

NCCCP Data Collection Tool



Quick Reference Guide



Table of Contents

1.0 - Logging into the NCCCP Data Collection Tool..... 3

2.0 -Tips and Tricks for Navigating through the NCCCP Data Collection Tool 6

3.0 - Inputting Information into the NCCCP Data Collection Tool 10

4.0 - Completing the Different Answer Types..... 11

 4.1 - Select Answers 11

 4.1.1 - Single-select Answers (Radio buttons) 11

 4.1.2 - Multiple-select Answers (Checkboxes)..... 11

 4.1.3 - Survey Matrix (Radio buttons)..... 12

 4.1.4 - Survey Matrix (Checkboxes) 13

 4.2 - Text Answers..... 14

 4.2.1 - Number Input 14

 4.2.2 - Free Text Answers..... 14

5.0 - Completing the Tables 16

 5.1 - Disparities Patient Navigation and Screening & Disparities Community Partnerships Tables... 17

 5.2 - Clinical Trials Data Collection Tool Table 20

6.0 - Saving Data into the NCCCP Data Collection Tool 24

7.0 - Submitting Data into the NCCCP Data Collection Tool 25

8.0 - Information about the NCCCP Data Collection Tool..... 27

9.0 - Help and Support 27



1.0 - Logging into the NCCCP Data Collection Tool

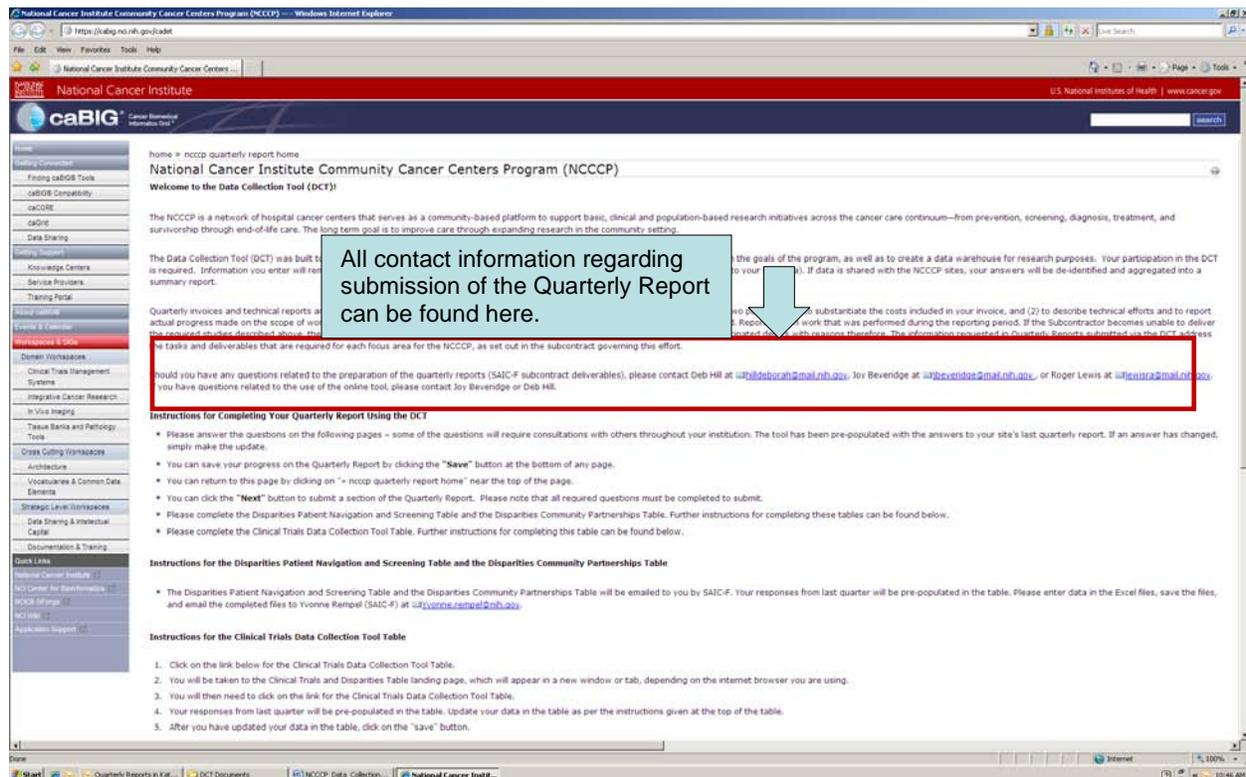
To access the tool, you will need a login name and a password. You will receive your login name and password from NCICB Application Support, who will send you an e-mail with both your login name and password prior to your logging into the Data Collection Tool (DCT). If you have any problems with your login name or password, please contact NCICB Application Support at ncicb@pop.nci.nih.gov.

To request an account, please send an e-mail to NCICB Application Support, ncicb@pop.nci.nih.gov, providing the following information:

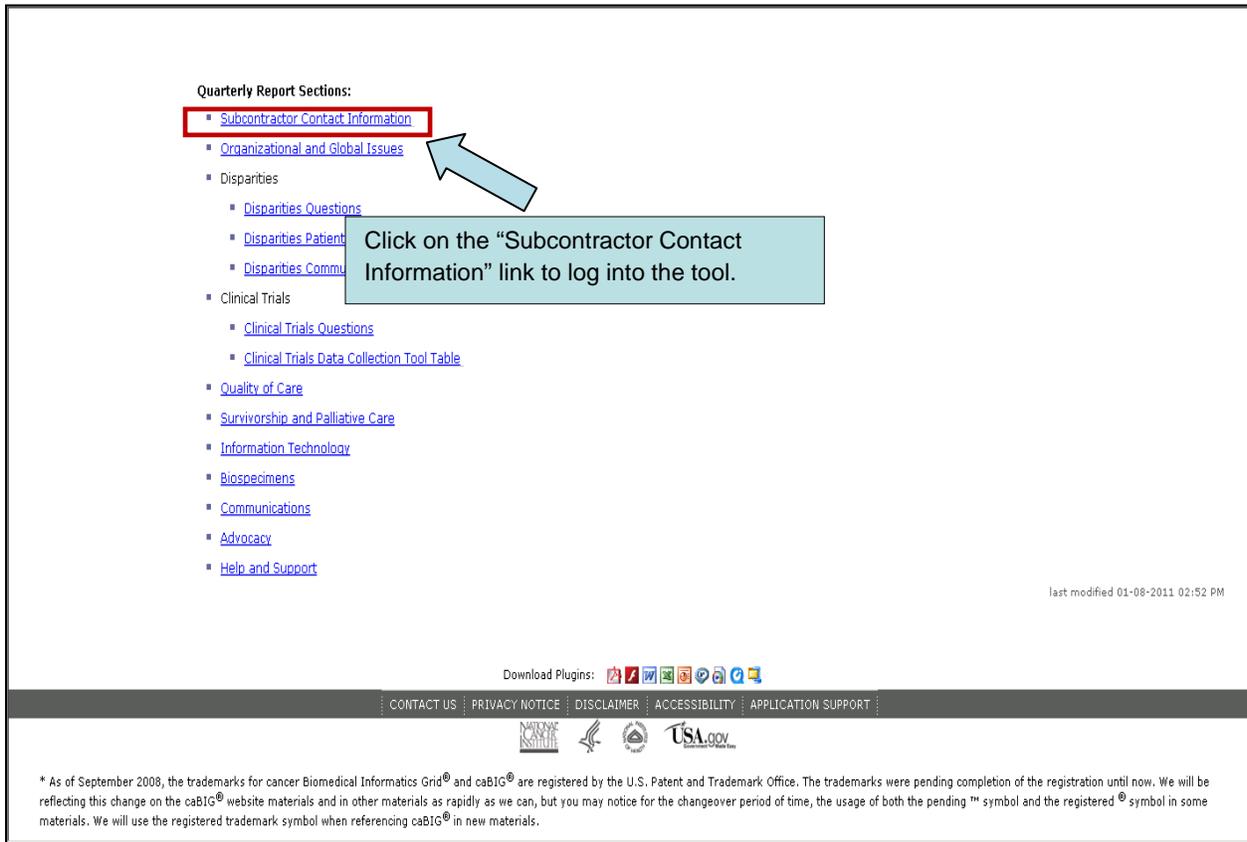
- User's first and last name
- User's title (e.g., MD/RN/PhD) and role (e.g., Director, Clinical Research Division)
- User's work e-mail address
- User's work phone number
- Name of the NCCCP organization the user is affiliated with

Once you receive your credentials from application support, you can then access the DCT. In order to access the application, launch your internet browser (for example: Internet Explorer) and in the internet browser address bar, type: <http://cabig.nci.nih.gov/cadet>.

This link will take you to the NCCCP Quarterly Report home page (as seen below).



To log into the tool, scroll to the bottom of the NCCCP Quarterly Report home page, and click on the “Subcontractor Contact Information” link (as seen below).



Quarterly Report Sections:

- [Subcontractor Contact Information](#)
- [Organizational and Global Issues](#)
- Disparities
 - [Disparities Questions](#)
 - [Disparities Patient](#)
 - [Disparities Commu](#)
- Clinical Trials
 - [Clinical Trials Questions](#)
 - [Clinical Trials Data Collection Tool Table](#)
- [Quality of Care](#)
- [Survivorship and Palliative Care](#)
- [Information Technology](#)
- [Biospecimens](#)
- [Communications](#)
- [Advocacy](#)
- [Help and Support](#)

last modified 01-08-2011 02:52 PM

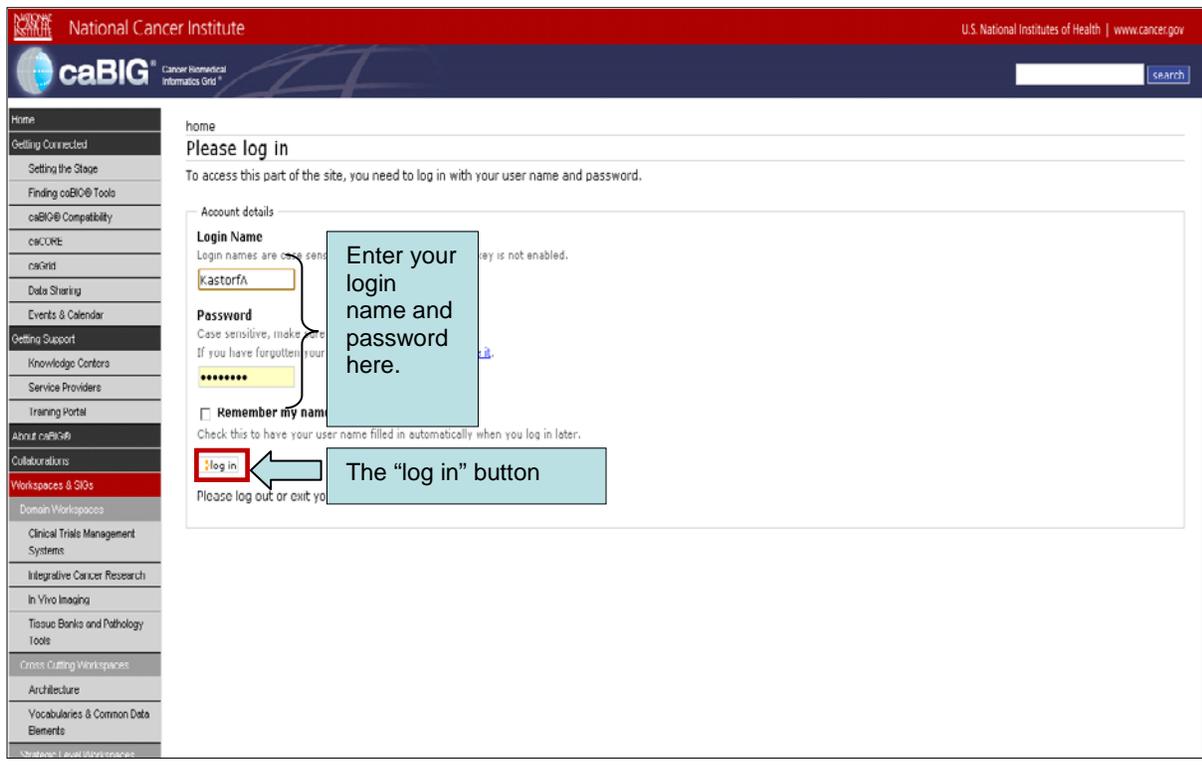
Download Plugins: 

CONTACT US | PRIVACY NOTICE | DISCLAIMER | ACCESSIBILITY | APPLICATION SUPPORT




* As of September 2008, the trademarks for cancer Biomedical Informatics Grid® and caBIG® are registered by the U.S. Patent and Trademark Office. The trademarks were pending completion of the registration until now. We will be reflecting this change on the caBIG® website materials and in other materials as rapidly as we can, but you may notice for the changeover period of time, the usage of both the pending™ symbol and the registered® symbol in some materials. We will use the registered trademark symbol when referencing caBIG® in new materials.

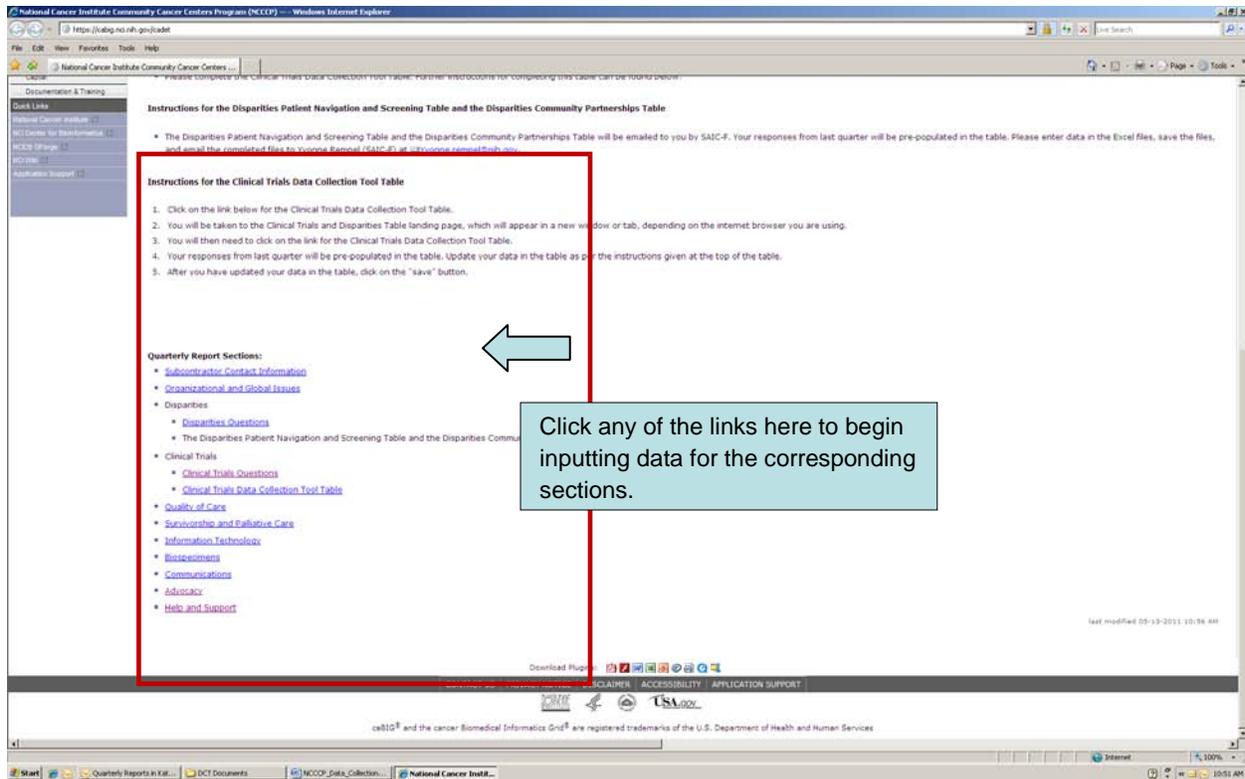
After clicking on the “Subcontractor Contact Information” link, you will be prompted to enter your login information. Enter your login name and password. Then, click on the “log in” button (as seen on the next page).



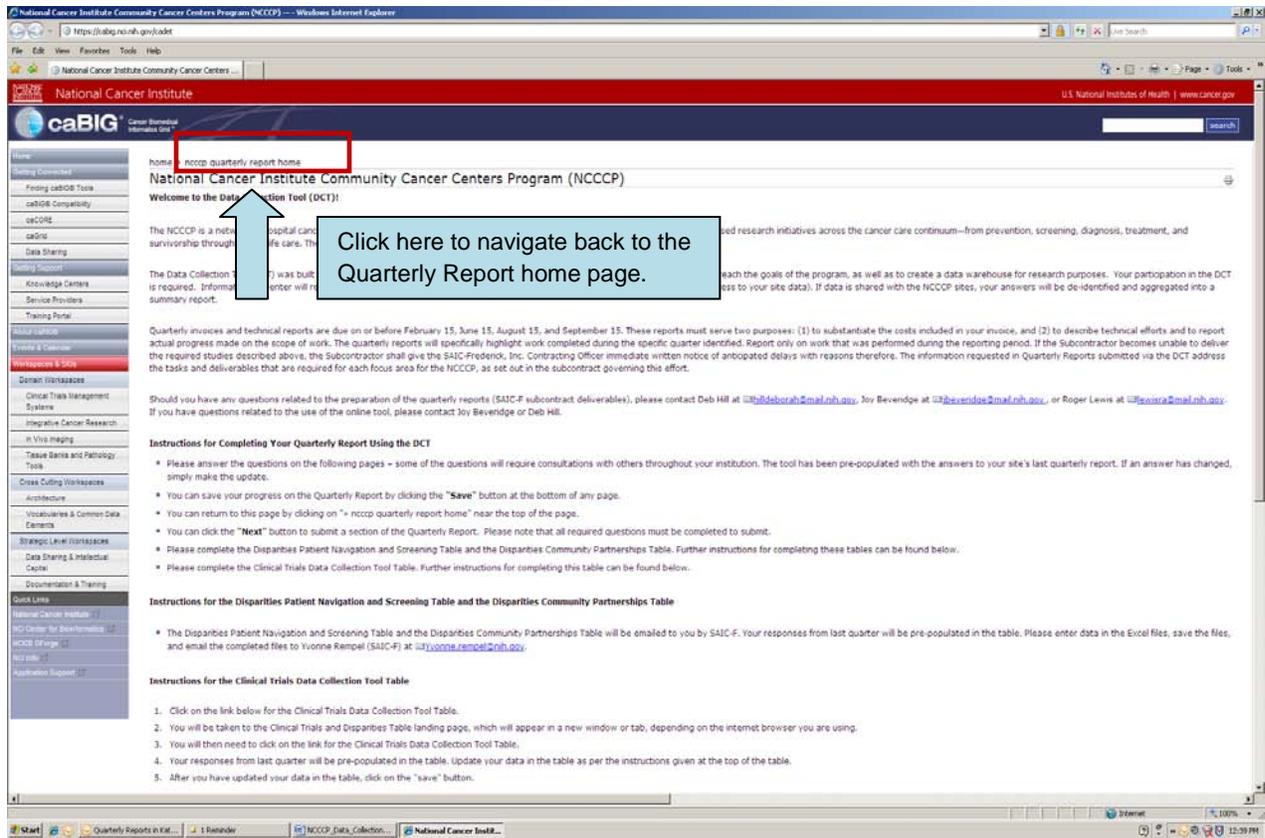
The screenshot shows the caBIG login interface. At the top, the National Cancer Institute logo and 'caBIG Cancer Biomedical Informatics Grid' are visible. A search bar is located in the top right. On the left, a navigation menu lists various services. The main content area is titled 'Please log in' and includes a 'Remember my name' checkbox. Two callout boxes are present: one pointing to the 'Login Name' and 'Password' fields with the text 'Enter your login name and password here.', and another pointing to the 'log in' button with the text 'The "log in" button'.

2.0 –Tips and Tricks for Navigating through the NCCCP Data Collection Tool

Once you have successfully logged into the DCT, you can click on any one of the links to begin inputting data for the corresponding section.

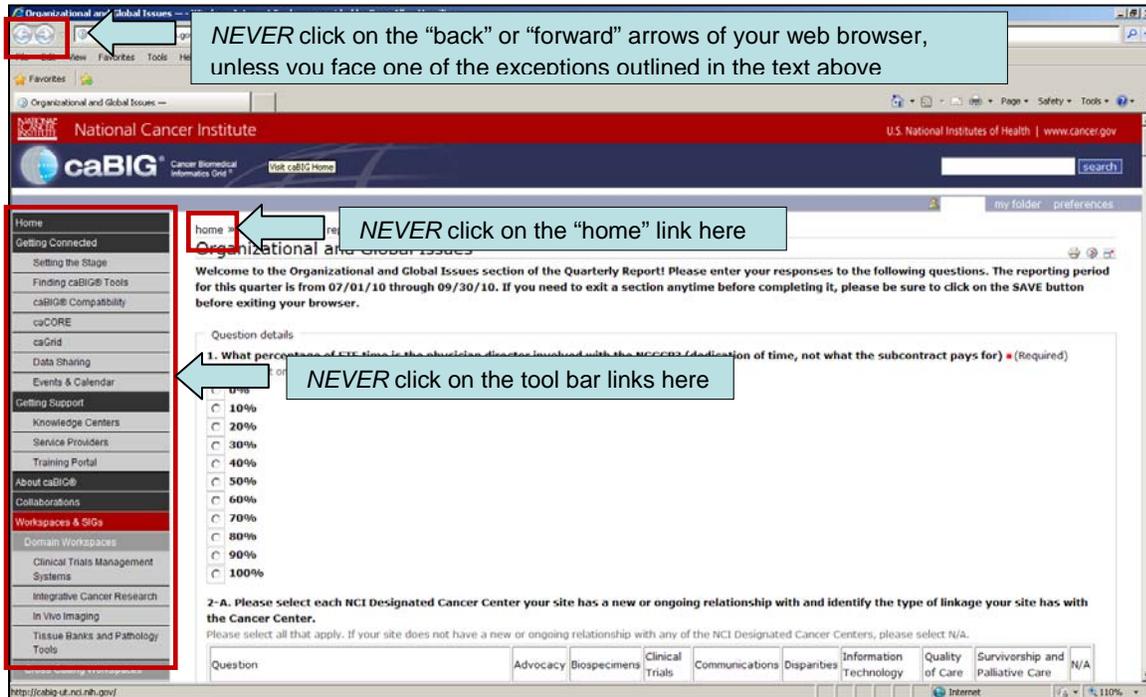


If at any point you want to navigate back to the NCCCP Quarterly Report home page, click on the “ncccp quarterly report home” link at the top of the page. These links are referred to as “breadcrumbs.” ALWAYS navigate between sections of the DCT by clicking on the breadcrumb links.



Here are some general points to keep in mind while navigating through the tool:

- NEVER click on the “back” or “forward” arrows of your web browser, especially once you have started entering data in the tool. However, please note the exceptions to this below:
 - NEVER click on the “home” link at the top left of the page. If you accidentally click on the “home” link, please use your “back” arrow on your web browser to return to the previous page and instead navigate through the tool using only the breadcrumbs.
 - NEVER click on the tool bar links on the left hand side of the DCT. If you accidentally click on one of the links to the left of the page, please use the “back” arrow of your web browser to return to the DCT. Once you return to the tool, please only click on the links within the tool (the breadcrumbs) to navigate through it.



- NEVER leave any question completely unanswered in the DCT. It is *required* that you answer *every* question. For questions that may not apply to your site’s situation, please refer to the question description (the gray text below the bolded question text), which will provide instructions on how to properly answer each question based on any relevant definitions or answer choices available.

- Please note the following about the use of the “save” and “next” buttons: After inputting data into a particular section, either click on the “save” button if you have answered some, but not all, questions in the section and plan on returning to finish it at a later time, OR click on the “next” button if you have answered all questions in the section and intend to submit the section.

7. At what level is your hospital or cancer center staff involved in state cancer plans? (Required)
Please select all that apply.

- Leadership role
- Participant
- Serve on a committee
- None

8-A. Please choose the barriers encountered by your site in addressing your NCCCP organizational and global issues goals. (Required)
Please select all that apply.

- Budget support
- Management/Leadership support
- Physician support
- Number of dedicated staff
- Staff time
- None
- Other (Please explain in Question 8-B)

8-B. If you answered "Other" to Question 8-A, please identify the other barriers that were encountered by your site in addressing your NCCCP organizational and global issues goals. (Required)
Please enter text here. If none, or no other, barriers were encountered, please enter N/A.

Click “save” if you are inputting data for some, but not all, of the questions in the section. You can return to your saved section at a later time to complete the section’s data input and to submit the section, which you will do by entering in all the remaining data and then clicking “next.”

Only click “next” if you have completed the section and would like to submit it.





3.0 - Inputting Information into the NCCCP Data Collection Tool

If your site has entered data in the “Subcontractor Contact Information”, that section is pre-populated with data from the previous reporting period. The designated user for this section must validate all person(s) assigned to input data in each remaining sections of the Tool.

The screenshot shows the NCCCP Data Collection Tool interface. On the left is a sidebar with navigation options: Integrative Cancer Research, In Vivo Imaging, Tissue Banks and Pathology Tools, Cross Cutting Workspaces, Architecture, Vocabularies & Common Data Elements, Strategic Level Workspaces, Data Sharing & Intellectual Capital, Documentation & Training, Strategic Planning, Quick Links, National Cancer Institute, NCI Center for Bioinformatics, NCICB GForge, NCI Wiki, and Application Support. The main content area contains several required input sections:

- 3. Please enter the subcontract number. (Required)**
Please enter a number.
2CKISH
- 4. Please enter the names and e-mail addresses of the people submitting the Subcontractor Contact Information section. (Required)**
Please enter text here.
Jane Doe, RN
doejane@hospital.org
- 5. Please enter the names and e-mail addresses of the people submitting the Advocacy section. (Required)**
Please enter text here.
Jane Doe, RN
doejane@hospital.org
- 6. Please enter the names and e-mail addresses of the people submitting the Biospecimens section. (Required)**
Please enter text here.
Jane Doe, RN
doejane@hospital.org
- 7. Please enter the names and e-mail addresses of the people submitting the Clinical Trials section. (Required)**
Please enter text here.
Jane Doe, RN
doejane@hospital.org

If a different or new user is responsible for entering the current quarter’s data for a particular section, the data is unable to be pre-populated as the data is only associated with the user who entered it. To review the previous quarter’s data, please use a copy of the previous quarter’s PI report. If you do not have this, please coordinate with Deb Hill (hilldeborah@mail.nih.gov), or Joy Beveridge (jbeveridge@mail.nih.gov).

4.0 - Completing the Different Answer Types

When answering questions in the DCT, please note that there are different question types, each with different requirements on how to be accurately and correctly answered.

4.1 - Select Answers

4.1.1 - Single-select Answers (Radio buttons)

In this case, please select only ONE answer from the set of answer choices. If you select more than one answer, your previous selection will be unselected and the new selection will be filled in. This type of selection is used when only one answer is desired.

13-C. What percentage of your cancer center physicians track race/ethnicity using OMB categories? (Required)

Please select only one answer. A cancer center physician is a cancer specialist who has a relationship to the cancer center, which may include employment or private practice.

None (0%)
 Few (1-25%)
 Some (26-60%)
 Most (61-99%)
 All (100%)

For this question, and those like it, that offer radio buttons as answer choices, you can only select ONE answer to the question

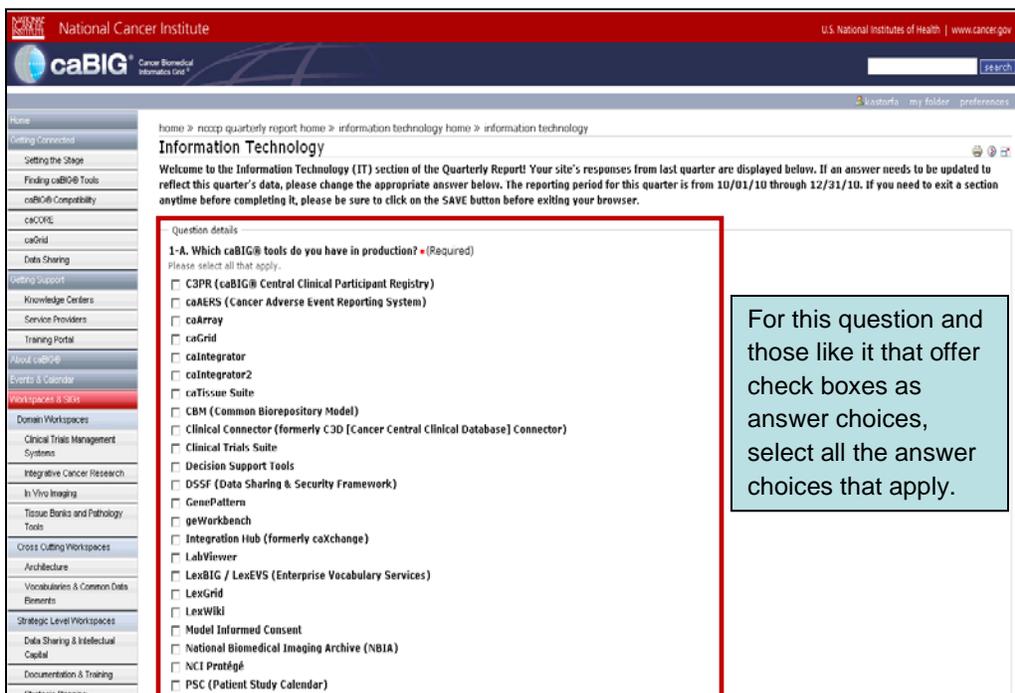
14-A. Have you analyzed patterns/trends from OMB Race/Ethnicity data? (Required)

Please select Yes or No.

