

# Small-population cancers I

## 1. Introduction

The purpose of this survey is to assess current practices at your cancer center for diagnosing and treating chronic myeloid leukemia (CML) and other small-population cancers (such as gastrointestinal stromal tumors (GIST), malt or mantle cell lymphomas, carcinoid tumors or leiomyosarcomas).

Small-population cancers are defined in this survey as cancers that are relatively rare and seen fewer than five times each year by the typical practicing oncologist.

Important: If you need to consult others to obtain answers, you may exit the survey and re-enter later. If you exit the survey before finishing, you must have clicked on the "NEXT" button to save the information already entered on the current page.

To finish a partially completed survey, always re-enter the survey from your original email and on the same computer from which the survey was started.

### 1. Which of the selections below best describes your cancer program? (Select all that apply.)

- Academic/university cancer program
- Community hospital-based cancer program
- Community hospital comprehensive cancer program
- Freestanding cancer center program
- NCI-designated comprehensive cancer program

Other (please specify)

### 2. Of the patients with CML that you see at your center, approximately what portion are referred out to a regional or national cancer program for consultation, second opinion or for some services not offered at your center?

- We don't treat patients with CML. We refer all CML patients to other centers.
- We refer more than half of our CML patients to other centers.
- We refer less than half of our CML patients to other centers.
- We rarely refer our CML patients to other centers.
- We don't refer any of our CML patients to other centers.

Name(s) of center(s) to which you refer patients

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## 2. Program overview

### 3. What accreditation(s) does your cancer center (oncology group) have? (Select all that apply.)

- American College of Surgeons (ACOS) Commission on Cancer (medical center)
- American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI) (oncology group)

Other accreditations (please specify)

### 4. How many oncologists and related specialists are on staff and active (part of treatment team) in your cancer program?

Medical oncologists	<input type="text"/>
Radiation oncologists	<input type="text"/>
Surgical oncologists	<input type="text"/>
General surgeons	<input type="text"/>
Other physician specialties	<input type="text"/>
Nurse practitioners	<input type="text"/>
Physician assistants	<input type="text"/>

### 5. How many oncologists with a board certification in hematology or hospice and palliative medicine are active in your cancer program? And how many oncology-certified RNs do you employ?

Hematology	<input type="text"/>
Hospice and palliative medicine	<input type="text"/>
Oncology-certified RNs	<input type="text"/>

### 6. Does your cancer center serve as a referral or information resource (within your state or nationally) for other cancer programs or oncology groups for treatment of CML or other small-population cancers?

	Community/metro area-wide	Statewide	National
Information resource for families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information resource for treatment teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician consultation resource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient referral resource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## 7. How does your cancer center monitor your overall patient management processes? (Select all that apply.)

	We collect statistics.	Executives review data.	Clinicians review data.
Patient survival statistics (cancer registry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient satisfaction with services (phone survey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient satisfaction with services (mailed survey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National QA initiatives/guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

## 8. Approximately how many new cancer patients does your cancer center admit each year and what is your current active caseload?

	Fewer than 300	300-499	500-799	800-999	1,000 or more	Don't know
New cases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current active caseload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

## 9. Approximately how many new chronic myeloid leukemia (CML) patients does your cancer center admit each year and what is your current active caseload?

	Fewer than 5	5-9	10-24	25-99	100 or more	Don't know
New cases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current active caseload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## 10. How adequate is reimbursement for diagnosis and treatment of CML to cover your cancer center services, including support services?

	Always	Sometimes	Almost never
Adequate for those with private insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate for those with Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate for those with Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundation or drug company resources adequate for those uninsured or under-insured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

## 11. Rate your cancer center's program management of CML patients (in comparison to other centers) on a scale from "well below average" to "well above average."

	Well below average	Below average	Average	Above average	Well above average
Services in place to deal with patient's financial issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of clinical resources (for CML)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written policies requiring staff continuing education (for CML)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate technology support for CML treatment (EMR/EHR with flags, integrated CPOE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to and use of clinical guidelines (for CML)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments

## 12. Please briefly describe up to three critical activities at your cancer center that you consider to be important indicators of effective practices in managing patients with CML and other small-population cancers.

- 1
- 2
- 3

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### 13. What support from ACCC would be helpful for your center's management of CML patients? (Select all that apply.)

- Patient education material
- Support group information
- Resource lists
- Professional education programs (CML)
- Model policies (including checklists/forms)

Other (please specify)

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## 3. CML not treated at Cancer Center

If you do not treat CML patients at your cancer center, we ask that you complete the question below, indicating your information needs on this subject (if any), and then complete respondent information on the next page so that we will not send you reminders.

### 14. What support from ACCC would be helpful for your center's management of CML patients? (Select all that apply.)

- Patient education material
- Support group information
- Resource lists
- Professional education programs (CML)
- Model policies (including checklists/forms)

Other (please specify)

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## 4. Respondent information

Please complete the contact information below on the ACCC membership representative and any other individual primarily responsible for completing this survey. This will be used to link your responses to the two companion surveys. Please complete the identifying questions below so we can follow up with you (if necessary) to clarify your center's approaches to caring for patients with such cancers.

Your responses to this survey and to the other two companion surveys will be treated as confidential and used only for presentation in statistical aggregates with other cancer centers.

**\* 15. Please provide the following information on the ACCC representative (or other individual) responsible for seeing that this survey and the two companion surveys are completed.**

Name	<input type="text"/>
Job title	<input type="text"/>
Contact email	<input type="text"/>
Contact phone number	<input type="text"/>
Name of organization	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>

**16. Please provide the following information about any other individual who took a primary responsibility in completing the information in this survey. (If no other individual helped, leave blank.)**

Name	<input type="text"/>
Job title	<input type="text"/>
Contact email	<input type="text"/>
Contact phone number	<input type="text"/>
Name of organization	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>

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**\* 17. What is the profession of the individual(s) primarily responsible for completing this survey? (Select all that apply.)**

Administrator/manager/director

Physician (oncologist)

Physician (other)

RN

LPN

Social worker

Pharmacist

Other (please specify)