Clinical Trial Screening and Accrual Log

NCI COMMUNITY CANCER CENTERS PROGRAM

Patient Identification Number: XXXXXXXX
Record the Patient ID for your records

1. **Date of patient screening:**
(ex. MM/DD/YYYY)

PATIENT DEMOGRAPHICS

2. **Ethnicity (**select only one**):** ☐ **Hispanic or Latino** ☐ **Non-Hispanic/Latino** ☐ **Unknown**

3. **Race:** ☐ **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**
☐ **Unknown, Patient Unsure of Race**

4. **Gender (**select only one**):** ☐ **Male** ☐ **Female**

5. **Age (ex 43):** _____

PROTOCOL SCREENING METHODS

6. **Protocol for which the patient was screened (**select only one**):**

☐ **ECOG E1505 (Lung)**
☐ **ECOG E2804 (Renal Cell) Phase II**
☐ **ECOG E2805 (Adjuvant Renal)**
☐ **ECOG E5202 (Adjuvant Colon)**
☐ **PACCT-1 (TailoRx)**
☐ **CALGB 50303 (Lymphoma) Tissue Procurement**
☐ **CALGB C80405 (Colorectal)**
☐ **NCCTG N0147 (Adjuvant Colon)**
☐ **NSABP B-42 (Breast)**
☐ **NSABP C-10 (Colon) Phase II**

7. **What method(s) were used to identify this patient for protocol screening (**select all that apply**):**

☐ **Chart review**
☐ **Tumor Board**
☐ **Cancer/Tumor Registry**
☐ **Patient care rounds**
☐ **Multidisciplinary/disease site conferences**
☐ **Review of surgical schedule**
☐ **Review of clinic schedule**
☐ **Patient self referral**
☐ **Physician referral: NCCCP investigator**
☐ **Physician referral: within institution**
☐ **Physician referral: outside institution**
☐ **Patient Navigator**
☐ **Response to advertisement**
☐ **Other (Text):** _____

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8. **Was the patient navigator used in identifying the patient for screening:** ☐ **Yes** ☐ **No**

9. **If the patient navigator was involved, indicate how they were involved (**select all that apply**):**

☐ **Navigator screened the patient** ☐ **Navigator referred patient to the research team**

☐ **Navigator obtained consent for treatment**

PROTOCOL SCREENING

10. **Did the patient enroll in the protocol:** ☐ **Yes** ☐ **No**

11. **If the patient did not enroll in the protocol, indicate the reason why (**select only one**):**

☐ **Patient did not meet trial eligibility criteria (**skip to question 13**)**

☐ **Patient was eligible but declined participation (**skip to question 14**)**

☐ **Patient was eligible but MD declined to offer participation (**skip to question 15**)**

☐ **Patient was eligible but started treatment prior to completion of screening (**skip to question 12**)**

12. **If the patient was not captured prior to starting treatment, indicate reason why (**select only one**):**

☐ **Urgency to initiate treatment**

☐ **Patient not referred to the research team**

☐ **Recurring patient/ not new patient**

☐ **Insufficient medical records at time of screening**

☐ **Other (Text):**

13. **If the patient did not meet trial eligibility criteria, indicate the reason why (**select all that apply**):**

☐ **Performance status**

☐ **Abnormal labs**

☐ **Abnormal organ function**

☐ **Prior therapy**

☐ **Time requirement from surgery or therapy**

☐ **Co-morbidities**

☐ **Insufficient or unavailable pathologic samples for study (including unclear margins)**

☐ **Does not meet genetic testing criteria**

☐ **Patient had progressive disease**

☐ **Other (Text):**

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14. If the patient was eligible but the patient declined participation, indicate the patient-related reason why (select all that apply**):**

- ☐ **No desire to participate in research**
- ☐ **Preference for standard treatment**
- ☐ **Patient preferred another trial**
- ☐ **Lack of awareness/education about trials**
- ☐ **Perceived side effects / toxicities too great**
- ☐ **Cultural / religious issues**
- ☐ **No insurance coverage**
- ☐ **Financial concerns/ indirect costs (work, etc)**
- ☐ **Travel & transportation issues**
- ☐ **Social issues (Housing, childcare)**
- ☐ **Mistrust of research**
- ☐ **Family member influenced against trial participation**
- ☐ **Language barrier/lack of access to interpreter**
- ☐ **Patient declined to be retested per protocol**
- ☐ **Refused to have re-biopsy or further tissue collection**
- ☐ **Insurance company refused to pay for additional testing**
- ☐ **Insurance company denied coverage**
- ☐ **Other (Text):**

15. If the patient was eligible but the MD declined to offer participation, indicate the physician-related reason why (select all that apply**):**

- ☐ **Preferred to offer standard of care**
- ☐ **Preferred to offer a different trial**
- ☐ **Medical concerns re: age/frailty of patient**
- ☐ **Medical concerns re: patient tolerating treatment/performance status**
- ☐ **Concerns over patient non-compliance/lack of social support**
- ☐ **Lack of time for MD/research staff to offer patient the trial**
- ☐ **Lack of MD/research staff time/support to administer the trial**
- ☐ **Lack of knowledge/awareness of the trial by MD/research staff**
- ☐ **Lack of adequate reimbursement**
- ☐ **Physician declined to have patient retested per protocol**
- ☐ **Insurance company refused to pay for additional testing**
- ☐ **Insurance company denied coverage**
- ☐ **Refused to have re-biopsy or further tissue collection**
- ☐ **Language barrier/lack of access to interpreter**
- ☐ **Other (Text):**

16. If there was a language barrier, indicate the language spoken (select only one**):**

- ☐ **Spanish**
- ☐ **French**
- ☐ **Chinese**
- ☐ **Korean**
- ☐ **Vietnamese**
- ☐ **Other (Text):**

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