



NCI Program Identity

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Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0766). Do not return the completed form to this address.

The information collected will help the NCI Office of Data Sharing prepare for the NCI ODS Workshop on Enhancing Data Reuse in Cancer Research” to be held June and July this year. However, please note that all questions are voluntary; names and identifiers will not appear in any report.

Q1.1. Please indicate the NCI Program(s) you are funded by or oversee.

- | | | | | |
|----------------------------------|----------------------------------|----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> ADMIRAL | <input type="checkbox"/> CASCADE | <input type="checkbox"/> CSBC | <input type="checkbox"/> IMPACT | <input type="checkbox"/> SENNET |
| <input type="checkbox"/> ARTNET | <input type="checkbox"/> CCBIR | <input type="checkbox"/> CUSP2CT | <input type="checkbox"/> K9CIN | <input type="checkbox"/> SPORE |
| <input type="checkbox"/> BERTNET | <input type="checkbox"/> CIDC | <input type="checkbox"/> HAMRC | <input type="checkbox"/> OMF | <input type="checkbox"/> TBEL |
| <input type="checkbox"/> C3I | <input type="checkbox"/> CIRP | <input type="checkbox"/> HTAN | <input type="checkbox"/> PE-CGS | <input type="checkbox"/> Other1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> CAP-IT | <input type="checkbox"/> CPTAC | <input type="checkbox"/> IDG | <input type="checkbox"/> PSRC | <input type="checkbox"/> Other2 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q1.2. What scientific question does the study address?
Choose multiple if applicable.

- | | | |
|--|---|--|
| <input type="checkbox"/> Disease diagnosis | <input type="checkbox"/> Public Health Research | <input type="checkbox"/> Methods Development (e.g. algorithms) |
|--|---|--|

- Treatment/Intervention and outcome
- Exposure/Risk Assessment
- Molecular Profile (by genomics, proteomic or imaging assays)
- Other
-

Q1.3. Please indicate your role(s) within the program.

- Generate or Collect Data
- Perform direct analysis of primary data
- Develop bioinformatic tools to analyze/visualize high-throughput data
- Use Data to answer specific scientific questions (develop use case)
- Oversee internal data management activities
- Oversee or develop infrastructure and harmonization tools for sharing data externally for secondary use

Q1.4. Which of the following is a research subject in your study? Choose multiple if necessary.

- Cancer Patient
- Mouse Model (e.g. PDX, MDX, GEMM)
- Other Animal model
- Cell Lines
- Other

Q1.5. Are Human Biospecimens collected/analyzed during the course of the research.

Yes

No

Data Types Information

Q2.1. What type(s) of data do you generate, collect or analyze to inform your research? Please click all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Omics Data (genomics and/or other omics) | <input type="checkbox"/> Bio-assays or preclinical research measurements |
| <input type="checkbox"/> Imaging (cell, histopathology and/or medical) | <input type="checkbox"/> Social, Psychological and Behavioral Data |
| <input type="checkbox"/> Epidemiology and Population Science | <input type="checkbox"/> Wearable/Sensor Data |
| <input type="checkbox"/> Clinical Trials data or other Clinical data | <input type="checkbox"/> Software, Coding, Modeling or Methods Development |
| <input type="checkbox"/> Healthcare Administrative Data | <input type="checkbox"/> Other |
| | <input type="checkbox"/> <input type="text"/> |

Q2.2. Please specify the omics data type generated, collected or analyzed in your research. Please check all that apply.

- Genomics/genetics
- Proteomics
- Metabolomics
- Lipidomics, Metagenomics, microbiomics
- Other

Q2.3. Please specify the imaging data types generated, collected or analyzed in your research. Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Medical imaging | <input type="checkbox"/> Imaging Mass Cytometry |
| <input type="checkbox"/> Histopathology | <input type="checkbox"/> MALDI imaging |
| <input type="checkbox"/> Cellular imaging | <input type="checkbox"/> Other |
| <input type="checkbox"/> | <input type="checkbox"/> <input type="text"/> |

Q2.4. Please specify the epidemiology / population science data types generated, collected or analyzed in your research. Please check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Anthropology | <input type="checkbox"/> Sociology |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Tobacco control | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Behavioral medicine | <input type="checkbox"/> Demographics | <input type="checkbox"/> Registry |
| <input type="checkbox"/> Genetics (secondary analysis) | <input type="checkbox"/> Bioethics | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> <input style="width: 200px; height: 20px;" type="text"/> |
| <input type="checkbox"/> Public Health | | |

Q2.5. Please specify the clinical data types generated, collected or analyzed in your research. Please check all that apply.

- Clinical Trial Case Report Forms
- Data extracted from Electronic Health Records
- Other

Q2.6. Please specify the healthcare administrative data types generated, collected or analyzed in your research. Please check all that apply.

- Data extracted from individual electronic health records
- Systems administrative databases

Data extracted from medical systems, medical data warehouses, or medical

Other

Q2.7. Please specify the Bioassays or preclinical research measurements data types generated, collected or analyzed in your research. Please check all that apply.

Biochemistry

Immunology

Molecular Biology

Pharmacology

Biophysics

Structural Biology

Physiology

Other

Q2.8. Please specify the Social, Psychological and Behavioral data types generated, collected or analyzed in your research. Please check all that apply.

Alcohol or drug use or abuse

Social determinants of health, including food or housing insecurity

Anxiety or mood disorders

Stress or burden

Physical activity or ability

Other

Q2.9. Please specify the Wearable/Sensor data types generated, collected or analyzed in your research. Please check all that apply.

Chemical / Biochemical sensors

Biomechanical sensors

Electromagnetic

Other

Q2.10. Please specify the Software, Coding, Modeling or Methods Development data types generated, collected or analyzed in your research. Please check all that apply.

Software development

Methods development

Development of code

Other

- Development of mathematical models

Q2.11. Specify the type(s) of genomics data collected or analyzed. Please check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> ATAC-seq | <input type="checkbox"/> microarray | <input type="checkbox"/> WES |
| <input type="checkbox"/> bisulfite seq | <input type="checkbox"/> RNA-seq | <input type="checkbox"/> WGS |
| <input type="checkbox"/> Clint-seq | <input type="checkbox"/> RT-PCR | <input type="checkbox"/> scRNA-seq |
| <input type="checkbox"/> CRISPR | <input type="checkbox"/> Single cell-seq; please enter type in text box | <input type="checkbox"/> Other (not listed) |
| <input type="checkbox"/> | <input type="checkbox"/> <input type="text"/> | <input type="checkbox"/> <input type="text"/> |
| <input type="checkbox"/> CHIP-seq | | |

Q2.12. For proteomics and other omics: please select assays performed. Please check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Mass Spectrometry-based proteome profiling and/or targeted Panels (MRM, Immuno-MRM) | <input type="checkbox"/> Protein-Protein Interaction: Affinity Purification MS (PPI) | <input type="checkbox"/> Single Cell Proteomics (proteoCHIP, NANO-POTS MS; SCoPE-MS; CY-TOF etc.) |
| <input type="checkbox"/> Protein Arrays: Forward Phase | <input type="checkbox"/> Protein-Protein Interaction: Proximity Ligation MS | <input type="checkbox"/> Metabolomic Profiling (LC-MS, GC MS) |
| | | <input type="checkbox"/> <input type="text"/> |

- Protein Arrays: Reverse Phase
 Apatmer-based Protein Assays (Somascan)
 Other

Q2.13. Specify the type of histology image data collected or analyzed. Please check all that apply.

- Hematoxylin-Eosin (H&E) Staining
 Whole Slide Imaging (WSI)
 Immunohistochemistry (IHC) (single analyte or multiplexed)
- MIBI (Multiplexed Ion Beam Imaging)
 Fluorescence In Situ Hybridization (FISH)
 Tumor Immunophenotype (flow cytometry)
- Co-Detection by Indexing (CODEX)
 Cyclic Immunofluorescence (CyCIF)
 Other

Q2.14. Specify type of medical image data collected or analyzed. Please check all that apply.

- CT Scans
 MRI
- PET Scans
 Ultrasound
- Other

Q2.15. Specify type(s) of cellular imaging data collected or analyzed. Please check all that apply.

Microscopy (e.g., fluorescence)

Live Cell Imaging

Atomic Force Microscopy (AFM)

Other

Luminescence Assays

Q2.16. Specify the type(s) of clinical data collected or analyzed. Please check all that apply.

Disease Detection/Diagnosis

Treatment/Intervention

FollowUp/Outcome

Exposure/Risk Assessment

Biospecimen

Other

Repository and Data Search

Q3.1. Are there datasets that have been developed or collected as part of your research that are published or posted in a repository? please provide link if possible.

- Yes, data collection for the program is complete and all datasets have been published or submitted to a repository

- No, data collection is not complete, but datasets will be published or posted to a repository in the future
- No, data collected for this project will not be shared broadly except as required for publication

Q3.2. Have you analyzed data generated outside your laboratory? (either from repositories, or generated by collaborators)?

- Yes, Collaborators
- Yes, Repositories
- Yes, Both
- No

Q3.3. When finding relevant data for analysis (from repositories, or collaborators) what general thematic group is important to you? Choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Disease Diagnosis Data | <input type="checkbox"/> Molecular Characterization (genomic, proteomic, other) Data |
| <input type="checkbox"/> Treatment Data | <input type="checkbox"/> Specimen Description Data |

- | | |
|--|--|
| <input type="checkbox"/> Treatment Outcome Data | <input type="checkbox"/> Data Category (Assay, File Format) Data |
| <input type="checkbox"/> Patient Demographics Data | <input type="checkbox"/> SDOH Data |
| <input type="checkbox"/> Health Assessment (Co-morbidities, etc.) Data | <input type="checkbox"/> Other Data |
| | <input type="checkbox"/> <input type="text"/> |

Q3.4. For Disease Diagnosis information, what information is relevant to your research?

- | | |
|--|---|
| <input type="checkbox"/> Cancer Stage (TNM group) | <input type="checkbox"/> Cancer Condition (primary/secondary) |
| <input type="checkbox"/> Tumor Morphology (Histologic Grade/Behavior/Type) | <input type="checkbox"/> Cancer Risk Assessment |
| <input type="checkbox"/> Tumor Marker | <input type="checkbox"/> Other |
| | <input type="checkbox"/> <input type="text"/> |

Q3.5. For Treatment information, what what information is important to your research?

- | | |
|--|---|
| <input type="checkbox"/> Cancer-Related Medication | <input type="checkbox"/> Radiotherapy Summary |
|--|---|

Cancer-Related Surgical Procedures

Other

Q3.6. For Treatment Outcomes information, what information is important to your research?

Survival Status; Death Date

Tumor Response (size, body structure)

Disease Status (progression, recurrence, disease free, etc.)

Other

Q3.7. For Patient Demographics data, what information is important to your research?

DOB

Geographic Data

Race; Ethnicity

Marital Status

Birth Sex; Gender

Other

Q3.8. For Health Assessment data, what information is

important to your research?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Comorbidities | <input type="checkbox"/> Medical History (e.g. History of Metastatic Cancer) | <input type="checkbox"/> ECOG Status |
| <input type="checkbox"/> External Profile (BP, Height, Weight, CBC, CMP, etc.) | <input type="checkbox"/> Demographics (DOB, Gender, race etc.) | <input type="checkbox"/> Other |

Q3.9. For Molecular Characterization (genomic, proteomic, other) Data, what information is important to your research?

- | | |
|---|---|
| <input type="checkbox"/> Genomic Variants | <input type="checkbox"/> Other Omic molecular characterizations |
| <input type="checkbox"/> Genomic Region Studied | <input type="checkbox"/> Other molecular characterizations |

Q3.12. For SDOH what information is relevant to your research

- | | |
|---|---|
| <input type="checkbox"/> Economic Stability | <input type="checkbox"/> Neighborhood and Built Environment |
| <input type="checkbox"/> Education Access | <input type="checkbox"/> Social and Community Access |

Healthcare Access

Other

Q3.13. If you chose "Other", please enter those topics here:

Other DE 1

Other DE 3

Other DE 2

Other DE 4

Q3.14. What is a barrier you have encountered in finding research data for reuse?

Q3.15. What output would you like to see from the workshop?

Q3.16. As background to the workshop: please tell us a little about how diverse datatypes inform your research.

Demographics

Q4.1. Your Information: please provide your name (First Last)

Q4.2. Your information: please provide your email address

Q4.3. Please Indicate if you are a PO or grantee on the project:

Program Officer

Grantee

Other

Q4.4. Will you be willing to co-chair a session with ODS Staff?

YES

NO