individual emails for each project. If you have any questions, email globaloncsurvey@nih.gov.

(End of Page 27)