Yes
 No

4.1.2 - Multiple-select Answers (Checkboxes)

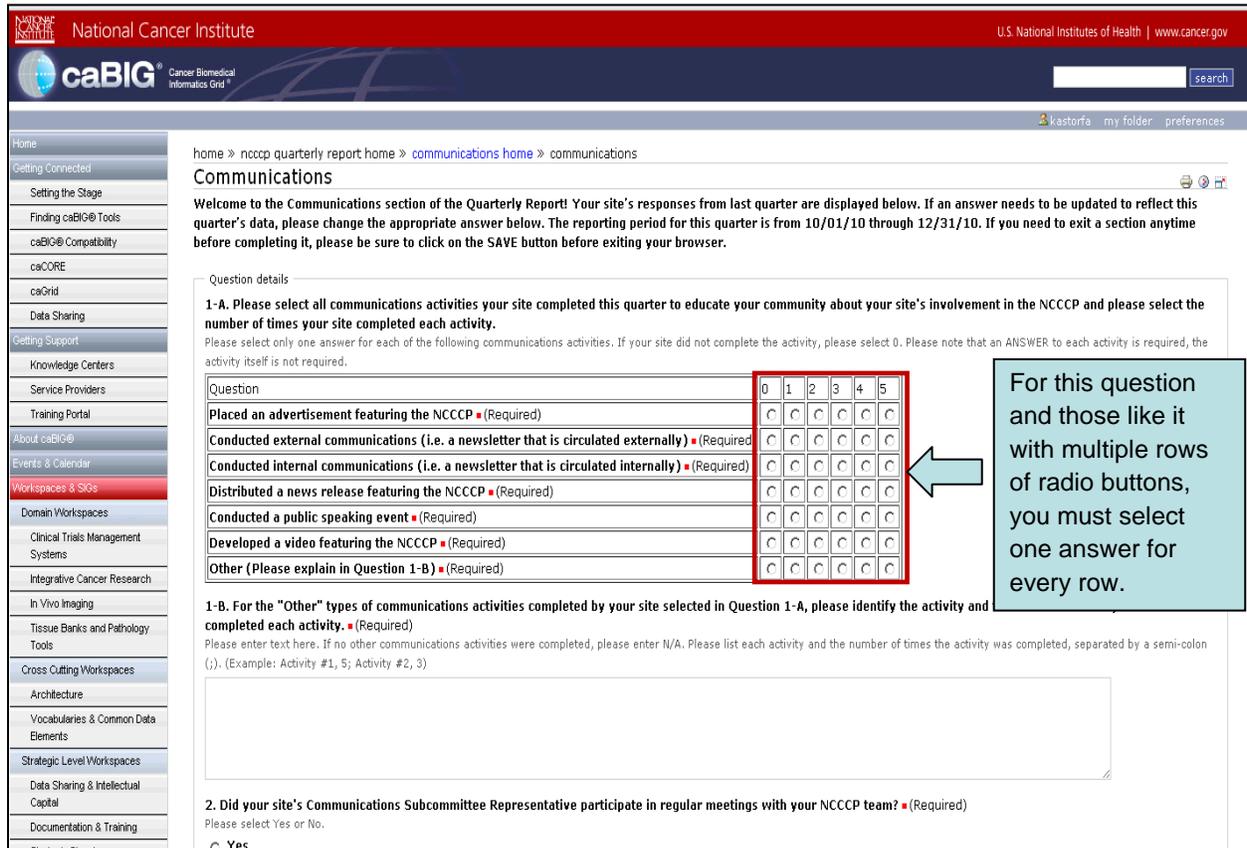
In this case, please select ALL the answer choices that apply. When you select a box, each box will indicate it is selected by displaying a filled box. You can choose as many that apply, up to all of the boxes, if applicable.



The screenshot shows the 'Information Technology' section of the Quarterly Report. Question 1-A asks: 'Which caBIG® tools do you have in production?' (Required). Below the question is a list of 18 tools, each with an unchecked checkbox. A text box on the right explains: 'For this question and those like it that offer check boxes as answer choices, select all the answer choices that apply.'

4.1.3 - Survey Matrix (Radio buttons)

In this case, please select only one answer for each row. Please note that one answer must be selected for each row in order to correctly complete the matrix. If you do not select at least one answer for each row, the system will allow you to “save” but when you click on “next” in an attempt to submit the section as final, the system will give you an error message and require you to complete the table correctly.



Question details

1-A. Please select all communications activities your site completed this quarter to educate your community about your site's involvement in the NCCCP and please select the number of times your site completed each activity.
Please select only one answer for each of the following communications activities. If your site did not complete the activity, please select 0. Please note that an ANSWER to each activity is required, the activity itself is not required.

Question	0	1	2	3	4	5
Placed an advertisement featuring the NCCCP (Required)	<input type="radio"/>					
Conducted external communications (i.e. a newsletter that is circulated externally) (Required)	<input type="radio"/>					
Conducted internal communications (i.e. a newsletter that is circulated internally) (Required)	<input type="radio"/>					
Distributed a news release featuring the NCCCP (Required)	<input type="radio"/>					
Conducted a public speaking event (Required)	<input type="radio"/>					
Developed a video featuring the NCCCP (Required)	<input type="radio"/>					
Other (Please explain in Question 1-B) (Required)	<input type="radio"/>					

1-B. For the "Other" types of communications activities completed by your site selected in Question 1-A, please identify the activity and completed each activity. (Required)
Please enter text here. If no other communications activities were completed, please enter N/A. Please list each activity and the number of times the activity was completed, separated by a semi-colon (;). (Example: Activity #1, 5; Activity #2, 3)

2. Did your site's Communications Subcommittee Representative participate in regular meetings with your NCCCP team? (Required)
Please select Yes or No.
 Yes

4.1.4 - Survey Matrix (Checkboxes)

In this case, please select all the answers that apply for each row. You must select at least one answer for each row. Please note that one or more boxes must be selected for every row in order for the matrix to be correctly filled out. If you do not select at least one answer for each row, the system will allow you to “save”, but when you click on “next” in an attempt to submit the section as final, the system will give you an error message and require that you complete the table correctly.

- Clinical Trials Management Systems
- Integrative Cancer Research
- In Vivo Imaging
- Tissue Banks and Pathology Tools
- Cross-Cutting Workspaces
- Architecture
- Vocabularies & Common Data Elements
- Strategic Level Workspaces
- Data Sharing & Intellectual Capital
- Documentation & Training
- Strategic Planning
- Genia Lines
- National Cancer Institute
- NCI Center for Bioinformatics
- NCI Office
- NCI Web
- Application Support

2-A. Please select each NCI Designated Cancer Center your site has a new or ongoing relationship with and identify the type of linkage your site has with the Cancer Center.
Please select all that apply. If your site does not have a new or ongoing relationship with any of the NCI Designated Cancer Centers, please select N/A.

Question	Advocacy	Biospecimens	Clinical Trials	Communications	Disparities	Information Technology	Quality of Care	Survivorship and Palliative Care	N/A
Abramson Cancer Center, University of Pennsylvania, Philadelphia, Pennsylvania (Required)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...f Medicine of Yeshiva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
...rizona (Required)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...University School of	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...rnia (Required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Medical School, New	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
...l, Honolulu, Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
...erve University,	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...of California at Irvine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
...ch Institute, Duarte,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For this question and those like it with multiple rows of checkboxes, select all answers that apply for each row. You must select at least one answer for every row.

4.2 - Text Answers

4.2.1 - Number Input

In this case, you will be required to enter a number. In most cases, only integers will be accepted. Note that in the gray text below the question, it states, “Please enter a number. Decimal points, spaces, letters, symbols and commas will NOT be accepted. (Example: 123)”. If you attempt to enter anything other than an integer, the system will not allow you to click on “save” or “next”. The system will not accept symbols, such as commas and percentage signs.

4-A. How many TIMES has your site met with, or communicated about NCCCP with, local policymakers? (Required)
Please enter a number. Decimal points, spaces, letters, symbols, and commas will NOT be accepted. (Example: 1)

4-B. How many TIMES has your communications staff met with, or communicated about NCCCP with, local physicians or oncologists? (Required)
Please enter a number. Decimal points, spaces, letters, symbols, and commas will NOT be accepted. (Example: 1)

4-C. How many TIMES has your site made use of the NCI provided NCCCP talking points to prepare letters, speeches and presentations about the NCCCP? (Required)
Please enter a number. Decimal points, spaces, letters, symbols, and commas will NOT be accepted. (Example: 1)

In some cases, decimal points will be allowed, as shown below.

14-A. At your site, how many IT staff members are able to allocate time to the deployment of information technology products? (Required)
Please enter a number. The number can include a decimal point, however, spaces, letters, symbols, and commas will NOT be accepted. (Example: 1234 or 1.2)

4.2.2 - Free Text Answers

In this case, enter text in the text box below the question. You can input any character types into the text box, but keep in mind that there is a 4000-character limit. PLEASE NOTE: data is less useful when you write lengthy descriptions. Please be as succinct as you can in answering any text box selection. If NCCCP program management needs further clarification, they will contact you.



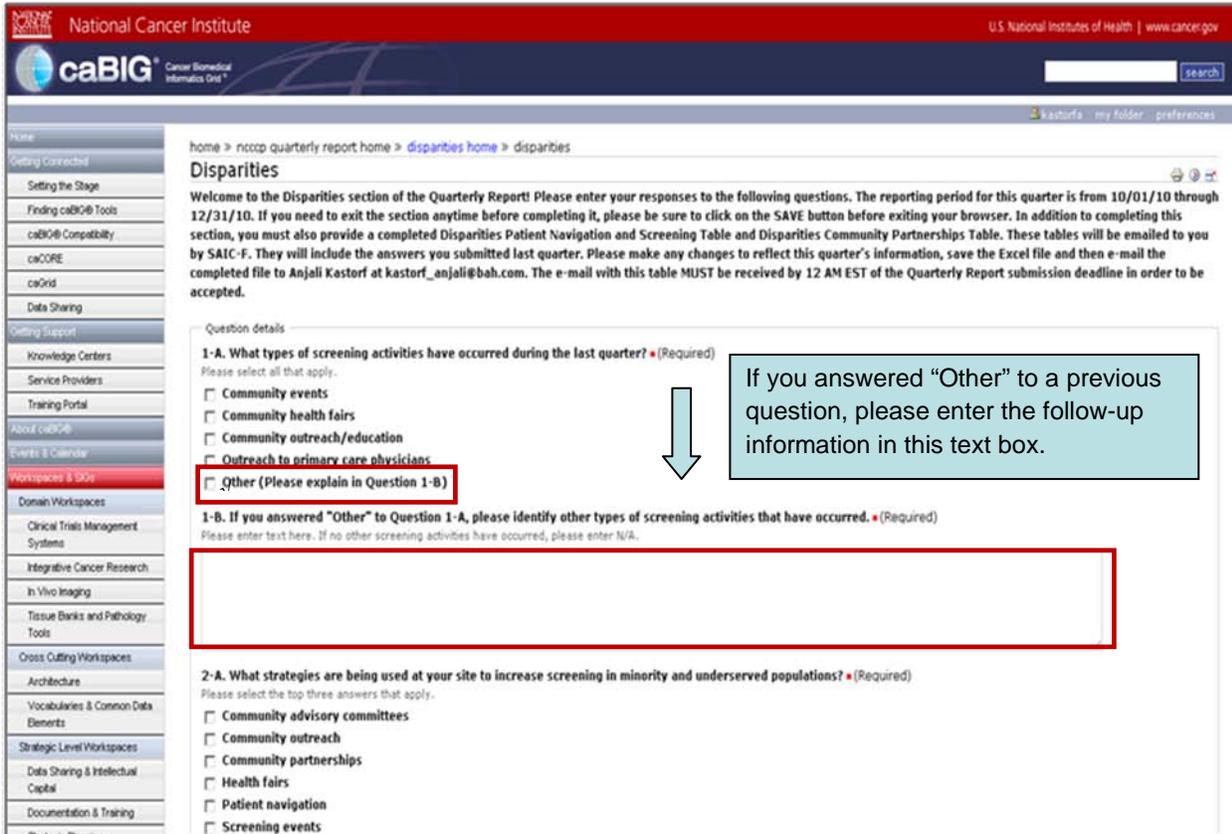
1-A. Please identify any connections or collaborations (local, state and national) made with advocacy organizations in the area of Policy. (Required)
Please enter text here. (Example: Participated in a letter writing campaign with Susan G. Komen for the Cure to expand coverage of clinical trials in the state of Texas.)
collaborations made with advocacy organizations in the area of Policy, please enter N/A.

1-B. Please identify any connections or collaborations (local, state and national) made with advocacy organizations in the area of Funding. (Required)
Please enter text here. (Example: Collaborated with an advocacy organization such as the Aron Foundation to hold a fundraising activity such as a walk, race or event.)
connections or collaborations made with advocacy organizations in the area of Funding, please enter N/A.

For free text input questions like those listed here in 1-A and 1-B, please be as detailed, yet succinct, as possible.

4.2.3 - Free Text, Dependent Answers

In the case of this question type, the answer is dependent on whether you selected “Other” in the previous question. If you selected “Other”, you would explain your answer choice in the text box in the following question.



Disparities

Welcome to the Disparities section of the Quarterly Report! Please enter your responses to the following questions. The reporting period for this quarter is from 10/01/10 through 12/31/10. If you need to exit the section anytime before completing it, please be sure to click on the SAVE button before exiting your browser. In addition to completing this section, you must also provide a completed Disparities Patient Navigation and Screening Table and Disparities Community Partnerships Table. These tables will be emailed to you by SAIC-F. They will include the answers you submitted last quarter. Please make any changes to reflect this quarter's information, save the Excel file and then e-mail the completed file to Anjali Kastorf at kastorf_anjali@bah.com. The e-mail with this table MUST be received by 12 AM EST of the Quarterly Report submission deadline in order to be accepted.

Question details

1-A. What types of screening activities have occurred during the last quarter? • (Required)
Please select all that apply.

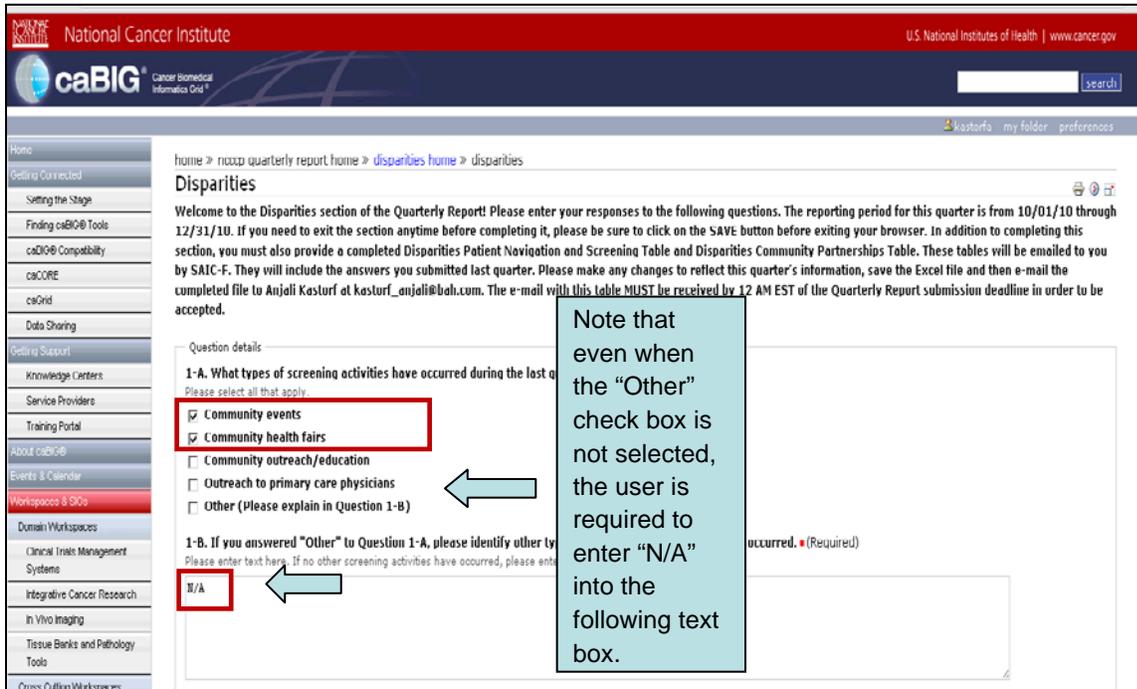
- Community events
- Community health fairs
- Community outreach/education
- Outreach to primary care physicians
- Other (Please explain in Question 1-B)

1-B. If you answered "Other" to Question 1-A, please identify other types of screening activities that have occurred. • (Required)
Please enter text here. If no other screening activities have occurred, please enter N/A.

2-A. What strategies are being used at your site to increase screening in minority and underserved populations? • (Required)
Please select the top three answers that apply.

- Community advisory committees
- Community outreach
- Community partnerships
- Health fairs
- Patient navigation
- Screening events

If you did not select “Other” in the previous question, you would enter N/A in the text box in the following question. This is a very important requirement, as program management needs to understand that you intended to leave the question blank and did not simply miss it. For that reason, all questions in this report are required.



5.0 - Completing the Tables

On the NCCCP Quarterly Report home page, you will find instructions for how to access the Disparities Patient Navigation and Screening Table, the Disparities Community Partnerships Table and the Clinical Trials Data Collection Tool Table (as shown below).

The Disparities Patient Navigation and Screening Table and Disparities Community Partnerships Table will be pre-populated with last quarter’s data and e-mailed to your site by SAIC-F.

You can access the Clinical Trials Data Collection Tool Table from the NCCCP Quarterly Report home page, by clicking on the “Clinical Trials Data Collection Tool Table” link, which will take you to the Clinical Trials and Disparities Tables Landing Page, from where you can access the Clinical Trials Data Collection Tool Table. The Clinical Trials Data Collection Tool Table will be pre-populated with the previous quarter’s data.

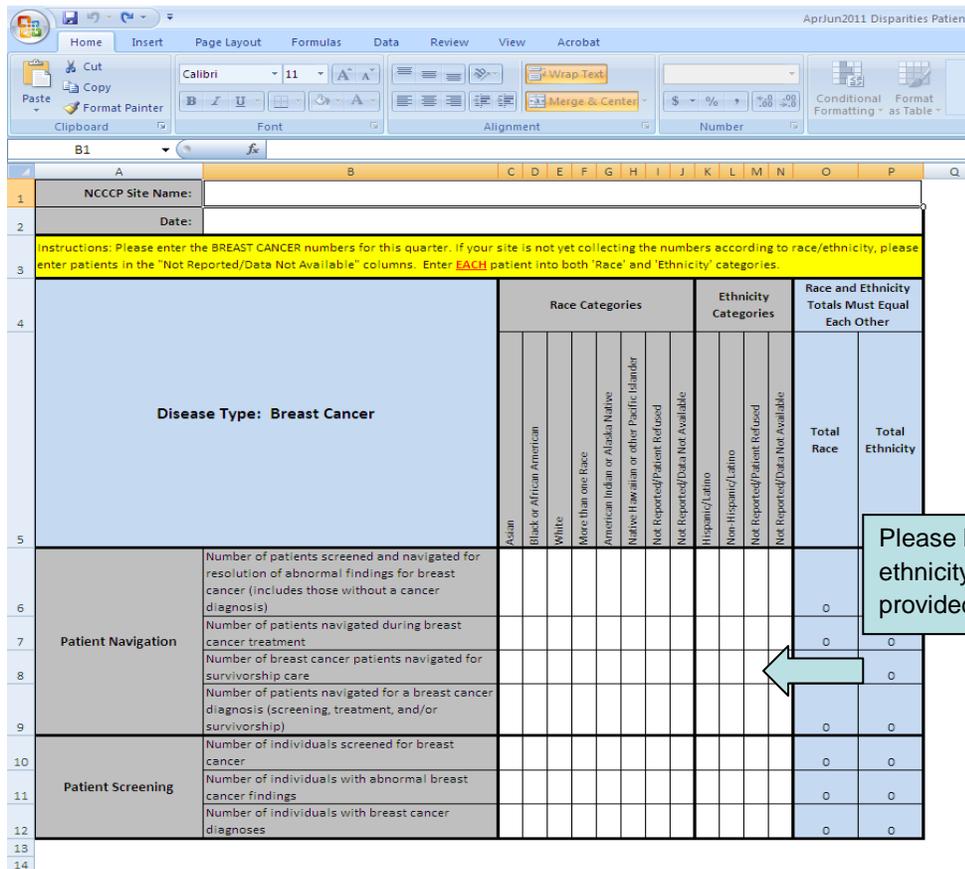
5.1 - Disparities Patient Navigation and Screening & Disparities Community Partnerships Tables

The Disparities Patient Navigation and Screening Table and Disparities Community Partnerships Table will be e-mailed to you by SAIC-F. These tables will be pre-populated with the previous quarter's data. Before completing the tables, please review the instructions found on the NCCCP Quarterly Report home page. Please make any necessary edits to both of these tables to reflect this quarter's data. Once it has been updated to reflect this quarter's data, please e-mail the completed table to Yvonne Rempel (SAIC-Frederick) at yvonne.rempel@nih.gov.

At the time of submission please enter "Complete" or "Incomplete" in the text box below, depending on whether the Disparities Patient Navigation and Screening Table and Disparities Community Partnerships Table has been e-mailed to Yvonne Rempel.

Disparities Patient Navigation and Screening Table

In July 2011, the Patient Navigation and Screening Table was modified to include fields for reporting OMB race/ethnicity categories. All sites were required to begin collecting race and ethnicity data according to OMB guidelines effective April 2011.



The screenshot shows an Excel spreadsheet titled 'AprJun2011 Disparities Patient'. The spreadsheet includes a header section for 'NCCCP Site Name' and 'Date', followed by instructions. The main data table is organized as follows:

Disease Type: Breast Cancer	Race Categories						Ethnicity Categories			Race and Ethnicity Totals Must Equal Each Other		
	African American	White	More than one race	American Indian or Alaska Native	Native Hawaiian or other Pacific Islander	Not Reported/Data Not Available	Hispanic/Latino	Non-Hispanic/Latino	Not Reported/Patient Refused	Not Reported/Data Not Available	Total Race	Total Ethnicity
Patient Navigation											0	0
Number of patients screened and navigated for resolution of abnormal findings for breast cancer (includes those without a cancer diagnosis)											0	0
Number of patients navigated during breast cancer treatment											0	0
Number of breast cancer patients navigated for survivorship care											0	0
Number of patients navigated for a breast cancer diagnosis (screening, treatment, and/or survivorship)											0	0
Patient Screening											0	0
Number of individuals screened for breast cancer											0	0
Number of individuals with abnormal breast cancer findings											0	0
Number of individuals with breast cancer diagnoses											0	0

Please be sure to enter OMB race and ethnicity information in the spaces provided.

Each patient requires two entries: one for race, and one for ethnicity. (These fields will be blank on the table for the April – June 2011 reporting period.) Please note that the “Total” columns are locked; users cannot enter numbers into the “Total” fields. The total numbers will be automatically tallied based on the responses to the race and ethnicity category fields. The race total and the ethnicity total should match.

Please update the pre-populated information pertaining to the number of patients navigated and screened for each type of cancer (Breast, Prostate, Colon, Lung and All Other Cancers). Please note for Lung cancer, you are only required to provide information about patient navigation. See the figure below for a visual example of how to fill out the table.

A		B	
1	Hospital:		
2	Name of the Person Completing the Table:		Please be sure to provide this information in the space provided.
3	Title:		
4	E-mail:		
5	Date:		
6	Instructions: Please enter the numbers for this quarter for BREAST CANCER . NOTE: We will ask you to enter numbers according to OMB race/ethnicity beginning April 1, 2011. In the interim, we encourage you to use your own race/ethnicity data for your own program use and to continue your progress in implementing OMB ca		
7	Disease Type: Breast Cancer		
8	Patient Navigation	Number of patients screened and navigated for resolution of abnormal findings for breast cancer (includes those without a cancer diagnosis)	
9		Number of patients navigated during breast cancer treatment	
10		Number of breast cancer patients navigated for survivorship care	
11		Total number of patients navigated for a Breast Cancer diagnosis (screening, treatment, and/or survivorship)	
12	Patient Screeni	Number of individuals screened for breast	
13		Number of individuals with abnormal breast	
14		Number of individuals with breast cancer diagnoses	
15			
16			

Please be sure to fill out the Table for each of these tabs.

Breast Cancer Prostate Cancer Colon Cancer Lung Cancer All Other Cancer Types

Please be sure to enter the information into each tab of the spreadsheet. For further instructions on how to submit the table, please see the general instructions provided at the start of Section 5.1.

Disparities Community Partnerships Table

Once you open the table, please update the pre-populated information: review each community partner with which your site collaborates, review the selected activities that those community partners help you focus on and the selected populations that these partnerships serve. If “Other”, please specify in the designated area.

To make edits to your entries or to add new entries, please take note of the new format of the Disparities Community Partnerships Table. You are now required to select “Yes” or “No” from a drop-down menu for each NCCCP activity and population served by the community partnership. Also, please enter “Yes” or “No” for each category of partnership for each community partner that is listed. See the figure below for a visual example of how to fill out the table.

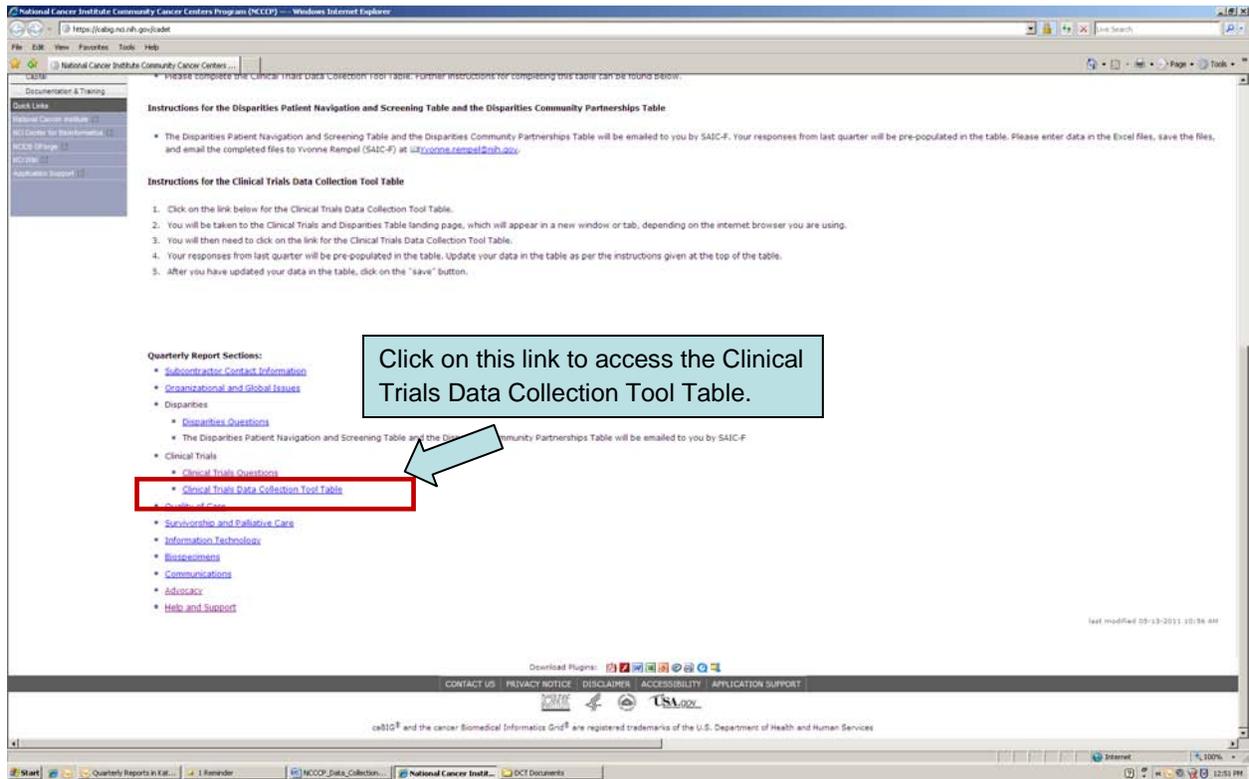
		Disparities- Community Partnerships Table																					
Please list the names of the community partners with which your site collaborates.		Which NCCCP program activities are they MOST helping you address?					If the partner organization focuses specifically on the underserved, please select which of the following underserved or racial and ethnic groups the organization serves.										Which category of partnership best describes each that is listed?						
A community partner is defined as an organization or group that agrees to collaborate with the NCCCP sites to reach the public in support of the work of a healthcare or cancer initiative, especially with a focus on minority and underserved populations.		Please use the drop-down box to select Yes or No for each of the NCCCP Program Activities. If Other, please specify in the "Other" column.					Please use the drop-down box to select Yes or No for each Population. If Other, please specify in the "Other" column.										Please enter Yes for the category of partnership that best describes each that is listed, otherwise, enter No.						
Please enter text in the column below																	Formal relationship (see definitions below)						
																	Level 1 - Networking and Information Exchange - ongoing relationship for information exchange to benefit the community (e.g. referral information, educational material)		Level 2 - Joint Program Sponsorship - joint effort to sponsor events or programs over the course of a year (not a screening location, but a partner who works with you in coordinating or sponsoring a screening and education event, etc.)		Level 3 - Formal Relationship - ongoing relationship with a formal agreement or MOU to provide specific services to the community with a defined outcome		
1	American Cancer Society	Yes																			No	Yes	No
2		No																					
3																							
4																							
5																							
6																							
7																							
8																							
9																							

For each community partner, please select “Yes” or “No” from the drop-down menu for each NCCCP activity and population served. If “Other”, please specify in the appropriate cell.

Once the Disparities Patient Navigation and Screening Table and Disparities Community Partnerships Table have been completed, please e-mail a copy of the tables to Yvonne Rempel at SAIC-F (yvonne.rempel@nih.gov). Note that these tables must be completed in order for the Disparities section to be considered complete.

5.2 - Clinical Trials Data Collection Tool Table

In order to access the Clinical Trials Data Collection Tool Table, please click on the “Clinical Trials Data Collection Tool Table” link on the NCCCP Quarterly Report home page. Clicking this link will take you to the Clinical Trials and Disparities Tables Landing Page, where you can access the Clinical Trials Data Collection Tool Table.



Instructions for the Disparities Patient Navigation and Screening Table and the Disparities Community Partnerships Table

- The Disparities Patient Navigation and Screening Table and the Disparities Community Partnerships Table will be emailed to you by SAIC-F. Your responses from last quarter will be pre-populated in the table. Please enter data in the Excel files, save the files, and email the completed files to Yvonne Rempel (SAIC-F) at yvonne.rempel@nih.gov.

Instructions for the Clinical Trials Data Collection Tool Table

- Click on the link below for the Clinical Trials Data Collection Tool Table.
- You will be taken to the Clinical Trials and Disparities Table landing page, which will appear in a new window or tab, depending on the internet browser you are using.
- You will then need to click on the link for the Clinical Trials Data Collection Tool Table.
- Your responses from last quarter will be pre-populated in the table. Update your data in the table as per the instructions given at the top of the table.
- After you have updated your data in the table, click on the "save" button.

