

Facility Questionnaire Harmonization

ATC Credentialing and QA committee.

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Goals:

- **Single Document for NCI sponsored Clinical Trials.**
 - **Single Location**
 - **Online Form**
 - **Database Driven and entry**
 - **Automatically updates QA centers databases**



Challenges:

- Many different Study Groups represented and each QA center uses their specific questionnaire for different purposes.
 - RTOG uses facility questionnaire's information for credentialing for specific protocols (per protocol).
 - QARC uses facility questionnaires to gather information per institution for a given study group (per study group)
 - RPC uses facility questionnaire to gather information per Radiation Therapy Facility (RTF #).
 - ITC uses facility questionnaire to gather information per "institution".

Solution:

- Slight change in Paradigm:
 - Questionnaire becomes a “Survey” used to populate a single data base per Radiation Facility
 - Contact information
 - Implementation of radiation oncology technologies
 - Credentialing Questions can be answered from this survey or with a separate form (mostly pre populated from the data base) which can also request ancillary information
 - Survey is then specific (keyed) to the actual facility rather than study group or protocol.

Solution:

- QA center Access:
 - All QA Centers should have access to the data via viewing the forms or via automatic download of the data to the QA centers individual database
 - Survey is then specific (keyed) to the actual facility rather than study group or protocol.

Implementation:

- Single Online Document to be housed and maintained by the RPC
 - RPC has contact with any facility participating in NCI sponsored Radiation Therapy Clinical Trials.
 - RPC currently requires all monitored facilities to fill out an online form
 - Document will be keyed to a Radiation Therapy Facility # (RTF #).

Facility Questionnaire PART I (Demographics and Technical Survey)

1) Institution Name: 2) RTF# 1075

Address:

City:

State: Country: Zipcode:

Telephone: Extension: Fax:

Person submitting this form:

Email: Phone:

3) Date Questionnaire Submitted:

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4) Cooperative Group Membership

| Study_Group | Edit | Delete |
|-------------|-------------------------------------|---------------------------------------|
| RTOG | <input type="button" value="Edit"/> | <input type="button" value="Delete"/> |
| GOG | <input type="button" value="Edit"/> | <input type="button" value="Delete"/> |
| CTSU | <input type="button" value="Edit"/> | <input type="button" value="Delete"/> |
| COG | <input type="button" value="Edit"/> | <input type="button" value="Delete"/> |
| CALGB | <input type="button" value="Edit"/> | <input type="button" value="Delete"/> |
| NSABP | <input type="button" value="Edit"/> | <input type="button" value="Delete"/> |

Please enter extra study group on the next line then hit Insert

List the individuals responsible for general question regarding clinical Trials and dosimetry compliance (TLD monitoring) for this cooperative group

Physicist Email:
 Telephone: Fax:

Research Associate: Email:
 Telephone: Fax:

Dosimetrist: Email:
 Telephone: Fax:

Radiation Oncologist Email:
 Telephone: Fax:

List any other individuals who will be involved in protocol treatment

| Name | Occupation | Email | Phone |
|--|----------------------|----------------------|----------------------|
| Please enter any extra individual on the next line then hit Insert | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |