

**An Assessment of the
State-of-the-Science (SOTS) Meeting Web Site
Demonstration Project
Survey Findings**

**Draft Report
Volume I**

Prepared for:

Cancer Therapy Evaluation Program
and the
Outcomes Research Branch

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Most importantly, we wish to acknowledge the contributions of the participants of the survey who shared with us their opinions, insight, and commitment to cancer research.

Executive Summary

Background and Purpose

In a comprehensive effort to restructure the ways in which randomized clinical trials are proposed, reviewed, and implemented, the Cancer Therapy Evaluation Program (CTEP) of the National Cancer Institute (NCI) created a series of initiatives to pilot new ideas that would streamline the review of clinical trials and facilitate discussion and debate regarding research obstacles and their implications for design of phase III clinical trials. One initiative is the State-of-the-Science (SOTS) meetings. SOTS meetings are intended for NCI-sponsored Clinical Trials Cooperative Groups (Cooperative Groups), clinical and basic scientists from outside the Cooperative Groups, industry representatives and patient advocates. The purpose of the SOTS meetings is to facilitate dialogue in a workshop format among researchers to discuss obstacles, identify promising opportunities, and ultimately stimulate and accelerate the development of new clinical interventions. The recommendations from the meetings are then made available to the scientific community and interested public through a dedicated web site (<http://www.webtie.org/sots/>).

The objective of the web site is to make the presentations and recommendations of the SOTS meetings generally accessible to interested parties, encourage education, and foster collaboration among professionals in the scientific community. The SOTS web site provides a text “Summary” of the meeting and a multi-media format of each “Lectures & Breakouts” session. The multi-media format allows users to view slides accompanied by either (1) audio transcripts or (2) text transcripts.

NCI contracted with RTI International, a non-profit research institute, to develop, conduct, and analyze an online survey assessing feedback on the SOTS web site. The purpose of this survey was to explore the extent to which the web site (1) facilitates the dissemination of recent research findings to a wider audience of clinical oncology researchers; and (2) might impact future cancer research trials. The survey also assessed respondents’ satisfaction with the content and quality of the SOTS web site and solicited suggestions for improvement.

Methods

In an effort to solicit the opinions of likely potential users of the SOTS web site, RTI conducted an experimental study with a sample of clinical oncology researchers who were geographically distributed across the United States. This study sampled two groups of respondents. The first group consisted of experienced clinical oncology researchers (ECORs) who may potentially use the information from the SOTS meetings to investigate promising cancer therapies and propose concepts for clinical trials. The second group consisted of emerging clinical oncology researchers (Fellows) who may potentially use the information to inform their research interests and support research teams engaged in cancer research.

A two-tier sampling strategy was employed to invite potential users of the SOTS web site to respond to the survey. The first tier was comprised of ECORs who participated in one of four recent SOTS meetings (between June 2000 and March 2001). These researchers were asked to nominate five colleagues who did not attend the SOTS meeting, but who might be interested in the content. Surveys were completed by 149 ECORs.

The American Society of Clinical Oncology (ASCO) Associate Member directory was used to draw a random sample of Fellows who were invited to participate in the survey. Surveys were completed by 230 Fellows.

About half the sample was randomly assigned to view first the text-only meeting Summary and the other half was assigned to view first the multi-media Lectures & Breakouts. After respondents viewed the first format they were asked questions relating to access, content, and presentation. Upon completing the questions, respondents were directed to review the second format and asked the same set of questions as for the first format. Respondents were then asked to compare the two formats.

Major Findings

Overall Findings

The overall findings suggest that SOTS is meeting its objectives to disseminate information, facilitate discussion and debate among researchers, and foster future clinical trials. Furthermore, respondents were very positive and excited about the information available on the SOTS website.

“It is something new and wonderful”

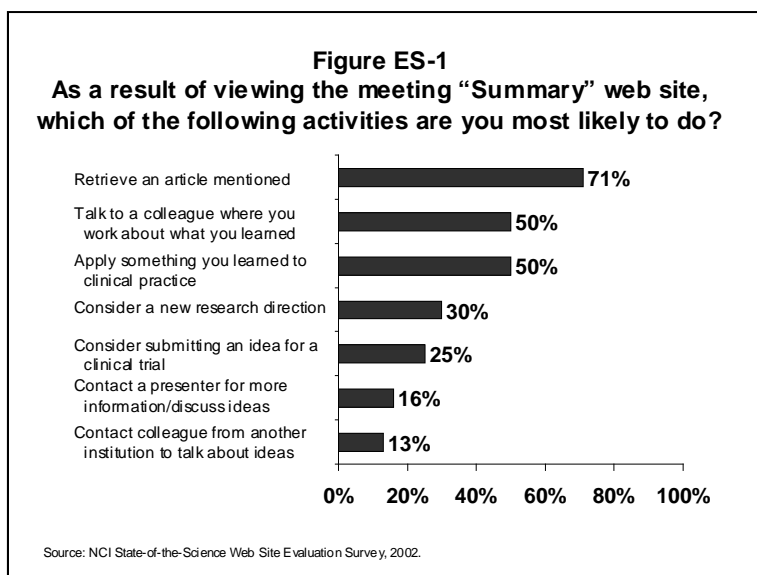
“It is very well done.”

“Thanks, this is an excellent effort and you should be proud.”

Text-only Summaries

Overall, the response to the text-only meeting Summaries was very positive. The majority of respondents thought highly of the content of the text-only Summaries. Half or more of the respondents said they would discuss what was learned with another colleague and 25 percent or more said that they would consider a new research direction or submitting an idea for a clinical cancer trial.

- About three of five respondents reported that the content of the text-only meeting Summaries relative to completeness of information, representative of recent research, and implications for clinical research was either “excellent” or “very good”.
- The majority of respondents reported that they would retrieve an article mentioned in the Summary. Half of the respondents (50%) reported that they would talk to a colleague about what they learned and another half reported that they would apply something learned to clinical practice. Notably, one of four respondents stated that as a result of viewing the web site they would consider submitting an idea for a clinical trial

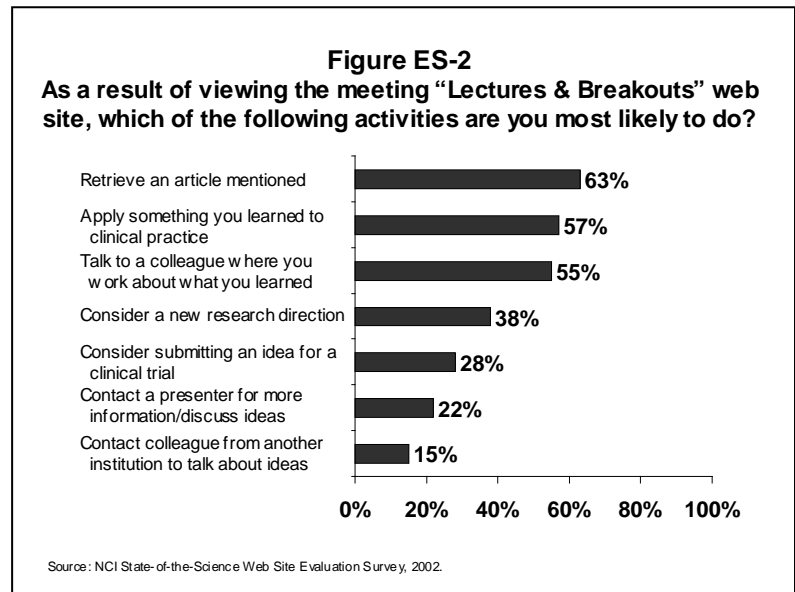


and 30 percent said they would consider a new research direction (Figure ES-1).

Lectures & Breakouts

Overall, the response to the Lectures and Breakouts was very enthusiastic. However, there was some concern about the audio and visual features and many respondents had trouble downloading and installing the necessary software.

- About three-fifths of the respondents rated the Lectures & Breakouts “excellent” or “very good” on dimensions related to content: completeness of information, representative of most recent research, and implications for clinical research.
- Half of the respondents said that the content of the Lectures & Breakouts had “excellent” or “very good” applicability to their own work.
- More than half of the respondents reported that they would retrieve an article mentioned, apply something learned to clinical practice, or talk to a colleague (Figure ES-2).
- Nine percent reported that the slide clarity and readability was either “poor” or “very poor”. More than one-fourth of the respondents reported that the audio “did not work well at all” or “not very well”. Many respondents provided specific comments on the difficulty they had with the audio quality and slide readability. Several respondents reported having difficulty downloading and installing the appropriate software.



Format Preferences and Usefulness

More than nine of ten respondents reported that they were likely to recommend or use the SOTS web site again.

- The overwhelming majority of respondents said they would recommend both the text-only Summaries and the Lectures & Breakouts as the source of information from the SOTS meeting and that they themselves would use the information again (Figure ES-3).

Eighty-four percent of respondents who viewed the Summaries and 86 percent who viewed the Lectures & Breakouts reported that the information provided a “great deal” or “fair amount” of additional value to innovative-cancer related research.

Nearly nine of ten said that both formats were useful, but Lectures & Breakouts was preferred over text-only Summaries.

- Eighty-seven percent of the respondents said that *both* the text-summary and the multi-media presentation were useful. As one respondent commented:

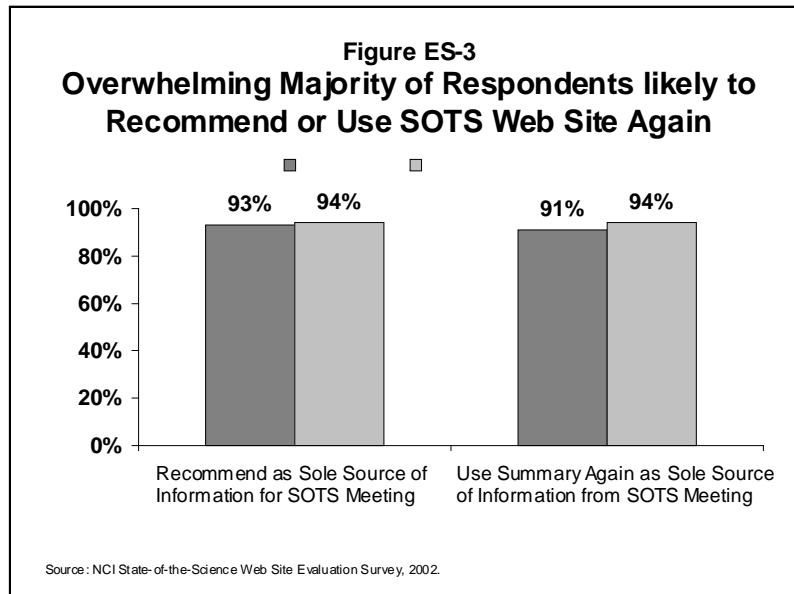
“Both can be real useful. I think having the summary available to review first is nice. People can then pick which parts of the presentation they wish to review more in depth and go to the slides.”

- Although 14 percent stated that they had “no preference” in presentation format, respondents were twice as likely to report that they preferred the Lectures & Breakouts to the text-only summaries (59% vs. 27%). Preferences in format type may be largely associated with time constraints. The Summaries provided concise summaries of the meetings while the Lectures & Breakouts provided comprehensive information.

Respondents who viewed the text-only summaries first were more likely to give higher ratings than respondents who viewed the Lectures and Breakouts first.

- Respondents who viewed the text-only summaries first were more likely to rate the information content dimensions higher – for both formats – compared with respondents who viewed the Lectures & Breakouts format first. This suggests that respondents who view the Summaries first may be better oriented on the topic thereby making the more comprehensive information available from the Lectures & Breakouts easier to navigate. The lower ratings for the Lectures & Breakouts may also be a reflection of some of the difficulty that a number of respondents had in installing and downloading the appropriate software and in the audio quality and slide readability.

There were some significant differences in the ratings between ECORS and Fellows. The differences may be a reflection of experience and age.



- Fellows were generally more enthusiastic about the SOTS meeting web site and were more likely to report that they would recommend the site, use the site again themselves, or believe that the web site added “a great deal” or “a fair amount” of value to cancer-related research.
- ECORs were more likely than Fellows to report that the content of the Summaries had either “excellent” or “very good” applicability to their own work (52% vs. 36%, respectively).
- ECORs were more likely than Fellows to report that they may consider a new research direction (37% vs. 25%, respectively) or consider submitting an idea for a clinical trial (30% vs. 21%, respectively).
- Fellows were twice as likely to report that they would apply something learned to clinical practice compared with ECORs (63% vs. 30%, respectively).

Suggestions for Improvement to the Text-only Meeting Summary Format

Suggestions relating to the text-only Summaries centered around one of three main themes.

1. Link Summaries to appropriate Lectures & Breakouts section or provide the Summaries as an abstract to the Lectures & Breakout.

“It would be nice to incorporate the summary of each as an almost “abstract” option in the Lectures & Breakouts format and simply add another section for the references.”

“The Summary should have a link to breakout presentations.”

2. Provide link to Medline abstracts or full-text articles, if available.

“A Medline link to the references would be useful.”

“References should be given immediately after the statements made by the speakers.”

3. Format Summaries to provide a visual roadmap.

“It would be easier to read if it were in bullet format”

“The summary hits you with the “wall of words.” Its format needs to be information mapped for ease of reading.”

Suggestions for Improvement for the Lectures & Breakouts Format

Respondents' suggestions related to the Lectures & Breakouts format centered around five main themes.

1. Make the slides easier to view.

"Have the ability to make the slides larger."

"Have the ability to make the slides larger. Some of the slides are extremely difficult to read at the size they appear on the screen and I couldn't make them appear larger to be able to read them."

2. Allow slides to be downloaded.

"The lecture slides would be most useful if I could download them (possibly with your logo)."

"Ability to download (and save) the excellent presentations"

3. Edit audio to reduce listening time.

"The slides and audio could be much improved by simple editing. In the talk I heard, there was silence and microphone fumbling that could have been easily deleted before posting."

"The audio-tape should be edited to reduce the time of the lectures."

4. Improve navigation ease.

"I would make them a little larger and also make it easier to navigate back to the page with the list of lectures."

"The navigation in the lectures and handouts section was a bit awkward—hard to navigate and go from one topic to another. Perhaps having a menu that stayed on the screen regardless of where you went would be helpful."

5. Provide hyperlinks to references.

"To include references in the presentation will be very helpful."

"Ability to link to abstract or full text of articles cited by speakers."

Recommendations

The overall findings suggest that the SOTS web site is meeting its objectives to disseminate information, facilitate discussion and debate among researchers, and foster future clinical trials. We recommend that NCI continue with both formats on the SOTS web site. Specifically, we offer the following recommendations:

1. *Reformat the text-only meeting Summary so that it will be easier to navigate.*

Many respondents appreciated the utility of the text-only meeting summary. Indeed, many respondents commented on the brevity and conciseness of the summaries and how useful they are by itself or as an overview that guides users to specific Lectures & Breakouts sessions. However, a few suggested that the format could be made more reader-friendly. Adding headings and sub-headings could help users quickly scan and search for relevant material and provide a visual roadmap of the topic.

2. *Edit the audio-transcripts and provide downloadable presentation files.*

Most respondents preferred the Lectures & Breakouts format over the text-only meeting Summaries for its comprehensiveness. However, many respondents commented that the audio-transcripts could be greatly improved if they were edited for pauses and unnecessary comments. This would decrease the amount of time a user needs to spend listening to the presentation.

There were several requests for the slides to be available in a downloadable PowerPoint format so that the slides can be printed.

3. *Further develop the technical aspects of Lectures & Breakouts format to increase accessibility and readability. Respondents also wanted to be able to navigate from slide to slide.*

While most respondents did not report having any technical difficulty, as many as one-fourth of the respondents had difficulty accessing the audio function of the Lectures & Breakouts format and were unable to successfully download and install the recommended software (Shockwave). It is possible that those who already had the software installed on their computers were able to access the format easily, while those who had to download the software had more difficulty. NCI should explore other software options and possibly provide a FAQ page to address some of the technical issues.

4. *Increase publicity about the web site.*

Several respondents reported that they wished they knew about the web site earlier and many said that they would not have known about the web site if they had not participated in the SOTS survey.

5. *Provide direct links to references available on databases such as Medline.*

Numerous respondents suggested that references have hyperlinks to Medline abstracts or full-text articles, if available.

6. *Provide e-mail question and answer format and/or contact information of presenter.*

Several respondents suggested that presenters' contact information be made available on the SOTS web site to facilitate correspondence.

7. *Provide links to other relevant sites.*

Numerous respondents suggested that the web site should contain links to relevant web sites that provide information about clinical trials, sponsors, professional organizations, and other resources.

8. *Offer updates.*

Respondents suggested monthly e-mail updates relating to recent developments, new trials, and new SOTS sessions available on the web site.

1.0 Introduction

In a comprehensive effort to restructure the ways in which randomized clinical trials are proposed, reviewed, and implemented, the Cancer Therapy Evaluation Program (CTEP) of the National Cancer Institute (NCI) created a series of initiatives to pilot new ideas that would streamline the review of clinical trials and facilitate discussion and debate regarding research obstacles and their implications for design of phase III clinical trials. One such initiative is the State-of-the-Science (SOTS) meetings. SOTS meetings are intended for NCI-sponsored Clinical Trials Cooperative Groups (Cooperative Groups), clinical and basic scientists from outside the Cooperative Groups, industry representatives and patient advocates. The purpose of the SOTS meetings is to facilitate dialogue in a workshop format among researchers to discuss obstacles, identify promising opportunities, and ultimately stimulate and accelerate the development of new clinical interventions. The recommendations from the meetings are then made available to the scientific community and interested public through a dedicated web site (<http://www.webtie.org/sots/>).

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NCI contracted with RTI International, a non-profit research institute, to develop, conduct, and analyze an online survey assessing feedback on the SOTS web site. The purpose of this survey was to explore the extent to which the web site (1) facilitates the dissemination of recent research findings to a wider audience of clinical oncology researchers; and (2) might impact future cancer research trials. The survey also assessed respondents’ satisfaction with the content and quality of the SOTS web site and solicited suggestions for improvement. Lessons learned from the experiences and preferences of SOTS survey respondents will help NCI improve the web site and tailor its features to meet users’ needs.

This introduction to the report concludes with the background and historical context for the evaluation of the SOTS Meeting Web Site Demonstration Project. Section 2 outlines the

methods used in conducting and analyzing the survey. Sections 3 through 6 present the survey findings. In Section 7, we offer our conclusions and recommendations.

1.1 Background

Despite the important advances in clinical cancer research in recent years, cancer remains the second leading cause of death in the United States. Clinical trials are a fundamental step in reducing cancer-related mortality.

Since the 1950s, NCI has been the world's preeminent sponsor of clinical trials in cancer, supporting a broad range of treatment studies of new drugs, surgical procedures, and radiotherapies. The current system of clinical cancer research is an outgrowth of the Chemotherapy National Service Center, which Congress created in 1955. By 1958, 17 Cooperative Groups were organized under NCI research grants with the goal of testing new anticancer agents developed by NCI's drug development program.

A major reform to this system came in 1980 when the funding mechanism that supports the Cooperative Groups shifted from grants to cooperative agreements. The cooperative agreements made NCI responsible for the following activities: (1) identifying research opportunities and knowledge gaps, (2) independently reviewing concepts/protocols, and (3) fostering new treatment approaches. The need for reform was highlighted by the Armitage Committee in 1997, which called for a new approach to the development and conduct of clinical trials by NCI's Cooperative Groups with special attention to the setting of research priorities.

Recommendations of the Armitage Committee

The Armitage Committee's recommendations called for change in the review, funding, design, oversight, and administration of the NCI clinical trials system. NCI responded to the Armitage Committee's recommendations with an extensive plan of action. The aspects of the NCI response and plan of action relevant to this report include the following:

- Exploitation of advances in Web-based technologies to increase the dissemination of cancer research opportunities and critical questions. This includes sponsorship and dissemination of State of the Science (SOTS) meetings, which are the subject of this report.
- Introduction of external peer review into the protocol-by-protocol decision process to help determine which clinical trials are of adequate scientific merit and

promise deserve funding. This is referred to as Concept Evaluation Panels (CEPs). As part of the CEPs, NCI has developed and implemented Web-based tools to support the peer-review process.

- Establishment of a Clinical Trial Support Unit (CTSU) to facilitate the establishment and management of clinical trials by developing data entry systems that are standardized across institutions.

2.0 Methods

2.1 Data Collection

In an effort to solicit the opinions of likely potential users of the SOTS web site, RTI conducted an experimental study with a sample of clinical oncology researchers who were geographically distributed across the United States. This study sampled two groups of respondents. The first group consisted of experienced clinical oncology researchers (ECORs) who may potentially use the information from the SOTS meetings to investigate promising cancer therapies and propose concepts for clinical trials. The second group consisted of emerging clinical oncology researchers (Fellows) who may potentially use the information to inform their research interests and support research teams engaged in cancer research.

ECORs were sampled based on a two-tier sampling strategy. Experienced clinical oncology researchers who attended at least one of four recent SOTS meetings were considered eligible for the first tier of the ECOR sampling (*see* Table 1). Names of meeting participants were gathered from the rosters found on the SOTS web site. NCI provided RTI with the contact information (e-mail and/or mailing addresses) for each of the participants.

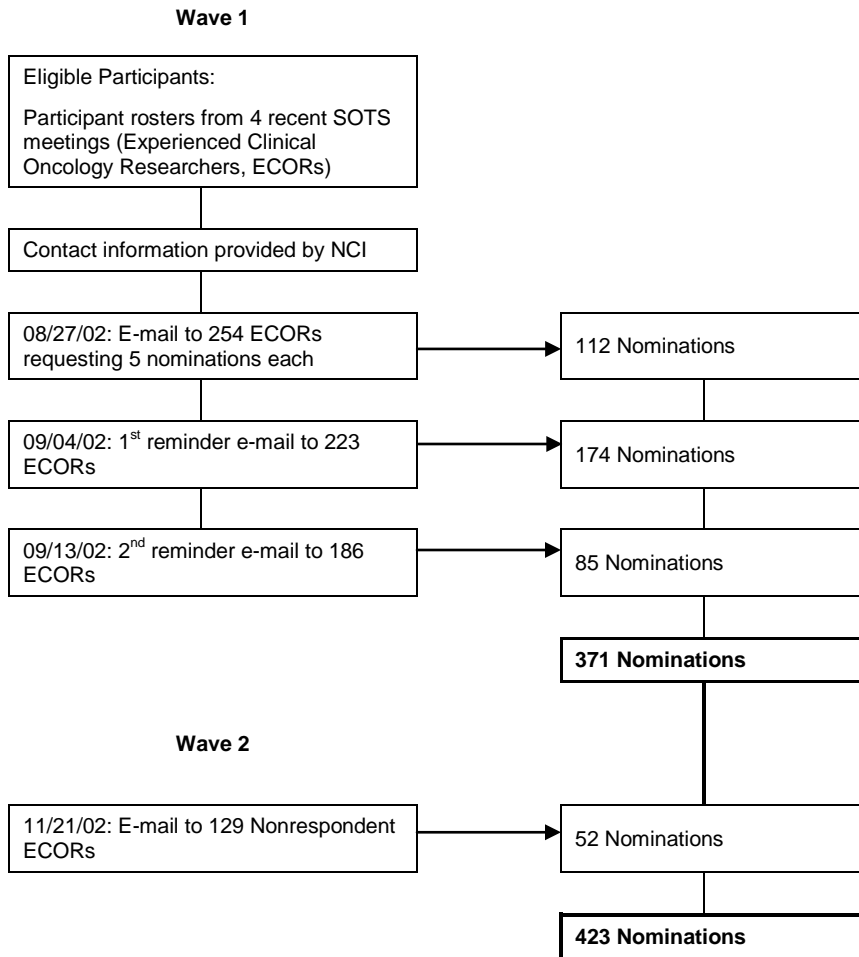
Table 1. Cancer Groups and Dates of Recent SOTS Meetings

Cancer Group (Meeting Topic)	Date
Lung (Integration of New Therapeutic Agents into the Multimodality Treatment of Non-Small Cell Lung Cancer)	June 14-15, 2000
Genitourinary (Superficial Bladder Cancer)	September 21-22, 2000
Leukemia (Myelodysplastic Syndromes)	October 30-31, 2000
Gastric (Gastrointestinal Cancer)	March 6-7, 2001

Each of the Tier 1 ECORs were contacted in August 2002 via e-mail with a request to nominate five colleagues who did not attend one of the four recent SOTS meetings, but who

might be interested in the content. The Tier 1 ECORs were contacted up to three additional times via e-mail. This first wave yielded a total of 371 nominations. (Figure 1)

Figure 1. Tier 1 Experienced Clinical Oncology Researchers (ECORs) Sampling Process



The nominees (Tier 2 ECORs) were contacted beginning in October 2002 and were sent up to three reminders via e-mail. Respondents for whom a mailing address was available were sent a hard copy of the reminder letter and received a token incentive (\$1 or \$5) to complete the survey. This first wave yielded 139 completed surveys from the Tier 2 ECORs. One hundred and twenty-nine non-respondents of Wave 1 were contacted in November 2002 and an additional 52 nominations were received, totaling 423 nominations from both waves. These nominees were sent a survey invitation and up to two additional reminders. The two waves together produced 149 completed surveys from experienced clinical oncology researchers. (Figure 2)

Figure 2. Tier 2 Experienced Clinical Oncologist Researchers (ECORs) Sampling Process

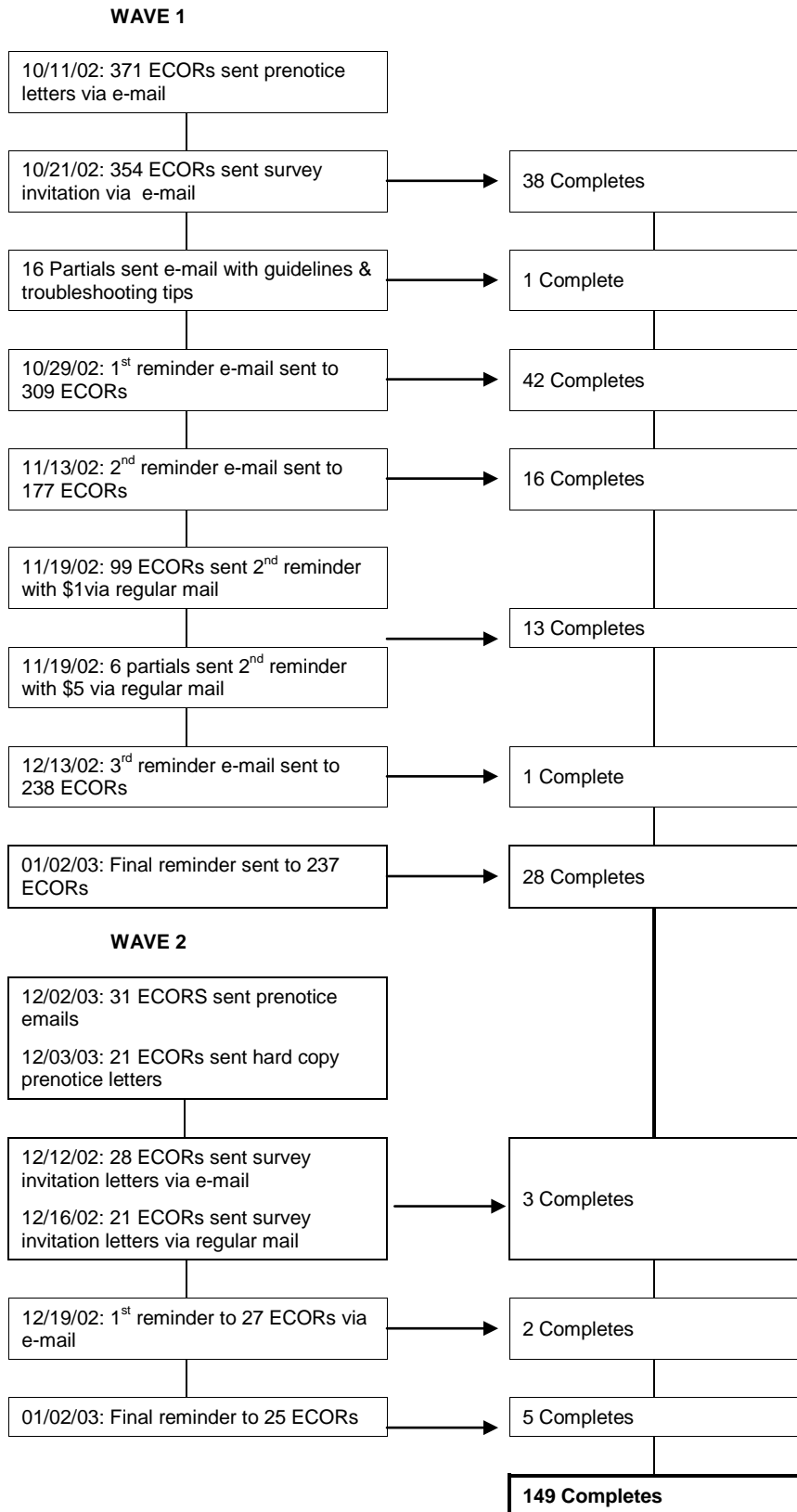


Figure 3. Tier 2 Fellows Sampling Process

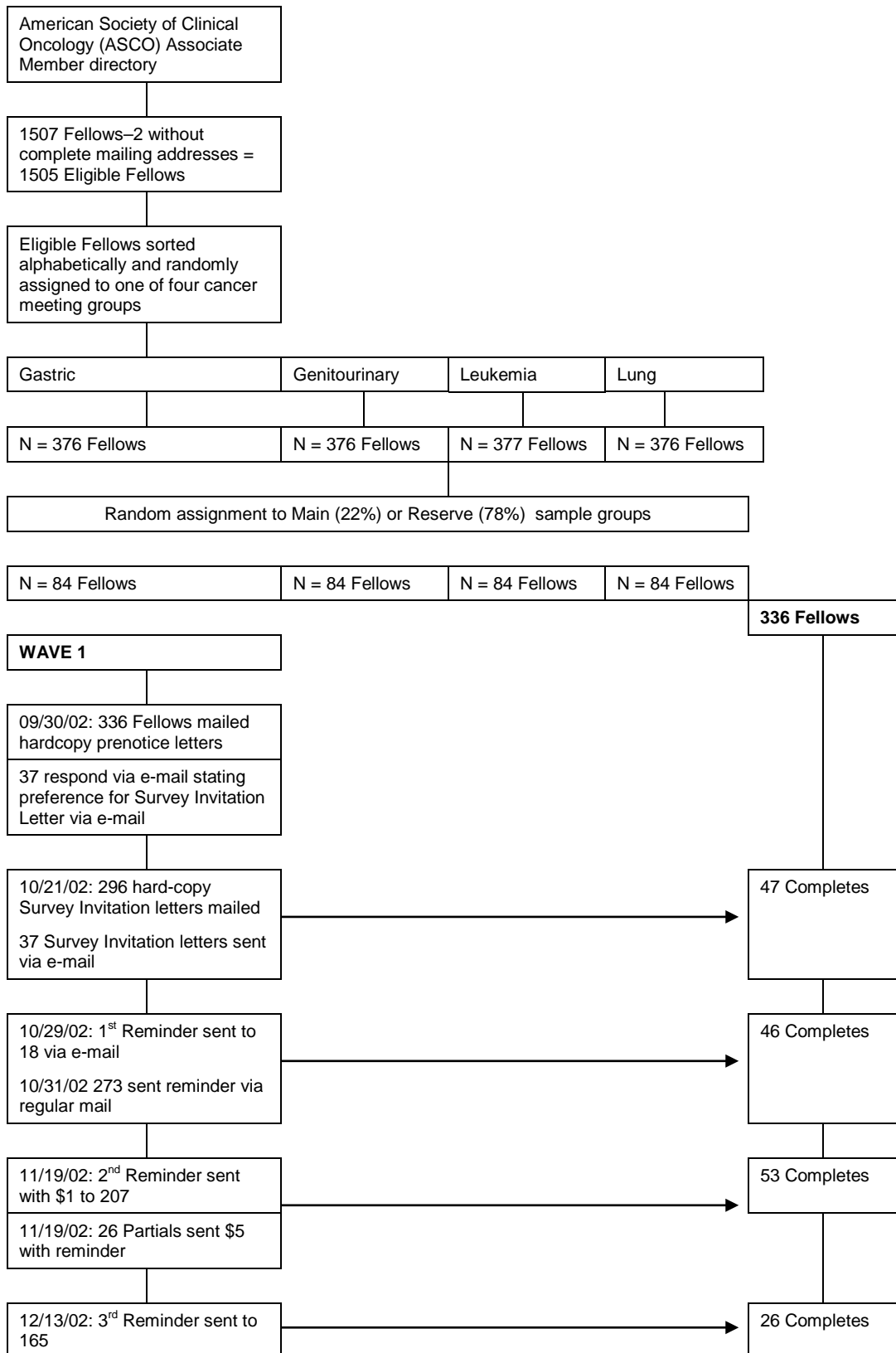
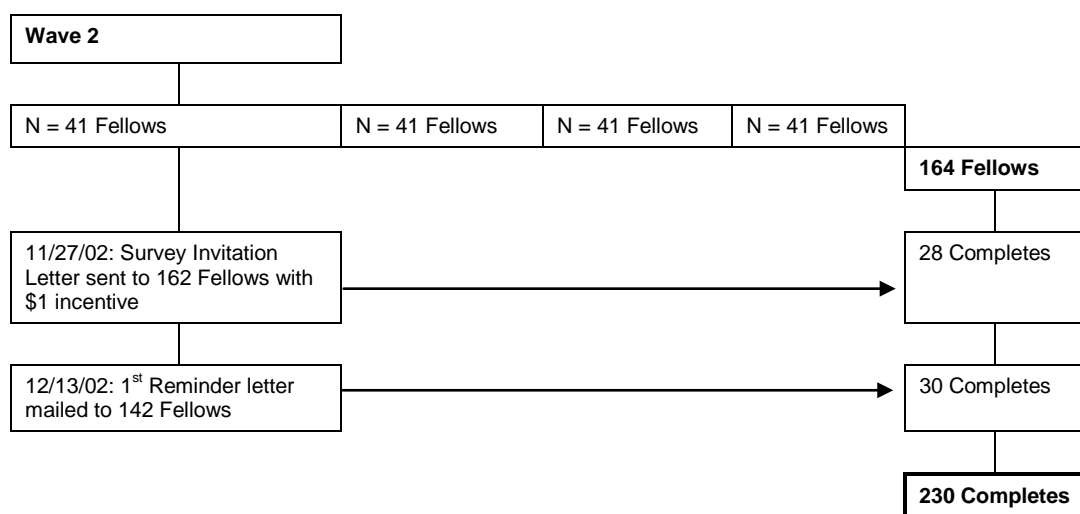


Figure 3. Tier 2 Fellows Sampling Process (con't.)



The American Society of Clinical Oncology (ASCO) Associate Member directory was used as a sampling frame for Fellows, i.e., resident doctors training to become oncologists. The directory contained 1507 names, for which 1505 had complete mailing information. The fellows were sorted alphabetically and randomly assigned to one of four cancer meeting groups that held a recent SOTS meeting (gastric, genitourinary, leukemia, or lung). Each sub-group had 376 Fellows. For each sub-group, Fellows were randomly assigned to either a main pool (22%) or a reserve pool (78%). Each Main pool had 84 Fellows, totaling 336 for the four groups. In September 2002, the 336 Fellows were sent letters of invitation via either e-mail or regular mail and were sent up to 3 reminders. This first wave yielded 172 completed surveys by Fellows. The second wave drew from the reserve pool and randomly assigned 164 Fellows to one of four cancer meeting groups (41 each). These Fellows were sent an invitation letter with a \$1 incentive and up to one reminder letter. The two waves together produced a total of 230 completed surveys by Fellows. (Figure 3)

Of the 423 Tier 2 ECOR nominees, 149 ECORs completed the survey (response rate: 35%). Of the 500 Fellows we attempted to contact, 230 responded to the survey (response rate: 46%). The total response rate was 41 percent (379 surveys from 923 potential respondents). Each respondent who completed the survey was sent \$50 for his or her time.

ECORs and Fellows were randomly assigned to view first either the text-only meeting Summaries or the multi-media Lectures & Breakouts. Fifty-two percent of the respondents viewed the Summaries first and 48 percent viewed the Lectures & Breakouts first. After respondents viewed the first format they were asked questions relating to access, content, and presentation. Upon completing the questions, respondents were directed to review the second format and were asked the same set of questions as for the first format. Respondents were then asked to compare the two formats. The distribution of respondents by cancer group and experience were similar for both formats (Table 2).

Table 2. Sampling—Presentation Order

Cancer Group	Text Summary First			Lectures & Breakouts First		
	Lectures & Breakouts Second			Text Summary Second		
	Respondent Experience			Respondent Experience		
	ECORs	Fellows	Total	ECORs	Fellows	Total
Gastric cancer	15	29	44	14	29	43
Genitourinary cancer	24	28	52	22	27	49
Leukemia	17	29	46	17	27	44
Lung cancer	23	33	56	17	28	45
<i>Total</i>	79	119	198	70	111	181

2.2 Data Analysis

Survey data were cleaned and coded using SPSS version 9.0. Data analysis for each data item excludes respondents who did not answer the question. Cross-tabulations were calculated for four independent variables: survey presentation order, respondent experience (i.e., experienced clinical oncology researcher vs. emerging oncology researcher/Fellow), respondent age, and cancer group. Chi-square tests were conducted on each item and statistically significant differences are denoted in the appendix tables with asterisks.

Appendix A provides detailed tables of survey items and responses, excluding nonrespondents from the total. Appendix B provides a detailed description of survey methods and processes.

3.0 Respondent Characteristics

3.1 Membership/Affiliation

Four of five (81%) respondents reported that they were members of an academic tertiary care center. One-third (33%) reported that they were members of or affiliated with the Cooperative Clinical Trials Groups (CCTG). More than half (54%) the CCTG members were ECORS and were 45 years of age or older.

3.2 Clinical Trial Involvement

The majority of respondents reported that they were involved in clinical trials in some capacity. More than two-thirds of all respondents (69%) reported that they were a physician and more than half (53%) reported that they were a co-principal investigator or co-investigator. Thirty-eight percent of all respondents reported that they were the principal investigator and about one-fourth (23%) said they were research faculty or scientist. One-third (33%) reported that they were a resident or post-doctoral fellow. ECORS were much more likely to be a principal investigator, co-principle investigator or co-investigator, or research faculty/scientist compared with Fellows (Table 3).

3.3 Degree

The vast majority of all respondents – 93 percent – had at least a medical degree and 17 percent reported having a doctoral degree. Experienced oncologists were twice as likely to report having a doctoral degree compared with Fellows, but nearly all the Fellows had a medical degree (Table 3).

Table 3. Clinical Trial Involvement and Degree by Respondent Experience

	RESPONDENT EXPERIENCE		
	ECORs	Fellows	Total
Cancer Clinical Trial Involvement			
Principal Investigator*	71%	16%	38%
Co-Principal Investigator or Co-Investigator*	69	42	53
Physician	69	70	69
Research faculty/scientist*	36	15	23
Resident/post-doc*	3	53	33
Highest Educational Degree(s)			
M.D. or equivalent*	87	97	93
Ph.D. or equivalent*	24	12	17
Other	6	4	5

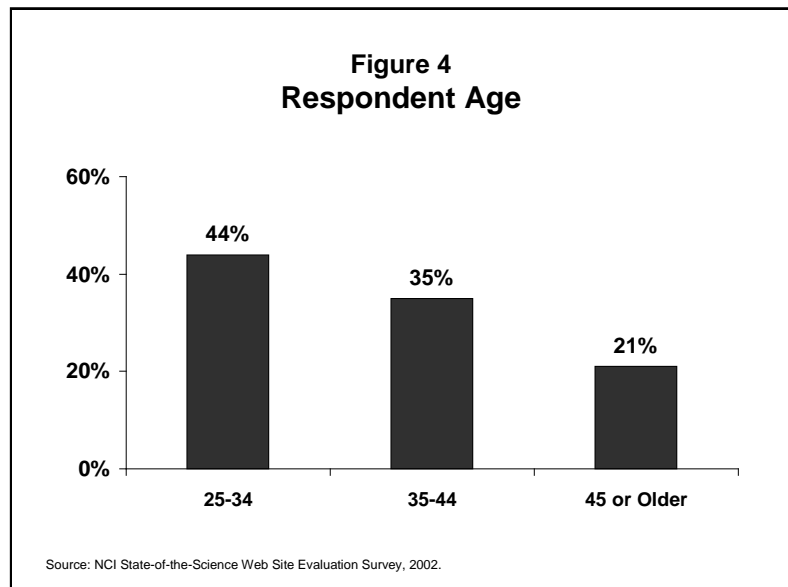
* p -value $<.05$

Notably, nearly all (99%) of the respondents ages 25 to 34 reported that they had a medical degree while only 6 percent in this age group reported having a doctoral degree. While the gastric, leukemia, and lung cancer groups had 96 percent or more of the respondents report that they had a medical degree, only 83 percent of the genitourinary cancer group reported a medical degree. Conversely, one of four (25%) genitourinary cancer group respondents reported having a doctoral degree while the other three groups had between 13 and 14 percent.

3.4 Age

Forty-four percent of the respondents were between the ages of 25 and 34. A little more than a third was between the ages of 35 and 44, and one-fifth was 45 years of age or older (Figure 4).

Notably, two-thirds (67%) of the Fellows reported that they are between the ages of 25 and 34, compared with just nine percent of ECORs.



3.5 Computer and Browser Preferences

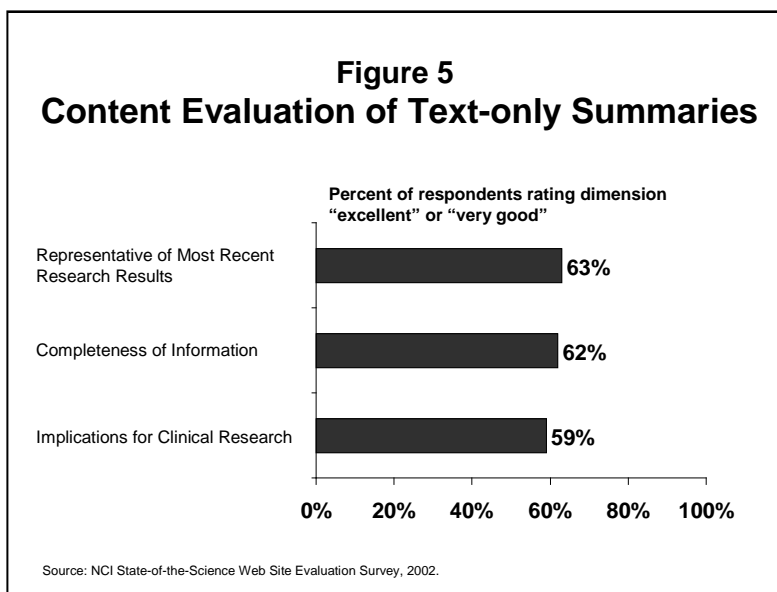
Nearly all respondents (98%) reported that they were able to access the survey's URL without assistance. Nine of ten (90%) respondents reported that they accessed the SOTS web site on an IBM compatible computer while the other ten percent reported using a Macintosh/Apple computer. The vast majority – 86 percent – accessed the SOTS web site through a network or cable modem while 11 percent reported using a dial-up modem connection. More than four of five (83%) used Microsoft's Internet Explorer while 14 percent accessed the web site through Netscape. Only 2 percent of all respondents used AOL.

4.0 Text Summaries

Overall, the response to the text-only meeting Summaries was very positive. The majority of respondents thought highly of the content of the text-only Summaries. Half or more of the respondents said they would discuss what was learned with another colleague and 25 percent or more said that they would consider a new research direction or submitting an idea for a clinical cancer trial.

4.1 Evaluation of Text-only Summaries

Respondents were asked to rate the meeting Summaries on several dimensions related to content: completeness of information, representative of most recent research results, and implications for clinical research. About three of five respondents reported that the content of the text-only meeting Summaries relative to these dimensions was either “excellent” or “very good” (Figure 5).



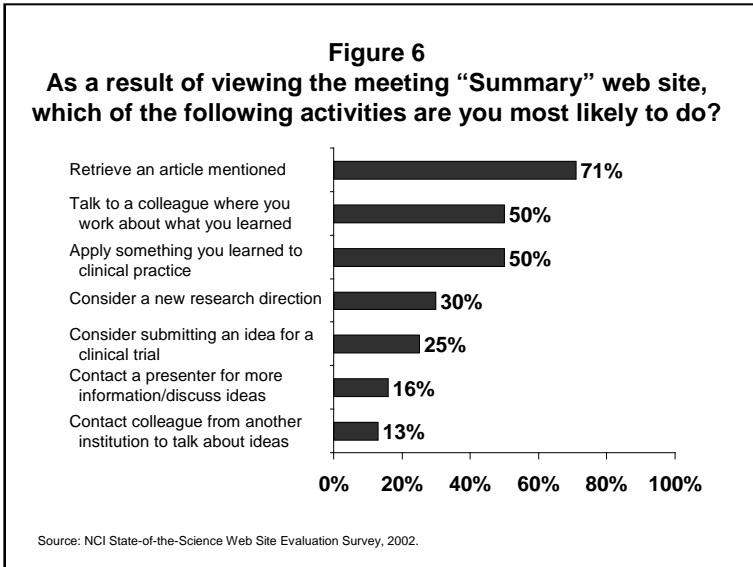
In general, responses to these content dimensions did not vary by respondents’ experience level. However, ECORs were much more likely to report that the content of the Summary had either “excellent” or “very good” applicability to their own work compared with Fellows (52% vs. 36%, respectively). Similarly, respondents who viewed the text-only Summaries before the Lectures & Breakouts were more likely to report the applicability of the meeting content to their own work (46% vs. 37%). Respondents who reviewed the gastrointestinal and genitourinary cancer meetings were more likely to rate completeness of information and representative of the most recent research dimensions either “excellent” or “very good” compared to respondents who reviewed the leukemia or lung cancer meetings (Table 4).

Table 4. Select Content Ratings by Cancer Group

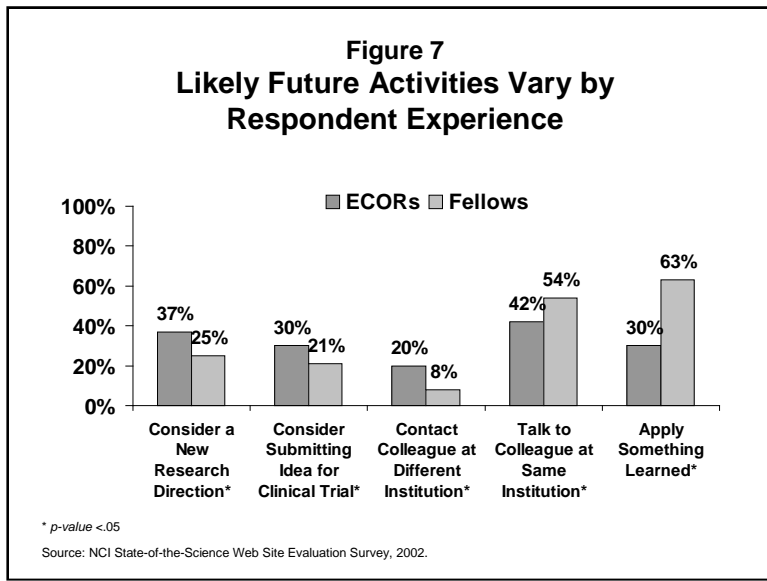
	CANCER GROUP				
	Gastro-intestinal Cancer	Genito-urinary Cancer	Leukemia	Lung Cancer	Total
Completeness of Information					
Excellent/Very good	67%	73%	51%	55%	62%
Good/Fair	32	27	49	44	38
Poor/Very poor	1			1	1
Representative of Most Recent Research					
Excellent/Very good	71	71	57	53	63
Good/Fair	28	29	43	48	37
Poor/Very poor	1		-		-

4.2 Likely Future Activities as a Result of Viewing Summaries

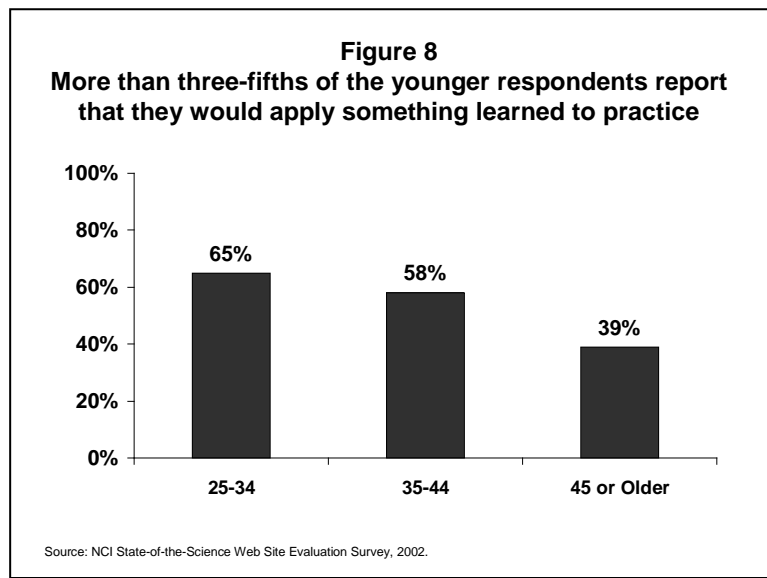
The majority of respondents – 71 percent – reported that they would retrieve an article mentioned in the Summary. Half of the respondents (50%) reported that they would talk to a colleague about what they learned and another half reported that they would apply something learned to clinical practice. Notably, one of four respondents stated that as a result of viewing the web site they would consider submitting an idea for a clinical trial and 30 percent said they would consider a new research direction (Figure 6).



ECORs were more likely to report that they would consider a new research direction, consider submitting an idea for a clinical trial, and were more than twice as likely as Fellows to say that they would contact a colleague at another institution to discuss lessons learned. Fellows were more likely than ECORs to report that they would talk to a colleague at their institution about what they learned. Notably, Fellows were more than twice as likely than ECORs to report that they would apply something learned to clinical practice. (Figure 7)



Older respondents (45 or older) were less likely to report that they would apply something learned to clinical practice compared with younger researchers (Figure 8).



4.3 Recommendations and Added Value

The overwhelming majority – 93 percent – said they would recommend the summary as the source of information from the SOTS meeting and 91 percent said they themselves would use the text Summary again as the source of information for the SOTS meeting. Respondents who viewed the text-only Summary first were more likely than respondents who viewed it second to report that they would use the web site again as the source of information from the SOTS meeting (94% vs. 87%, respectively). Eighty-four percent reported that the text Summaries provided “a great deal” or “a fair amount” of additional value to innovative cancer-related

research. Fellows were generally more enthusiastic about the SOTS meeting web site and were more likely to report that they would recommend the site, use the site again themselves, or believe that the web site added “a great deal” or “a fair amount” of value to cancer-related research (Table 5).

Table 5. Future Actions by Respondent Experience

	RESPONDENT EXPERIENCE		
	ECORs	Fellows	Total
Recommend Summary as the Source of Information from the SOTS Meeting*			
Definitely/Probably recommend it	90	95	93
Definitely/Probably not recommend it	10	5	7
Use Summary Again as the Source of Information from the SOTS Meeting*			
Definitely/probably would use it	87	93	91
Definitely/probably would not use it	14	7	9
Additional Value of Summary to Innovative Cancer-related Research*			
Great deal or fair amount of additional value	78	88	84
Little or no additional value	22	12	16

* *p*-value <.05

Some respondents commented that they would bookmark the web site and use some of the materials for their lectures and courses.

4.4 Suggestions for Improvement

Respondents were asked for suggestions to improve the SOTS web site. Responses relating to the text-only Summaries centered around one of three main themes.

1. Link Summaries to appropriate Lectures & Breakouts section or provide the Summaries as an abstract to the Lectures & Breakout.

“It would be nice to incorporate the summary of each as an almost “abstract” option in the Lectures & Breakouts format and simply add another section for the references.”

“The Summary should have a link to breakout presentations.”

2. Provide link to Medline abstracts or full-text articles, if available.

“A Medline link to the references would be useful.”

3. Format Summaries to provide a visual roadmap.

“I prefer the summary format, but it is not formatted in a way that catches people’s attention. Therefore, the whole presentation is less impressive.”

“It would be easier to read if it were in bullet format”

“The summary hits you with the “wall of words.” Its format needs to be information mapped for ease of reading.”

5.0 Lectures & Breakouts

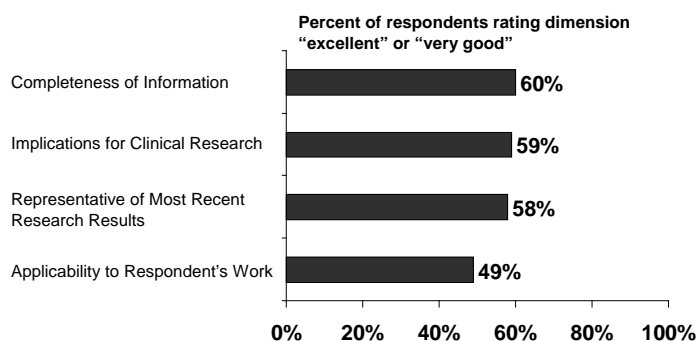
Overall, the response to the Lectures and Breakouts was very enthusiastic. However, there was some concern over features and many respondents had trouble downloading and installing the necessary software.

5.1 Evaluation of Lectures & Breakouts

About three-fifths of the respondents rated the Lectures & Breakouts “excellent” or “very good” on dimensions related to content: completeness of information, representative of most recent research, and implications for clinical research. Half of the respondents said that the content of the Lectures & Breakouts had “excellent” or “very good” applicability to their own work (Figure 9).

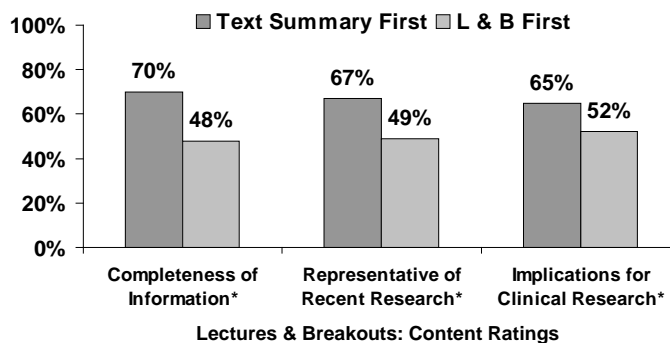
Notably, more than two-thirds of respondents who viewed the text summary *first* rated these dimensions as “excellent” or “very good” compared with about half of the respondents who viewed the multi-media Lectures & Breakouts first (Figure 10).

Figure 9
Content Evaluation of Lectures & Breakouts



Source: NCI State-of-the-Science Web Site Evaluation Survey, 2002.

Figure 10
Respondents randomly assigned to view Summaries first more likely to rate content of L&B higher than respondents assigned to L&B first



* p-value <.05

Source: NCI State-of-the-Science Web Site Evaluation Survey, 2002.

5.2 Likely Future Activities as a Result of Viewing Lectures & Breakouts

More than half of the respondents reported that they would retrieve an article mentioned, apply something learned to clinical practice, or talk to a colleague (Figure 11). In general, these responses did not vary by age, cancer meeting group, or experience. However, Fellows were more likely than ECORS to report that they would talk to a colleague about the

information (60% vs. 48%, respectively) and apply something learned to clinical practice (65% vs. 44%, respectively). ECORS were more likely than Fellows to report that they would consider a new research direction (37% vs. 25%, respectively).

Respondents who were 45 years of age or older were the least likely to report that they would apply something they learned to practice compared with respondents ages 25 to 34 or 35 to 44 (39% vs. 65% and 58%, respectively).

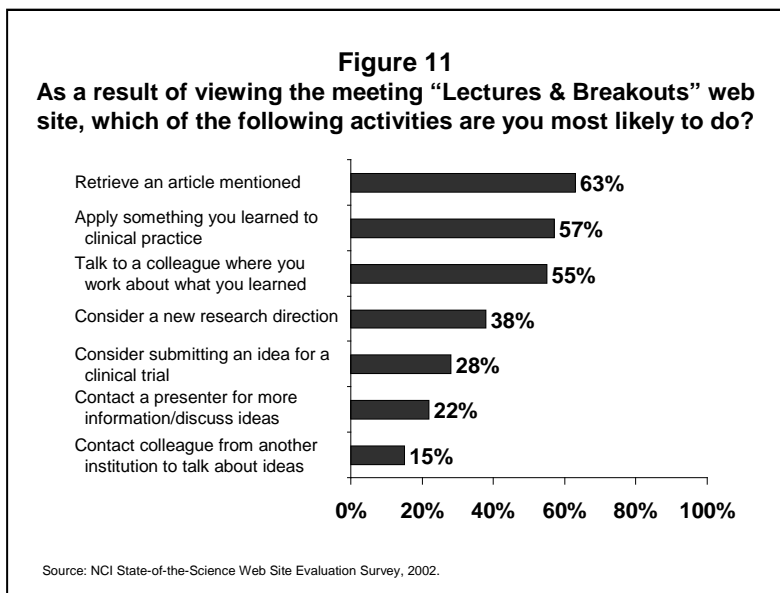
5.3 Recommendations and Added Value

The overwhelming majority – 94 percent – said they would recommend the Lectures & Breakouts multi-media presentation and 94 percent said they themselves would use the presentation as the source of information from the SOTS meeting. Eighty-six percent reported that the text summaries provided “a great deal” or “a fair amount” of additional value to innovative cancer-related research.

Some respondents expressed concern over the timeliness of the research presented on the SOTS web site. Responses did not vary by respondent experience.

“Remember, this information is over two years old. A lot of it is old news at this point.”

“Some of the data here is old (the meeting ~2 years ago). If I had seen this 2 years ago, I would have been more enthused.”



Other researchers noted that they would use the material for teaching.

“Utilize material for presentation and teaching.”

“Will use is as a base for our lecture series in the residency program.”

Overall, responses related to recommendations and added value did not vary by respondent experience, age, presentation format order, or cancer group.

5.3 Technical Access to Lectures & Breakouts

About half of the respondents reported that the ease of navigation (52%) and the slide clarity/readability (47%) was either “excellent” or “very good”. Interestingly, respondents who viewed the Summary first were more likely to rate the slide clarity “excellent” or “very good” compared to the respondents who viewed the Lectures and Breakouts first (54% vs. 40%, respectively). About nine of ten (89%) reported that viewing slides and viewing transcripts was “excellent” or “very good”.

Notably, nine percent reported that the slide clarity and readability was either “poor” or “very poor”. Furthermore, more than one-fourth of the respondents reported that the audio “did not work well at all” or “not very well”.

Issues associated with audio access:

“Accessed slides fine. Couldn’t access audios.”

“I had difficulty getting the audio started and the web server closed on 2 occasions.”

“I was able to view slides and read text but was not able to access audio.”

“Audio could be improved, otherwise very good.”

“Audio quality was poor, audio format “dragged” in part due to the speaker’s slow pace and demeanor.”

“Had difficulty with operating the audio section.”

Access issues associated with Shockwave download:

“Could not view the audio portions – a window opened saying “The parameter is incorrect”, no automatic download of Shockwave Player.”

“Chose to download the suggested software (for audio?) it required 15 minutes, then I was kicked off the NCI State-of-the-Science web site. Once I signed back on, I tried but was unable to reach the Audio and transcripts.”

“Downloaded Shockwave and installed it, but crashed out of the program several times.”

“The video browser (Shockwave) used for the lectures session has several commercial “pop-out” windows that interrupt the presentations trying to sell video games.”

“Had trouble with Shockwave. Didn’t want to restart computer.”

Other access issues:

“Although I accessed the Lecture site without assistance, it was slow and irritating to navigate.”

“Slides would be useful if could be downloaded but poor quality and unacceptably slow.”

“Audio version download takes too long!!!”

“Could not access on line – wouldn’t open despite downloading appropriate software.”

“I was able to see the first page of the lecture/breakout session but then the screen remained frozen and was not able to continue.”

“Lecture appeared only briefly and then disappeared and I was unable get back to it.”

“No slides or papers ever came up. Unsure as to what it was I was supposed to see.”

“None of the icons functioned or took me to the slide show or lectures.”

5.4 Suggestions for Improvement

Respondents’ suggestions related to the Lectures & Breakouts format centered around five main themes. We caution that some of the suggestions enhancements may have already been made and other suggestions may refer to features that were available, but of which a user was unaware.

1. Make the slides easier to view.

“Have the ability to make the slides larger.”

“The slides need to be bigger.”

“Slides need to be larger to view on screens!!”

“The slides could be made clearer.”

“Graphic could be better. Narrative and slides clearly preferable to summary.”

“Many of the slides (writing and graphics) are too small to visualize and some of the colors do not project well.”

“Have the ability to make the slides larger. Some of the slides are extremely difficult to read at the size they appear on the screen and I couldn’t make them appear larger to be able to read them.”

2. Edit audio to reduce listening time.

“The slides and audio could be much improved by simple editing. In the talk I heard, there was silence and microphone fumbling that could have been easily deleted before posting.”

“The audio-tape should be edited to reduce the time of the lectures.”

Presentations are a bit long for convenient listening and viewing.”

“Some of the description about each slide are too long winded.”

3. Allow slides to be downloadable.

“The lecture slides would be most useful if I could download them (possibly with your logo).”

“Ability to copy slides, enlarge slides.”

“Ability to download (and save) the excellent presentations”

4. Improve navigation ease.

“I would make them a little larger and also make it easier to navigate back to the page with the list of lectures.”

“They need better instructions for navigation.”

“The navigation in the lectures and handouts section was a bit awkward—hard to navigate and go from one topic to another. Perhaps having a menu that stayed on screen regardless of where you went would be helpful.”

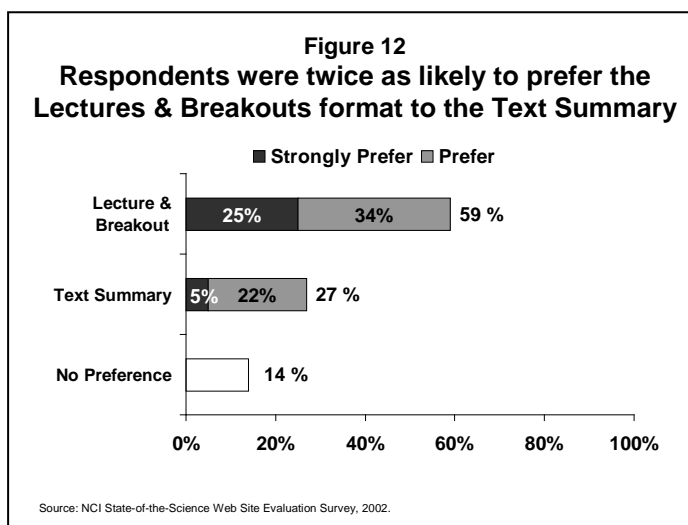
5. Provide hyperlinks to references.

“To include references in the presentation will be very helpful.”

6.0 Format Preferences and Usefulness

6.1 Format Preferences

Although 14 percent stated that they had “no preference” in presentation format, respondents were twice as likely to report that they preferred the Lectures & Breakouts to the text-only summaries (59% vs. 27%). (Figure 12) Responses did not vary according to presentation order.



Prefer text-only Meeting Summaries

“I really appreciate having the slides to help summarize information rapidly.”

“I think the Lectures & Breakouts” is more visually appealing, but it’s easier to access information quickly in the “Summary” format. The audio failure was a big disincentive to using/recommending the “Lectures & Breakouts” format.”

“I think the summary is more useful than the lectures. I don’t have time to watch a whole lecture in general.”

“Although the audio/slide presentations are more complete, I personally preferred the summary format as it seems more time-efficient to review.”

“The summary format is great for a quick refresher.”

“While the slides/transcripts provided more detailed information, the summaries gave me what I really wanted to see. I appreciated that someone had done a great job in editing the presentations to generate the summaries.”

Prefer Lectures & Breakouts

Preference for Slides and Audio Transcript

"I like the audio type with slides, because the slides are more clearly shown on the web site, and you get a feeling of listening to the speaker on site."

Preference for Slides and Written Transcript

"I prefer written text and slide presentations over verbal presentations. It allows me to set my own pace, to interrupt and to print it out and read during spare or down times."

"I thought that the presentations were useful, but only in the transcript form. That way I was able to read those slides of most interest. Since the presentations with the speaker did not allow to skip slides, the process took too long."

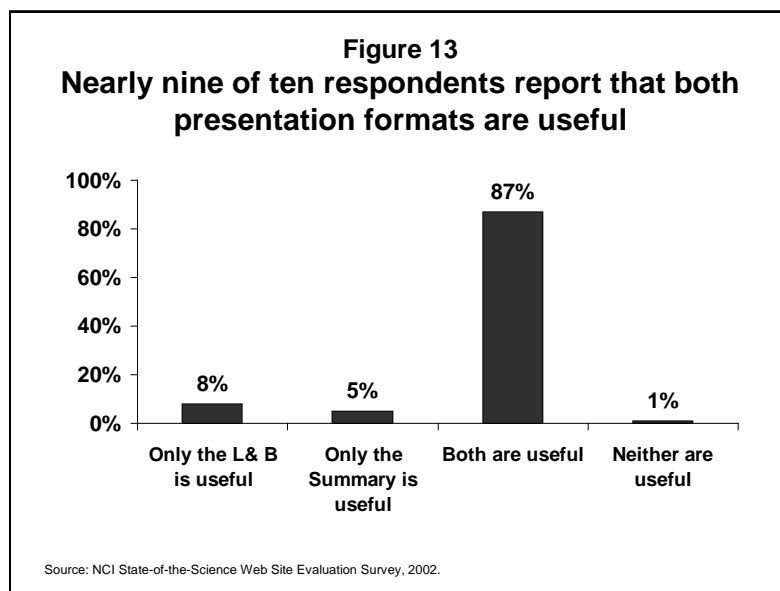
"I used the transcript version of the website. I enjoyed being able to read the presentations and re-reading if I needed to or wanted to. It also allowed me the opportunity to think and absorb better."

"I would prefer the slides and breakout sessions format because they have more specific information as long as the cumbersome viewing system can be improved. Many of the slides were small and some were not readable"

6.2 Format Usefulness

Eighty-seven percent of the respondents said that *both* the text-summary and the multi-media presentation were useful (Figure 13).

Respondents' written feedback suggests that most respondents preferred both formats and would like to have both remain on the SOTS web site. The Summaries, while not as comprehensive as the Lectures & Breakouts, provided users with a concise summary of the meeting and helped orient users to the



Lectures & Breakouts sessions of most interest. The key advantage of the Summaries noted by the respondents is their length. That is, respondents do not need a lot of time to read a Summary whereas the Lectures & Breakouts require significantly more time.

The Lectures & Breakouts sessions were very well received for their comprehensiveness. The disadvantage that comes with the comprehensiveness, of course, is the time required to review all the material. Nevertheless, respondents found the slides with audio and written transcripts very helpful and several commented that they would incorporate the materials into their teaching.

Both formats are useful and work in concert

“Complementary formats – excellent overall.”

“Both are excellent”

“Both types are definitely useful.”

“Both types of presentations were excellent.”

“Excellent and valuable resource.”

“I find them both useful. The summary gives a general overview of topics discussed and the presentation/breakout provides the opportunity to get more detail and listen to the expert on a particular topic.”

“I liked the references from the summary and the slides from the “breakouts”, which could be used for teaching purposes.”

“The summary is more useful for a quick, thorough and superficial review of all that was presented. The multi-media site is less useful as a quick review, but if there is an area or speaker of particular interest, then it’s much more comprehensive and informative.”

“The summary is helpful when short on time, but it is obviously not as complete. That is why both are important. One can read the summary and decide which presentations s/he would like more information on.”

“It was nice to have the summary of the meeting available, so that I can focus on which presentations would be of most interest to listen to/read.”

Favor both formats with a slight preference for text-only Summaries

“Both can be real useful. I think having the summary available to review first is nice. People can then pick which parts of the presentation they wish to review more in depth and go to the slides.”

“I prefer both--the summary first, and then the slides. The Summary would help me narrow down exactly which slides shows I am interested in.”

“I liked having access to both the summaries and the actual lectures and slides. For the areas I had less interest in, the summaries were a very efficient way to get information on topics that I don’t have to listen to the whole lecture on.”

Favor both formats with a slight preference for Lectures & Breakouts

“Both are good, but presentations are always more reader-friendly.”

“Both are very useful, but the lecture slide format is easier to navigate.”

“Both the text and accompanying slides are excellent ways to reach individuals who are unable to attend a particular meeting. They also allow those who did attend to go back and retrieve areas that were of particular interest to their own work.”

Order of Presentation

One implication of these findings is that the text-only Summaries help to orient respondents to the SOTS web site, and that conversely, moving to the Lectures & Breakouts sessions without a broad overview may have been somewhat daunting. If this were the case, we would hypothesize higher ratings of Lectures & Breakouts content among respondents who viewed the format second, following their use of text-only Summaries. Study findings are consistent with this hypothesis. Respondents who viewed the text-only summaries first were more likely to rate the information content dimensions higher compared with respondents who viewed the Lectures & Breakouts format first (*see* Figure 10 and Table 6). In contrast, the changes in rating of the text-only Summaries associated with presentations order were much more modest.

Table 6. Presentation Format Order and Content Ratings

PRESENTATION FORMAT ORDER						
	Evaluation of Text-only Summaries			Evaluation of Lectures & Breakouts		
	Text Summary First	Text Summary Second	Total	Lectures & Breakout First	Lectures & Breakout Second	Total
Content Ratings						
Completeness of Information*						
Excellent/Very good	67%	56%	62%	48%	70%	60%
Good/Fair	32	44	38	51	30	40
Poor/Very poor	1	-	1	1	-	1
Representative of Most Recent Research*						
Excellent/Very good	69	57	63	49	67	58
Good/Fair	31	44	37	49	33	41
Poor/Very poor	1	-	-	1	1	1
Implications for Clinical Research*						
Excellent/Very good	67	50	59	52	65	59
Good/Fair	33	49	41	47	35	40
Poor/Very poor	1	1	1	1	-	1
Applicability to Respondent's Work*						
Excellent/Very good	46	37	42	47	51	49
Good/Fair	46	60	53	51	44	47
Poor/Very poor	8	3	6	2	5	4

* *p*-value <.05

6.3 Usefulness by Different Types of Respondents

Content Ratings by Respondent Experience

In general, responses to content dimensions did not vary by respondents' experience level. However, ECORs were much more likely to report that the content of the Summaries had either "excellent" or "very good" applicability to their own work compared with Fellows (52% vs. 36%, respectively).

Likely Future Activity by Respondent Experience

Fellows were more likely than ECORs to report that they would discuss what they learned from either the text-only Summaries or the Lectures & Breakouts with a colleague and to apply something learned to clinical practice (Table 7). ECORs, perhaps because they have been in the field longer, were more than twice as likely to report that they would contact a colleague at another institution to discuss lessons learned from the Summaries. ECORs were also more likely to report that they may consider a new research direction or consider submitting an idea for a

clinical trial. These findings suggest that the SOTS web site is meeting its objective to not only disseminate information that would otherwise be unavailable, but is also helping to stimulate discussion and spark new ideas for the development of new clinical trial interventions.

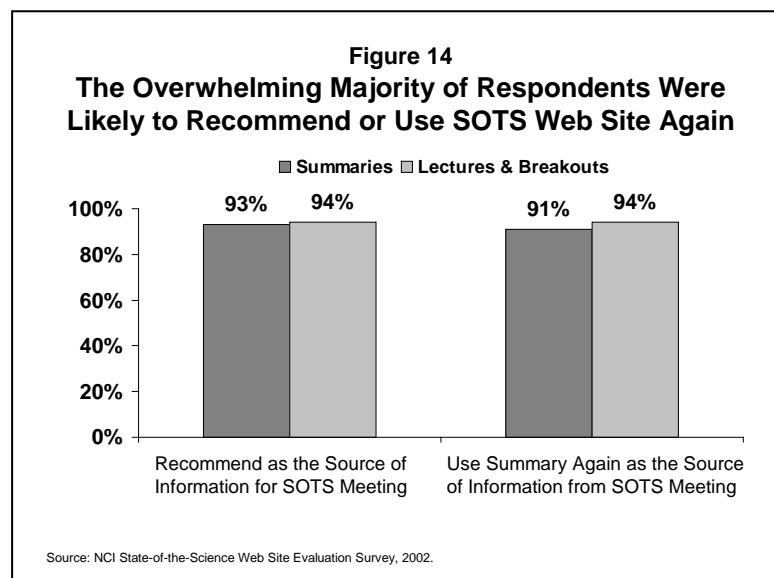
Table 7. Likely Future Activities by Respondent Experience

	RESPONDENT EXPERIENCE		
	ECORs	Fellows	Total
Likely Future Activities as a Result of Viewing Summaries			
Talk to colleague about what you learned*	42%	54%	50%
Contact colleague at another institution to discuss what you learned*	20	8	13
Consider a new research direction*	37	25	30
Apply something learned to clinical practice*	30	63	50
Consider submitting an idea for a clinical trial*	30	21	25
Likely Future Activities as a Result of Viewing Lectures & Breakouts			
Talk to colleague about what you learned*	48	60	55
Consider a new research direction*	45	34	38
Apply something learned to clinical practice*	44	65	57

* p -value <.05

Recommendation and Added-value

The majority of respondents said they would recommend both the Summaries and the Lectures & Breakouts as sources of information from the SOTS meeting and that they themselves would use the information again (Figure 14).



Eighty-four percent of respondents who viewed the Summaries and 86 percent who viewed the Lectures & Breakouts reported that the information provided a “great deal” or “fair amount” of additional value to innovative-cancer related research.

7.0 Conclusions and Recommendations

The overall findings suggest that SOTS is meeting its objectives to disseminate information, facilitate discussion and debate among researchers, and foster future clinical trials. Furthermore, respondents were very positive and excited about the information available on the SOTS website.

“It is something new and wonderful”

“It is very well done.”

“Really nice job”

“Thanks, this is an excellent effort and you should be proud.”

7.1 Text Summary

Overall, the response to the text-only meeting Summaries was very positive. The majority of respondents thought highly of the content of the text-only Summaries. Half or more of the respondents said they would discuss what was learned with another colleague and 25 percent or more said that they would consider a new research direction or submitting an idea for a clinical cancer trial.

- About three of five respondents reported that the content of the text-only meeting Summaries relative to completeness of information, representative of recent research, and implications for clinical research was either “excellent” or “very good”.
- The majority of respondents reported that they would retrieve an article mentioned in the Summary. Half of the respondents (50%) reported that they would talk to a colleague about what they learned and another half reported that they would apply something learned to clinical practice. Notably, one of four respondents stated that as a result of viewing the web site they would consider submitting an idea for a clinical trial and 30 percent said they would consider a new research direction.

7.2 Lectures & Breakouts

Overall, the response to the Lectures and Breakouts was very enthusiastic. However, there was some concern about the audio and visual features and many respondents had trouble downloading and installing the necessary software.

- About three-fifths of the respondents rated the Lectures & Breakouts “excellent” or “very good” on dimensions related to content: completeness of information, representative of most recent research, and implications for clinical research.
- Half of the respondents said that the content of the Lectures & Breakouts had “excellent” or “very good” applicability to their own work.
- More than half of the respondents reported that they would retrieve an article mentioned, apply something learned to clinical practice, or talk to a colleague.
- Nine percent reported that the slide clarity and readability was either “poor” or “very poor”. More than one-fourth of the respondents reported that the audio “did not work well at all” or “not very well”. Many respondents provided specific comments on the difficulty they had with the audio quality and slide readability. Several respondents reported having difficulty downloading and installing the appropriate software.

7.3 Format Preferences and Usefulness

More than nine of ten respondents reported that they were likely to recommend or use the SOTS web site again.

- The overwhelming majority of respondents said they would recommend both the text-only Summaries and the Lectures & Breakouts as the source of information from the SOTS meeting and that they themselves would use the information again.

Eighty-four percent of respondents who viewed the Summaries and 86 percent who viewed the Lectures & Breakouts reported that the information provided a “great deal” or “fair amount” of additional value to innovative-cancer related research.

Nearly nine of ten said that both formats were useful, but the Lectures & Breakouts format was preferred over text-only Summaries.

- Eighty-seven percent of the respondents said that *both* the text-summary and the multi-media presentation were useful.

“Both can be real useful. I think having the summary available to review first is nice. People can then pick which parts of the presentation they wish to review more in depth and go to the slides.”

- Although 14 percent stated that they had “no preference” in presentation format, respondents were twice as likely to report that they preferred the Lectures & Breakouts to the text-only summaries (59% vs. 27%). Preferences in format type may be largely associated with time constraints. The Summaries provided concise summaries of the meetings while the Lectures & Breakouts provided comprehensive information.

Respondents who viewed the text-only summaries first were more likely to give higher ratings than respondents who viewed the Lectures and Breakouts first.

- Respondents who viewed the text-only summaries first were more likely to rate the information content dimensions higher – for both formats – compared with respondents who viewed the Lectures & Breakouts format first. This suggests that respondents who view the Summaries first may be better oriented on the topic thereby making the more comprehensive information available from the Lectures & Breakouts easier to navigate. The lower ratings for the Lectures & Breakouts may also be a reflection of some of the difficulty that a number of respondents had in installing and downloading the appropriate software and in the audio quality and slide readability.

There were some significant differences in the rating between ECORS and Fellows. The differences may be a reflection of experience and age.

- Fellows were generally more enthusiastic about the SOTS meeting web site and were more likely to report that they would recommend the site, use the site again themselves, or believe that the web site added “a great deal” or “a fair amount” of value to cancer-related research.
- ECORs were more likely than Fellows to report that the content of the Summaries had either “excellent” or “very good” applicability to their own work (52% vs. 36%, respectively).
- ECORs were more likely than Fellows to report that they may consider a new research direction (37% vs. 25%, respectively) or consider submitting an idea for a clinical trial (30 vs. 21%, respectively).

7.4 Recommendations

The overall findings suggest that SOTS is meeting its objectives to disseminate information, facilitate discussion and debate among researchers, and foster future clinical trials. We recommend that NCI continue with both formats on the SOTS web site. Specifically, we offer the following recommendations:

1. *Reformat the text-only meeting Summary so that it will be easier to navigate.*

Many respondents appreciated the utility of the text-only meeting summary. Indeed, many respondents commented on the brevity and conciseness of the summaries and how useful they are by itself or as an overview that guides users to specific Lectures & Breakouts sessions. However, a few suggested that the format could be made more reader-friendly. Adding headings and sub-headings could help users quickly scan and search for relevant material and provide a visual roadmap of the topic.

2. *Edit the audio-transcripts and provide downloadable presentation files.*

Most respondents preferred the Lectures & Breakouts format over the text-only meeting Summaries for its comprehensiveness. However, many respondents commented that the audio-transcripts could be greatly improved if they were edited for pauses, unnecessary comments, etc. This would decrease the amount of time a user needs to spend listening to the presentation.

“Editing of the break-through sessions. Some comments were irrelevant.”

“Editing of the audio to eliminate wasted time.”

There were several requests for the slides to be available in a downloadable PowerPoint format so that the slides can be printed.

“Ability to enlarge slides that in its current format are almost illegible.”

“A feature that allows one to maximize the slides and/or pause the audio.”

“Ability to copy slides, enlarge slides.”

“Ability to download (and save) the excellent presentations”

3. *Further develop the technical aspects of Lectures & Breakouts format to increase accessibility and readability. Respondents also wanted to be able to enlarge the image and skip from slide to slide.*

While most respondents did not have any technical difficulty, as many as one-fourth of the respondents had difficulty accessing the audio function of the Lectures & Breakouts format and were unable to successfully download and install the recommended software (Shockwave). It is possible that those who already had the software installed on their computers were able to access the format easily, while those who had to download the software had more difficulty. NCI should explore other software options and have a FAQ page to address some of the technical issues.

4. *Increase publicity about the web site.*

Several respondents reported that they wished they knew about the web site earlier and many said that they would not have known about the web site if they had not participated in the survey.

5. *Provide direct links to references available on databases such as Medline.*

Numerous respondents suggested that references have hyperlinks to Medline abstracts or full-text articles, if available.

“A Medline link to the references would be useful.”

“Ability to link to abstract or full text of articles cited by speakers.”

“Links to papers as PDF files would be nice – realizing copyright restrictions.”

6. *Provide e-mail question and answer format and/or contact information of presenter.*

Several respondents suggested that presenters’ correspondence information be made available to facilitate contact.

7. *Provide links to other relevant sites.*

Numerous respondents suggested that the presentations be linked to relevant sites.

“More in-depth basic science and links to current clinical trials.”

“1. Links to Medline references. 2. Links to websites of institutions/organizations/cooperative groups that are conducting the studies mentioned”

“Links to other cancer resources”

“Links from the summaries to the lectures might be helpful. Links from the references to Ovid or on-line journal would be very helpful.”

“Links to ASCO.”

“Links to other relevant websites/references”

8. *Future Communication*

Respondents suggested monthly e-mail updates relating to recent developments, new trials, and new SOTS sessions available on the web site.

Appendix A
Detailed Tables

Table A-1

Study Findings by Presentation Format Order

	PRESENTATION FORMAT ORDER		
	Text Summary First N=198	Lectures & Breakout First N=181	Total N=379
Membership/Affiliation			
Cooperative Clinical Trials Group (CCTG)	32%	33%	33%
Specialized Program of Research Excellence (SPORE)	10	12	11
Community Clinical Oncology Practice (CCOP)	4	4	4
Academic tertiary care center	79	83	81
Community-based oncology practice	9	4	7
Cancer Clinical Trial Involvement			
Principal Investigator	37	38	38
Co-Principal Investigator or Co-Investigator	55	50	53
Physician	67	72	69
Clinical member of research team	12	10	11
Research faculty/scientist	24	22	23
Industry scientist	-	1	1
Resident/post-doc	35	31	33
Highest Educational Degree(s)			
M.D. or equivalent	92	95	93
Ph.D. or equivalent	17	16	17
Other	6	3	5
Age			
25-34	46	42	44
35-44	31	40	35
45 and older	23	17	21
Computer Type			
IBM Compatible	89	90	90
Mac/Apple	10	10	10
Internet Connection			
Dial-up or modem	10	13	11
Network or cable	88	84	86
Browser Type			
Microsoft Internet Explorer	83	83	83
Netscape	13	15	14
AOL	2	1	2
Access Survey URL Without Assistance	99	98	98

**PRESENTATION FORMAT
ORDER**

	Text Summary First	Lectures & Breakout First	Total
	N=198	N=181	N=379
EVALUATION OF TEXT-ONLY SUMMARIES			
Content Ratings			
Completeness of Information*			
Excellent/Very good	67%	56%	62%
Good/Fair	32	44	38
Poor/Very poor	1	-	1
Representative of Most Recent Research*			
Excellent/Very good	69	57	63
Good/Fair	31	44	37
Poor/Very poor	1	-	-
Implications for Clinical Research*			
Excellent/Very good	67	50	59
Good/Fair	33	49	41
Poor/Very poor	1	1	1
Applicability to Respondent's Work*			
Excellent/Very good	46	37	42
Good/Fair	46	60	53
Poor/Very poor	8	3	6
Likely Future Activities as a Result of Viewing Summaries			
Retrieve an article mentioned	72	71	71
Contact a presenter for more information	14	18	16
Talk to colleague about what you learned	50	49	50
Contact colleague at another institution to discuss what you learned	12	14	13
Consider a new research direction	30	29	30
Apply something learned to clinical practice	50	50	50
Consider submitting an idea for a clinical trial*	31	18	25
No action	11	7	9
Recommend Summary as the Source of Information from the SOTS Meeting			
Definitely/Probably recommend it	95	91	93
Definitely/Probably not recommend it	5	9	7
Use Summary Again as the Source of Information from the SOTS Meeting*			
Definitely/Probably would use it	94	87	91
Definitely/Probably would not use it	6	13	9
Additional Value of Summary to Innovative Cancer-related Research			
Great deal or fair amount of additional value	86	82	84
Little or no additional value	14	18	16

**PRESENTATION FORMAT
ORDER**

	Text Summary First	Lectures & Breakout First	Total
	N=198	N=181	N=379
EVALUATION OF LECTURES & BREAKOUTS			
Content Ratings			
Completeness of Information *			
Excellent/Very Good	70%	48%	60%
Good/Fair	30	51	40
Poor/Very Poor		1	1
Representative of Most Recent Research *			
Excellent/Very Good	67	49	58
Good/Fair	33	49	41
Poor/Very Poor	1	1	1
Implications for Clinical Research *			
Excellent/Very Good	65	52	59
Good/Fair	35	47	40
Poor/Very Poor		1	1
Applicability to Respondent's work			
Excellent/Very Good	51	47	49
Good/Fair	44	51	47
Poor/Very Poor	5	2	4
Likely Future Activities as a Result of Viewing Lectures & Breakouts			
Retrieve an article mentioned	63%	63%	63%
Contact a presenter for more information	23	22	22
Talk to colleague	58	53	55
Contact colleague at another institution	14	16	15
Consider a new research direction	38	37	38
Apply something learned to clinical practice	56	59	57
Consider submitting an idea for a clinical trial	29	26	28
No action	8	4	6
Recommend Lectures & Breakout as the Source of Information from the SOTS Meeting			
Definitely/Probably recommend it	94	94	94
Definitely/Probably not recommend it	6	6	6
Use Lectures & Breakouts as the Source of Information from the SOTS Meeting			
Definitely/Probably would use it	94	95	94
Definitely/Probably would not use it	6	5	6
Additional Value of Lectures & Breakouts to Innovative Cancer-related Research			
Great or fair amount of value	89	82	86
Little or no additional of value	11	18	14

**PRESENTATION FORMAT
ORDER**

	Text Summary First	Lectures & Breakout First	Total
	N=198	N=181	N=379
Access Lectures & Breakouts without assistance	87%	91%	89%
Performance of Web Site Functions			
Listening to Audio			
Did not work well at all/not very well	26	26	26
Fairly well/very well	55	48	52
Did not use this function	19	26	22
Viewing Slides			
Did not work well at all/not very well	10	9	9
Fairly well/very well	88	91	89
Did not use this function	3	-	1
Viewing Transcripts			
Did not work well at all/not very well	3	3	3
Fairly well/very well	90	89	89
Did not use this function	7	8	8
Performing a Word Search			
Did not work well at all/not very well	2	4	3
Fairly well/very well	30	25	28
Did not use this function	68	71	69
Ease of Navigation			
Excellent/Very Good	58	45	52
Good/Fair	38	50	44
Poor/Very Poor	5	5	5
Slide Clarity/Readability*			
Excellent/Very Good	54	40	47
Good/Fair	39	49	44
Poor/Very Poor	7	11	9
USEFULNESS AND FORMAT PREFERENCE			
Usefulness of Each Presentation Format			
Only the Lectures & Breakouts is useful	6	9	8
Only the text Summary is useful	7	3	5
Both are useful	87	87	87
Neither are useful	1	1	1
Presentation Format Preference			
Strongly prefer the Lectures & Breakouts presentation	23	26	25
Prefer the Lectures & Breakouts presentation	32	37	34
Prefer the text Summary	26	19	22
Strongly prefer the text Summary	5	5	5
No preference	14	13	14

Table A-2

Study Findings by Respondent Experience

	RESPONDENT EXPERIENCE		
	Experienced Clinical Oncology Researchers (ECORs) N=149	Emerging Oncology Researchers (Fellows) N=230	Total N=379
Membership/Affiliation			
Cooperative Clinical Trials Group (CCTG)*	54%	19%	33%
Specialized Program of Research Excellence (SPORE)*	16	8	11
Community Clinical Oncology Practice (CCOP)	5	3	4
Academic tertiary care center	82	80	81
Community-based oncology practice*	3	9	7
Cancer Clinical Trial Involvement			
Principal Investigator*	71	16	38
Co-Principal Investigator or Co-Investigator*	69	42	53
Physician	69	70	69
Clinical member of research team	15	9	11
Research faculty/scientist*	36	15	23
Industry scientist	1	-	1
Resident/post-doc*	3	53	33
Highest Educational Degree(s)			
M.D. or equivalent*	87	97	93
Ph.D. or equivalent*	24	12	17
Other	6	4	5
Age*			
25-34	9	67	44
35-44	44	30	35
45 and older	47	3	21
Computer Type			
IBM Compatible	87	92	90
Mac/Apple	13	8	10
Internet Connection			
Dial-up or modem	8	14	11
Network or cable	91	83	86
Browser Type*			
Microsoft Internet Explorer	78	86	83
Netscape	22	9	14
AOL	1	3	2
Access Survey URL Without Assistance	97	99	98

	RESPONDENT EXPERIENCE		
	Experienced Clinical Oncology Researchers (ECORs)	Emerging Oncology Researchers (Fellows)	Total
	N=149	N=230	N=379
EVALUATION OF TEXT-ONLY SUMMARIES			
Content Ratings			
Completeness of Information			
Excellent/Very good	62%	61%	62%
Good/Fair	38	38	38
Poor/Very poor	-	1	1
Representative of Most Recent Research			
Excellent/Very good	63	62	63
Good/Fair	37	37	37
Poor/Very poor		1	-
Implications for Clinical Research			
Excellent/Very good	56	61	59
Good/Fair	43	39	41
Poor/Very poor	1		1
Applicability to Respondent's Work*			
Excellent/Very good	52	36	42
Good/Fair	44	58	53
Poor/Very poor	5	6	6
Likely Future Activities as a Result of Viewing Summaries			
Retrieve an article mentioned	69	73	71
Contact a presenter for more information	18	14	16
Talk to colleague about what you learned*	42	54	50
Contact colleague at another institution to discuss what you learned*	20	8	13
Consider a new research direction*	37	25	30
Apply something learned to clinical practice*	30	63	50
Consider submitting an idea for a clinical trial*	30	21	25
No action*	14	6	9
Recommend Summary as the Source of Information from the SOTS Meeting*			
Definitely/Probably recommend it	90	95	93
Definitely/Probably not recommend it	10	5	7
Use Summary Again as the Source of Information from the SOTS Meeting*			
Definitely/Probably would use it	87	93	91
Definitely/Probably would not use it	14	7	9
Additional Value of Summary to Innovative Cancer-related Research*			
Great deal or fair amount of additional value	78	88	84
Little or no additional value	22	12	16

	RESPONDENT EXPERIENCE		
	Experienced Clinical Oncology Researchers (ECORs)	Emerging Oncology Researchers (Fellows)	Total
	N=149	N=230	N=379
EVALUATION OF LECTURES & BREAKOUTS			
Content Ratings			
Completeness of Information			
Excellent/Very Good	57%	61%	60%
Good/Fair	43	38	40
Poor/Very Poor	-	1	1
Representative of Most Recent Research			
Excellent/Very Good	55	60	58
Good/Fair	44	39	41
Poor/Very Poor	1	1	1
Implications for Clinical Research			
Excellent/Very Good	53	63	59
Good/Fair	47	37	40
Poor/Very Poor	1	1	1
Applicability to Respondent's work			
Excellent/Very Good	53	47	49
Good/Fair	44	49	47
Poor/Very Poor	3	4	4
Likely Future Activities as a Result of Viewing Lectures & Breakouts			
Retrieve an article mentioned	63%	63%	63%
Contact a presenter for more information	27	20	22
Talk to colleague*	48	60	55
Contact colleague at another institution	18	13	15
Consider a new research direction*	45	34	38
Apply something learned to clinical practice*	44	65	57
Consider submitting an idea for a clinical trial	33	24	28
No action	6	5	6
Recommend Lectures & Breakouts as the Source of Information from the SOTS Meeting			
Definitely/Probably recommend it	93	95	94
Definitely/Probably not recommend it	7	5	6
Use Lectures & Breakouts as the Source of Information from the SOTS Meeting			
Definitely/Probably would use it	94	95	94
Definitely/Probably would not use it	6	6	6
Additional Value of Lectures & Breakouts to Innovative Cancer-related Research			
Great or fair amount of value	82	88	86
Little or no additional of value	18	12	14

	RESPONDENT EXPERIENCE		
	Experienced Clinical Oncology Researchers (ECORs)	Emerging Oncology Researchers (Fellows)	Total
	N=149	N=230	N=379
Access Lectures and Breakouts without assistance	86%	91%	89%
Performance of Web Site Functions			
Listening to Audio			
Did not work well at all/not very well	26	26	26
Fairly well/very well	52	52	52
Did not use this function	22	22	22
Viewing Slides			
Did not work well at all/not very well	8	10	9
Fairly well/very well	90	89	89
Did not use this function	2	1	1
Viewing Transcripts			
Did not work well at all/not very well	4	3	3
Fairly well/very well	89	90	89
Did not use this function	7	8	8
Performing a Word Search			
Did not work well at all/not very well	2	4	3
Fairly well/very well	26	29	28
Did not use this function	72	67	69
Ease of Navigation			
Excellent/Very Good	46	55	52
Good/Fair	50	40	44
Poor/Very Poor	4	5	5
Slide Clarity/Readability			
Excellent/Very Good	45	49	47
Good/Fair	46	42	44
Poor/Very Poor	9	9	9
USEFULNESS AND FORMAT PREFERENCE			
Usefulness of Each Presentation Format			
Only the Lectures & Breakouts is useful	9	7	8
Only the text Summary is useful	3	6	5
Both are useful	88	86	87
Neither are useful		1	1
Format Preference			
Strongly prefer the Lectures & Breakouts presentation	24	25	25
Prefer the Lectures & Breakouts presentation	36	34	34
Prefer the text Summary	18	25	22
Strongly prefer the text Summary	6	5	5
No preference	17	12	14

Table A-3
Study Findings by Respondent Age

	RESPONDENT AGE			
	25-34 N=163	35-44 N=131	45 or older N=76	Total N=379
Membership/Affiliation				
Cooperative Clinical Trials Group (CCTG)*	20%	36%	54%	33%
Specialized Program of Research Excellence (SPORE)	10	15	9	11
Community Clinical Oncology Practice (CCOP)	2	7	4	4
Academic tertiary care center	83	79	79	81
Community-based oncology practice	7	7	5	7
Cancer Clinical Trial Involvement				
Principal Investigator*	19	47	61	38
Co-Principal Investigator or Co-Investigator	45	58	58	53
Physician	72	70	61	69
Clinical member of research team	10	12	11	11
Research faculty/scientist*	14	30	32	23
Industry scientist*			3	1
Resident/post-doc*	56	21	4	33
Highest Educational Degree(s)				
M.D. or equivalent*	99	92	83	93
Ph.D. or equivalent*	6	26	24	17
Other	3	4	9	5
Computer Type				
IBM Compatible	92	89	86	90
Mac/Apple	8	12	13	10
Internet Connection				
Dial-up or modem	11	10	13	11
Network or cable	85	88	86	86
Browser Type				
Microsoft Internet Explorer	89	82	73	83
Netscape	8	15	26	14
AOL	2	2	-	2
Access Survey URL Without Assistance	99	100	95	98

*Nine respondents did not respond to the age item. Total calculations *include* nonrespondents to be consistent with other tables.

RESPONDENT AGE

	25-34	35-44	45 or older	Total
	N=163	N=131	N=76	N=379

EVALUATION OF TEXT-ONLY SUMMARIES

Content Ratings

Completeness of Information				
Excellent/Very good	62%	60%	66%	62%
Good/Fair	37	41	34	38
Poor/Very poor	1			1
Representative of Most Recent Research				
Excellent/Very good	64	59	67	63
Good/Fair	35	41	33	37
Poor/Very poor	1			-
Implications for Clinical Research				
Excellent/Very good	62	55	57	59
Good/Fair	38	44	43	41
Poor/Very poor	1	1		1
Applicability to Respondent's Work				
Excellent/Very good	39	39	49	42
Good/Fair	55	55	47	53
Poor/Very poor	6	6	4	6

Likely Future Activities as a Result of Viewing Summaries

Retrieve an article mentioned	74	72	68	71
Contact a presenter for more information	13	15	22	16
Talk to colleague about what you learned	55	46	43	50
Contact colleague at another institution to discuss what you learned*	7	15	22	13
Consider a new research direction	23	34	34	30
Apply something learned to clinical practice*	59	51	28	50
Consider submitting an idea for a clinical trial	17	28	34	25
No action*	7	9	13	9

Recommend Summary as the Source of Information from the SOTS Meeting

Definitely/Probably recommend it	94	92	92	93
Definitely/Probably not recommend it	6	8	8	7

Use Summary Again as the Source of Information from the SOTS Meeting

Definitely/Probably would use it	93	88	91	91
Definitely/Probably would not use it	7	12	9	9

Additional Value of Summary to Innovative Cancer-related Research

Great deal or fair amount of additional value	86	83	83	84
Little or no additional value	14	17	17	16

	RESPONDENT AGE			
	25-34 N=163	35-44 N=131	45 or older N=76	Total N=379
EVALUATION OF LECTURES & BREAKOUTS				
Content Ratings				
Completeness of Information				
Excellent/Very Good	65%	53%	55%	60%
Good/Fair	34	46	45	40
Poor/Very Poor	1	1		1
Representative of Most Recent Research*				
Excellent/Very Good	61	55	58	58
Good/Fair	40	44	42	41
Poor/Very Poor		2		1
Implications for clinical research				
Excellent/Very Good	63	57	52	59
Good/Fair	37	41	48	40
Poor/Very Poor		2		1
Applicability to R's work				
Excellent/Very Good	49	48	48	49
Good/Fair	47	48	50	47
Poor/Very Poor	4	5	2	4
Likely Future Activities as a Result of Viewing Lectures & Breakouts				
Retrieve an article mentioned	65%	64%	61%	63%
Contact a presenter for more information	18	25	28	22
Talk to colleague	59	52	49	55
Contact colleague at another institution	10	19	19	15
Consider a new research direction	32	43	40	38
Apply something learned to clinical practice*	65	58	39	57
Consider submitting an idea for a clinical trial	25	25	37	28
No action	7	4	8	6
Recommend Lectures & Breakouts as the Source of Information from the SOTS Meeting				
Definitely/Probably recommend it	95	92	95	94
Definitely/Probably not recommend it	5	8	5	6
Use Lectures & Breakouts as the Source of Information from the SOTS Meeting				
Definitely/Probably would use it	95	92	96	94
Definitely/Probably would not use it	5	8	5	6
Additional Value of Lectures & Breakouts to Innovative Cancer-related Research				
Great or fair amount of value	88	88	76	86
Little or no additional of value	12	12	24	14

	RESPONDENT AGE			
	25-34	35-44	45 or older	Total
	N=163	N=131	N=76	N=379
Access Lectures and Breakouts without assistance	91%	92%	81%	89%
Performance of Web Site Functions				
Listening to Audio				
Did not work well at all/not very well	21	30	28	26
Fairly well/very well	60	44	48	52
Did not use this function	19	26	24	22
Viewing Slides				
Did not work well at all/not very well	8	14	5	9
Fairly well/very well	91	86	93	89
Did not use this function	1	1	3	1
Viewing Transcripts*				
Did not work well at all/not very well	1	6		3
Fairly well/very well	92	88	90	89
Did not use this function	7	6	10	8
Performing a Word Search				
Did not work well at all/not very well	2	5	2	3
Fairly well/very well	31	23	27	28
Did not use this function	67	73	71	69
Ease of Navigation				
Excellent/Very Good	54	53	42	52
Good/Fair	42	41	55	44
Poor/Very Poor	4	7	3	5
Side clarity/readability				
Excellent/Very Good	49	46	39	47
Good/Fair	42	44	51	44
Poor/Very Poor	8	11	9	9
USEFULNESS AND FORMAT PREFERENCE				
Usefulness of Each Presentation Format				
Only the Lectures & Breakouts is useful	5	10	9	8
Only the text Summary is useful	7	2	5	5
Both are useful	88	86	86	87
Neither are useful		2		1
Presentation Format Preference				
Strongly prefer the Lectures & Breakouts presentation	27	21	28	25
Prefer the Lectures & Breakouts presentation	33	40	25	34
Prefer the text Summary	27	21	17	22
Strongly prefer the text Summary	5	5	8	5
No preference	9	14	23	14

Table A-4
Study Findings by Cancer Group

	CANCER GROUP				
	Gastro- intestinal Cancer N=87	Genito- urinary Cancer N=101	Leukemia N=90	Lung Cancer N=101	Total N=379
Membership/Affiliation					
Cooperative Clinical Trials Group (CCTG)	32%	31%	29%	39%	33%
Specialized Program of Research Excellence (SPORE)	10	12	9	13	11
Community Clinical Oncology Practice (CCOP)	8	1	2	5	4
Academic tertiary care center	79	78	81	85	81
Community-based oncology practice	9	6	4	7	7
Cancer Clinical Trial Involvement					
Principal Investigator	35	34	40	42	38
Co-Principal Investigator or Co-Investigator	45	52	50	62	53
Physician*	72	58	70	76	69
Clinical member of research team	16	11	7	11	11
Research faculty/scientist	21	21	25	25	23
Industry scientist	1	1	1	1	1
Resident/post-doc	36	32	36	30	33
Highest Educational Degree(s)					
M.D. or equivalent*	98	83	97	96	93
Ph.D. or equivalent	14	25	13	14	17
Other	2	6	3	6	5
Age					
25-34	49	37	42	49	44
35-44	34	39	36	32	35
45 and older	17	23	22	20	21
Computer Type					
IBM Compatible	86	93	84	94	90
Mac/Apple	14	7	16	5	10
Internet Connection					
Dial-up or modem	14	11	10	10	11
Network or cable	85	85	87	88	86
Browser Type*					
Microsoft Internet Explorer	94	81	78	80	83
Netscape	4	16	18	17	14
AOL	1	3	-	2	2
Access Survey URL Without Assistance	98	97	99	100	98

CANCER GROUP

	Gastro- intestinal Cancer	Genito- urinary Cancer	Leukemia	Lung Cancer	Total
	N=87	N=101	N=90	N=101	N=379
EVALUATION OF TEXT-ONLY SUMMARIES					
Content Ratings					
Completeness of Information*					
Excellent/Very good	67%	73%	51%	55%	62%
Good/Fair	32	27	49	44	38
Poor/Very poor	1			1	1
Representative of Most Recent Research*					
Excellent/Very good	71	71	57	53	63
Good/Fair	28	29	43	48	37
Poor/Very poor	1		-		-
Implications for Clinical Research					
Excellent/Very good	60	66	58	52	59
Good/Fair	39	34	41	49	41
Poor/Very poor	1		1		1
Applicability to Respondent's Work					
Excellent/Very good	45	43	40	40	42
Good/Fair	49	51	52	57	53
Poor/Very poor	6	6	8	3	6
Likely Future Activities as a Result of Viewing Summaries					
Retrieve an article mentioned	71	68	74	71	71
Contact a presenter for more information*	15	18	23	8	16
Talk to colleague about what you learned	49	58	47	44	50
Contact colleague at another institution to discuss what you learned	8	18	17	9	13
Consider a new research direction	25	36	31	27	30
Apply something learned to clinical practice	54	46	51	50	50
Consider submitting an idea for a clinical trial	21	22	28	28	25
No action	9	7	10	11	9
Recommend Summary as the Source of Information from the SOTS Meeting					
Definitely/Probably recommend it	95	94	93	90	93
Definitely/Probably not recommend it	5	6	7	10	7
Use Summary Again as the Source of Information from the SOTS Meeting					
Definitely/Probably would use it	91	94	89	89	91
Definitely/Probably would not use it	9	6	11	11	9
Additional Value of Summary to Innovative Cancer-related Research					
Great deal or fair amount of additional value	83	88	87	79	84
Little or no additional value	17	12	14	21	16

CANCER GROUP

	Gastro- intestinal Cancer	Genito- urinary Cancer	Leukemia	Lung Cancer	Total
	N=87	N=101	N=90	N=101	N=379
EVALUATION OF LECTURES & BREAKOUTS					
Content Ratings					
Completeness of Information					
Excellent/Very Good	66%	63%	53%	57%	60%
Good/Fair	34	36	46	43	40
Poor/Very Poor		1	1		1
Representative of Most Recent Research*					
Excellent/Very Good	72	62	55	44	58
Good/Fair	28	35	45	55	41
Poor/Very Poor		2		1	1
Implications for clinical research					
Excellent/Very Good	68	65	51	52	59
Good/Fair	32	34	48	48	40
Poor/Very Poor		1	1		1
Applicability to R's work					
Excellent/Very Good	59	44	48	47	49
Good/Fair	38	50	48	52	47
Poor/Very Poor	4	7	3	1	4
Likely Future Activities as a Result of Viewing Lectures & Breakouts					
Retrieve an article mentioned	60%	59%	67%	67%	63%
Contact a presenter for more information	20	25	31	14	22
Talk to colleague	61	62	49	50	55
Contact colleague at another institution	12	16	15	18	15
Consider a new research direction	28	45	41	36	38
Apply something learned to clinical practice	64	46	62	58	57
Consider submitting an idea for a clinical trial	26	23	33	28	28
No action	5	6	8	3	6
Recommend Lectures & Breakouts as the Source of Information from the SOTS Meeting					
Definitely/Probably recommend it	96	93	94	93	94
Definitely/Probably not recommend it	4	7	6	7	6
Use Lectures & Breakouts as the Source of Information from the SOTS Meeting					
Definitely/Probably would use it	94	96	92	96	94
Definitely/Probably would not use it	6	4	8	4	6
Additional Value of Lectures & Breakouts to Innovative Cancer-related Research					
Great or fair amount of value	87	83	87	87	86
Little or no additional of value	13	17	13	13	14

CANCER GROUP					
	Gastro-intestinal Cancer	Genito-urinary Cancer	Leukemia	Lung Cancer	Total
	N=87	N=101	N=90	N=101	N=379
Access Lecture and Breakouts without assistance	93%	89%	91%	84%	89%
Performance of Web Site Functions					
Listening to Audio					
Did not work well at all/not very well	17	28	26	32	26
Fairly well/very well	68	49	50	44	52
Did not use this function	16	23	24	24	22
Viewing Slides					
Did not work well at all/not very well	7	9	11	11	9
Fairly well/very well	93	88	88	88	89
Did not use this function		3	1	1	1
Viewing Transcripts					
Did not work well at all/not very well	1	5	2	3	3
Fairly well/very well	89	86	91	91	89
Did not use this function	10	9	7	6	8
Performing a Word Search*					
Did not work well at all/not very well	1	7	2	1	3
Fairly well/very well	34	18	33	28	28
Did not use this function	65	75	65	71	69
Ease of Navigation					
Excellent/Very Good	58	54	40	55	52
Good/Fair	40	41	54	40	44
Poor/Very Poor	2	5	6	5	5
Side clarity/readability*					
Excellent/Very Good	63	51	33	43	47
Good/Fair	33	40	52	49	44
Poor/Very Poor	4	10	15	8	9
USEFULNESS AND FORMAT PREFERENCE					
Usefulness of Each Presentation Format					
Only the Lectures & Breakouts is useful	8	8	6	9	8
Only the text Summary is useful	2	5	7	5	5
Both are useful	89	85	87	87	87
Neither are useful		2			1
Presentation Format Preference					
Strongly prefer the Lectures & Breakouts presentation	28	18	26	27	25
Prefer the Lectures & Breakouts presentation	43	30	38	27	34
Prefer the text Summary	17	32	16	24	22
Strongly prefer the text Summary	4	7	7	2	5
No preference	8	13	13	20	14