Quarterly Report Sections:

- [Subcontractor Contact Information](#)
- [Organizational and Global Issues](#)
- Disparities
 - [Disparities Questions](#)
- Clinical Trials
 - [Clinical Trials Questions](#)
 - [Clinical Trials Data Collection Tool Table](#)**
 - [Quality of Care](#)
- [Survivorship and Palliative Care](#)
- [Information Technology](#)
- [Biorepositories](#)
- [Communications](#)
- [Advocacy](#)
- [Help and Support](#)

last modified: 05-13-2011 10:34 AM

At the top of the Clinical Trials Data Collection Tool Table, you will find instructions and definitions to guide you in answering the questions about your site’s clinical trials. Please read all the instructions and definitions thoroughly and carefully before you begin filling out the table. Also, note that only those trials NOT sponsored by the NCI should be included in this table. On the bottom half of the page you will find the Clinical Trials Summary Table, which will contain all of the clinical trials information that you have entered. Please note the Clinical Trials Data Collection Tool Table will be pre-populated with the previous quarter’s trials.



Instructions:

Please enter only those trials sponsored by the NCI, such as NCI Designated Cancer Center, industry / pharma, externally peer-reviewed and institutional trials as per the definition.

Please provide an update to the number of research studies open, and to the number of trials newly opened or closed, at any time during the quarterly reporting period at the cancer center by any of the following:

Reporting period: 07/01/10 - 09/30/10

Trial Number: Please enter Trial Number. (Example: AZ0000)

Trial Sponsor: Please select only one answer.

Disease Site: Please select only one answer.

Trial Title: Please include trial number.

Phase: Please select only one answer.

Closed Trials: Please note if a trial closed.

Racial Minority Accrual for Reporting Period:

Ethnic Minority Accrual for Reporting Period:

Under-represented: If a patient crosses into one of the following categories, please indicate how many patients of the study were Rural patients. If no participants fall into this category, please indicate with a Zero.

1. Rural: Indicate how many patients of the study were Rural patients. If no participants fall into this category, please indicate with a Zero.

2. Adolescents & Young Adults (15-39): Indicate how many patients of the study were Adolescents & Young Adults (15-39). If no participants fall into this category, please indicate with a Zero.

3. Elderly: Indicate how many patients of the study were Elderly (≥ 65). If no participants fall into this category, please indicate with a Zero.

Number of patients enrolled with insurance coverage for clinical trials: Indicate how many participants of the study lacked insurance coverage for clinical trials. If no participants fall into this category, please indicate with a Zero.

Uninsured: Indicate how many patients of the study are uninsured. If no participants fall into this category, please indicate with a Zero.

Total Accrual: Provide the number of patients accrued to each protocol during this reporting period.

Definitions:

Sponsor

- 1. NCI-Designated Cancer Center:** Study designed and led by an investigator at an NCI-Designated Cancer Center.
- 2. Industry/Pharma Trials:** Design and implementation of the study is controlled by the pharmaceutical company.
- 3. Externally Peer-Reviewed Trials:** R01s and P01s or other trial mechanisms funded by NIH or supported by other peer-reviewed funding organizations, such as the ACS, the Komen Foundation, etc.
- 4. Institutional Trials:** In-house, internally reviewed trials, including those collaborative studies conducted with industry sponsorship in which the center is a primary contributor to the design, implementation, and analysis of the trial.

Primary Purpose of the Trial

- 1. Treatment:** Protocol designed to evaluate one or more interventions for treating a disease, syndrome or condition
- 2. Supportive Care/Quality of Life:** Protocol designed to evaluate one or more interventions where the primary intent is to maximize comfort, minimize side effects or mitigate against a decline in quality of life.
- 3. Prevention:** Protocol designed to assess one or more interventions aimed at preventing the development of a specific disease or health condition
- 4. Screening/Early Detection:** Protocol designed to assess or examine methods of identifying a condition (or risk factors for a condition) in people who are not yet known to have the condition or to have tests for earlier or more accurate detection or diagnosis of disease.

Once you have read the instructions and definitions, click on the “Add Trial” link towards the bottom of the page above the Summary Table (see below). This link will allow you to input data for a new clinical trial to start populating the clinical trials table.

The Summary Table shown below is a consolidated display of all clinical trials information entered. From this page you can either add a new trial by clicking on “Add Trial” at the top left of the Summary Table, or you can edit the information of existing trials by clicking on “Edit Trial” on the left side of the trial you would like to edit.

Instructions on filling out the Summary Table:

In the table below, to add a new trial for the reporting quarter, please click on "Add Trial" and input your information. Click on "Save" to save the information. To edit an existing trial, please click on the "Edit" button next to the trial you would like to edit. Click on the "Save" button to save the information.

Total number of rural patients accrued to NCI Research Base Trials (Cooperative Group treatment, prevention and cancer control trials and DCP prevention and cancer control trials) during this reporting period: Prc
Total number of patients who lack insurance coverage for clinical trials accrued to NCI Research Base Trials (Cooperative Group treatment, prevention and cancer control trials and DCP prevention and cancer control trials) during this reporting period: Prc

Clinical Trials

[Add Trial](#)

Click on these links to add a new trial or to edit an existing trial.

Edit Trial	Trial Number	Sponsor	Did trial close during this reporting period	Racial Minorities Accrued for This Period						Ethnic Minorities				
				Asian	Black or African American	White	More than one Race	Not Reported/Patient Refused	Not Reported/Data Not available	Hispanic/Latino	Non-Hispanic/L			
Edit Trial	x27	Externally Peer reviewed Trials	please indicate No											
Edit Trial	AZ0922	Externally Peer reviewed Trials		8	9	9	67	54	9	0	6	7	9	76

When adding and editing trials, please follow the instructions provided at the top of the page where you are entering / editing the clinical trials data. Please note that all questions are REQUIRED to be answered.

Trial Number • (Required)
For example, AZ0000

Clinical Trials Sponsor • (Required)

- NCI-Designated Cancer Center
- Industry/Pharma Trials
- Externally Peer reviewed Trials
- Institutional Trials

Disease Site • (Required)

- Breast
- Central Nervous System
- Endocrine
- Gastrointestinal
- Genitourinary
- Gynecological
- Head & Neck
- Hematologic
- Lung
- Skin
- Multiple Cancers
- Other

Trial Title • (Required)

Open Clinical Trials Phase • (Required)

- I
- I/II
- II
- II/III
- III
- III/IV
- IV
- Pilot
- N/A

Input data for each trial by answering the questions on this page.

Once you have added/edited all of the information for a trial, click on the "save" button. This information is now saved in the Summary Table.

Indicate # accrued for this period.

Ethnic Minorities Accrued for this Period

Hispanic/Latino
 Indicate # accrued for this period.

Non-Hispanic/Latino
 Indicate # accrued for this period.

Not Reported/Patient Refused
 Indicate # accrued for this period.

Not Reported/Data Not available
 Indicate # accrued for this period.

Under-Represented

Rural
 Indicate # accrued for this period.

Adolescents & Young Adults (15-39)
 Indicate # accrued for this period.

Elderly (≥ 65)
 Indicate # accrued for this period.

Number of patients enrolled who lack insurance coverage for clinical trials
 Indicate # accrued for this period.

Uninsured
 Indicate # accrued for this period.

Accrual for This Reporting Period
 Indicate Total # accrued for this period.

Once you have made the changes to a clinical trial, click on the “save” button.

Once you have added/edited and saved all of your clinical trials, you MUST enter the “Total number of rural patients accrued to NCI Research Base Trials (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 lack insurance coverage for clinical trial accrued to NCI Research Base Trials (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 can be found towards the bottom right hand corner of the Clinical Trials Summary Table. The instructions for inputting these numbers can be found above the Clinical Trials Summary Table.

Instructions on filling out the Summary Table:

In the table below, to add a new trial for the reporting quarter, please click on "Add Trial" and input your information. Click on "Save" to save the information. To edit an existing trial, please click on the "Edit" button next to the trial you would like to edit. Click on the "Save" button to save the information.

Total number of rural patients accrued to NCI Research Base Trials (Cooperative Group treatment, prevention and cancer control trials and DCP prevention and cancer control trials) during this reporting period: Pr
Total number of patients who lack insurance coverage for clinical trials accrued to NCI Research Base Trials (Cooperative Group treatment, prevention and cancer control trials and DCP prevention and cancer control trials) during this reporting period.

Clinical Trials
[Add Trial](#)

Edit Trial	Trial Number	Did trial close during this reporting period? If Yes, please provide date closed. (MM/DD/YY) If No, please indicate No	Racial Minorities Accrued for This Period								Ethnic Minorities Accrued for this Period					
			American Indian or Alaska Native	Native Hawaiian or other Pacific Islander	Asian	Black or African American	White	More than one Race	Not Reported/Patient Refused	Not Reported/Data Not available	Hispanic/Latino	Non-Hispanic/Latino	Not Reported/Patient Refused	Not Reported/Data Not available	Rural	
Edit Trial	xzxczx	Externally Peer reviewed Trials														

To address the text boxes at the lower right hand side of the Summary Table, follow the instructions provided here.

Once you have entered ALL of your clinical trial data and you are confident in the accuracy and completeness of the information, and your PI has approved the information, please click on the "Submit Totals" button. If you have already submitted your answers to the Clinical Trials section's non-table questions, you are now finished with data entry for the entire Clinical Trials section of the DCT.

You can download a copy of the Summary Table (as an Excel file) for your own records by clicking on the "Download Excel File" link at the bottom of the page.

Phase	Primary Purpose of the trial	Did trial close during this reporting period? If Yes, please provide date closed. (MM/DD/YY) If No, please indicate No	Racial Minorities Accrued for This Period								Ethnic Minorities Accrued for this Period			Rural	
			American Indian or Alaska Native	Native Hawaiian or other Pacific Islander	Asian	Black or African American	White	More than one Race	Not Reported/Patient Refused	Not Reported/Data Not available	Hispanic/Latino	Non-Hispanic/Latino	Not Reported/Patient Refused		Not Reported/Data Not available
I	Supportive Care/Quality of Life	8	9	9	67	54	9	0	6	7	9	76	6	8	7
												Total number of rural patients accrued to NCI Research Base			

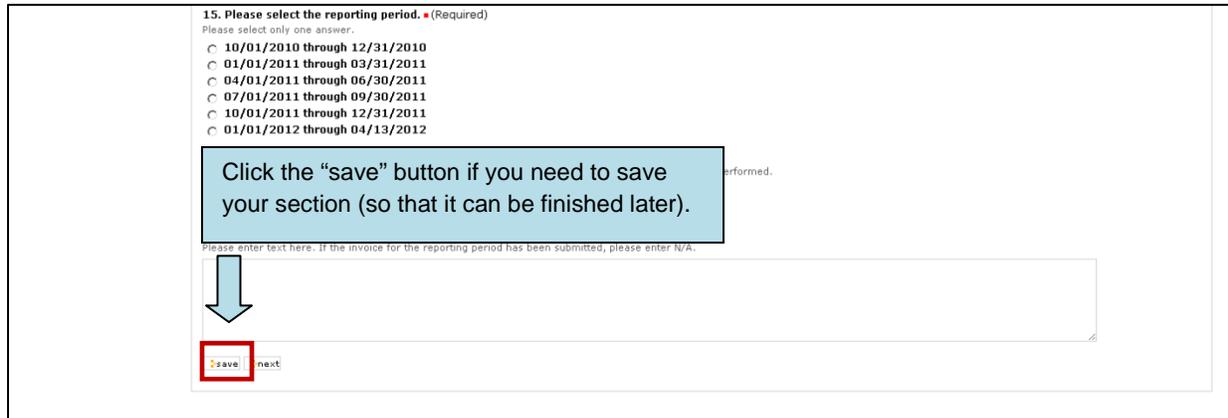
Once you have saved all the clinical trials data, please click on the "Submit Totals" button at the bottom of the page.

Click on the "Download Excel File" link to download a copy of the Clinical Trials Summary Table (in Excel format) for your own records.

[Submit Totals](#)
[Download Excel File](#)

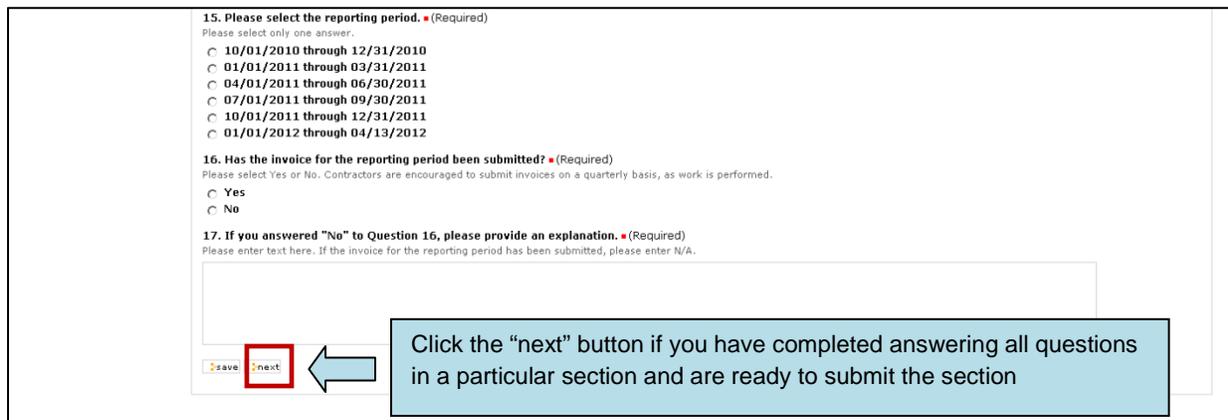
6.0 – Saving Data into the NCCCP Data Collection Tool

If you can only finish entering data for part of a section in one sitting, you can click on the “save” button and then return to that section at a later time without having to re-enter previously entered data.



7.0 - Submitting Data into the NCCCP Data Collection Tool

Once all the questions in a section have been completed by the user, reviewed and approved by the PI, users should click on the “next” button in order to submit the data to NCCCP.



This will take the user to the “submit survey” page (as seen below). At this point, please also ensure that every question has been answered. For questions that may not apply to a site’s unique situation, please refer to the question description below the bolded question text for any further directions or definitions that may instruct the user on how to most accurately answer the question. Additionally, please ensure that each question is answered with a valid answer. If an inputted answer is not valid (i.e., a letter or word was entered when the question asked for an answer in the form of a number) the DCT will notify the user of this discrepancy and will request that a valid answer be inputted.

home » ncccp quarterly report home » quarterly report subcontractor contact information home

Quarterly Report Subcontractor Contact Information Home

Complete this survey

You must click the submit button at the bottom of this page finish the survey. After you click the submit button at the bottom of the page, you may not go back and edit the survey. If you wish to change your answers click [here](#) to go back to the main page.

- Please enter the subcontractor name.**
Community Cancer Center
- Please enter the subcontractor address.**
Community Cancer Center 1 Preserve Parkway Suite 200 Rockville, MD 20852
- Please enter the subcontract number.**
6
- Please enter the names and e-mail addresses of the people submitting the Subcontractor Contact Information section.**
Anjali Kastorf kastorf_anjali@bah.com
- Please enter the names and e-mail addresses of the people submitting the Advocacy section.**
Anjali Kastorf kastorf_anjali@bah.com
- Please enter the names and e-mail addresses of the people submitting the Biospecimens section.**
Anjali Kastorf kastorf_anjali@bah.com
- Please enter the names and e-mail addresses of the people submitting the Clinical Trials section.**
Anjali Kastorf kastorf_anjali@bah.com

Once you have reviewed your answers, click on the “submit survey” button. Once you submit this section, you will NOT be able to change your answers unless this section of the survey can be reset by a member of the DCT help team.

11. Please enter the names and e-mail addresses of the people submitting the Organizational and Global Issues section.
Anjali Kastorf kastorf_anjali@bah.com

12. Please enter the names and e-mail addresses of the people submitting the Quality of Care section.
Anjali Kastorf kastorf_anjali@bah.com

13. Please enter the names and e-mail addresses of the people submitting the Survivorship and Palliative Care section.
Anjali Kastorf kastorf_anjali@bah.com

14. Please enter the date of the report (MM/DD/YYYY).
07/30/2010

15. Please select the reporting period.
Subcontract Year 1: Quarter 1 - 04/14 through 06/30

16. Has the invoice for the reporting period been submitted?
Yes

17. If you answered "No" to Question 16, please provide an explanation.
N/A

Click the “submit survey” button if you have reviewed the section and want to submit it.



8.0 - Information about the NCCCP Data Collection Tool

The NCCCP Data Collection Tool was created in July of 2010 to provide an electronic means of submitting and storing Quarterly Report data for all NCCCP sites. This tool will enable the 30 NCCCP sites to enter data in a standardized format that can be quickly stored, accessed, and analyzed by both NCCCP and NCI leadership. This tool utilizes an electronic format that allows for intermittent input and storage of data prior to final submission of an NCCCP Quarterly Report. Upon submission of all Quarterly Reports, an analysis will be conducted to identify trends in site activity and to guide future decision-making regarding NCCCP requirements.

NCCCP Quarterly Reports are required contract deliverables that *must* be finalized by each of the 30 NCCCP sites on or before the following dates:

- November 15th (Quarter 1: 7/1-9/30/2010)
- February 15th (Quarter 2: 10/1-12/31/2010)
- June 15th (Quarter 3: 1/1-3/31/2011)
- August 15th (Quarter 4: 4/1-6/30/2011)

Please note that because the NCCCP Quarterly Report is a required contract deliverable, each site must not only submit the report by the specified date, but must also answer every question within the Data Collection Tool in order to satisfy their contractual requirement.

9.0 - Help and Support

If you have any problems navigating through the DCT, or experience any technical difficulties, please contact Joy Beveridge (jbeveridge@mail.nih.gov), Deb Hill (hilldeborah@mail.nih.gov), or NCICB Application Support at ncicb@pop.nci.nih.gov who will respond to your query within 24 hours.

You can also navigate to the “Help and Support” page by clicking on the “Help and Support” link on the NCCCP Quarterly Report home page. On this page, you will find downloadable documents, as noted in the screenshot on the following page: the Training Presentation Guide, a Quick Reference Guide, a Training Manual, a set of Frequently Asked Questions, and an Editable Questions and Answers Document. You will also find the e-mail addresses and phone numbers for key points of contact for any questions and/or technical difficulties you have with the NCCCP DCT.



National Cancer Institute
U.S. National Institutes of Health | www.cancer.gov

caBIG® Cancer Biomedical Informatics Grid™

kastorfa my folder preferences

- Home
- Getting Connected
- Setting the Stage
- Finding caBIG® Tools
- caBIG® Compatibility
- caCORE
- caGrid
- Data Sharing
- Getting Support
- Knowledge Centers
- Service Providers
- Training Portal
- About caBIG®
- Events & Calendar
- Workspaces & SIGs
- Domain Workspaces
- Clinical Trials Management Systems
- Integrative Cancer Research
- In Vivo Imaging
- Tissue Banks and Pathology Tools
- Cross Cutting Workspaces
- Architecture
- Vocabularies & Common Data Elements
- Strategic Level Workspaces
- Data Sharing & Intellectual Capital
- Documentation & Training

home » ncccp quarterly report home » help and support

Help and Support

Welcome to the Help and Support section of the NCCCP Data Collection Tool! Please refer to the information listed in this section if you want to download the documents or if you experience technical difficulties.

Instructions for downloading the [Training Presentation Guide](#), the [Quick Reference Guide](#), the [Training Manual](#), the [Frequently Asked Questions](#), and the [Editable Questions and Answers Document](#)

1. Click on the appropriate links below to download the Training Presentation Guide, the Quick Reference Guide, the Training Manual, the Frequently Asked Questions and the Editable Questions Answers Document.
2. You can save these files on your computer's desktop in order to access them later.

Downloadable Documents

- [Training Presentation Guide](#) - This document provides information on how to use the NCCCP Data Collection Tool
- [Quick Reference Guide](#) - This document provides tips for navigating through the NCCCP Data Collection Tool.
- [Training Manual](#) - This document provides detailed information for logging into the NCCCP Data Collection Tool, inputting information into the tool and navigating through the different sections of the tool.
- [Frequently Asked Questions](#) - This document contains a list of questions frequently asked about the NCCCP Data Collection Tool
- [Editable Questions and Answers Document](#) - This is an editable word document containing a complete set of Questions from the NCCCP Data Collection Tool

Phone and Email Support

- Telephone support is available Monday to Friday, 8am - 8pm Eastern Time, excluding government holidays. You may leave a message on the following phone numbers:
 - Toll free number: 888-478-4423
 - Local phone number: 301-451-4384
- You can also send an e-mail to ncicb@pop.nci.nih.gov or kastorf_anjali@bah.com briefly describing the issues you are experiencing. Please include your name and contact information.

last modified 10-04-2010 10:58 AM