

introduction

Children's Cancer Priority Setting Partnership Survey

We are looking for questions to help guide research about children's cancer

We are asking all those directly affected by, or involved with, childhood cancer* to tell us what questions they would like research to focus on answering. The questions will be made available to research funders to ensure that they are aware of what matters most to children, their families and friends, and professionals and that their views are at the heart of future research.

Who do we want to hear from?

We would like to invite you to complete this survey if you are aged 16 years or over and:

- You have cancer now, or you have had cancer in the past, and you were diagnosed before your 16th birthday (it does not matter what age you are now).
- You are a relative/friend/partner/carer of someone who has been diagnosed with cancer under the age of 16
- · You are a professional involved in diagnosing or treating children who have cancer or had cancer under the age of
- You are a professional involved in the care of children who have cancer or had cancer under the age of 16 years and/or their families.

We also want to hear from children and young people who are under 16 years old. Children and young people's versions of the survey will be available later in the year. You can tell us at the end of survey if you would like us to let you know when they are available. If you are under 16 and don't want to wait until the other versions of the survey are available, please go ahead and fill in this survey.

The survey should take around 20 minutes to complete. For your response to be submitted you need to select the 'Submit' button at the end of the survey.

What will happen to my question(s)?

Each question or topic will be checked to see if it has already been answered by existing research. Questions that have not been answered will be put in order of importance. This will be done by patients, carers and professionals through a follow-up survey and a workshop. If you are interested in taking part, you can tell us at the end of this survey. By participating in this survey you give us, and partner organisations (https://www.cclg.org.uk/Childrens-Cancer-PSP/Partners), permission to publish your questions for the Priority Setting Partnership, but the information you give will be anonymised (you will not be identifiable from what you have told us). If you provide contact details, your name will not be published in association with your question(s). For more information, or to see what published questions look like, please go to http://www.jla.nihr.ac.uk/top-10-priorities/.

Who is involved in this project?

This survey is being overseen by the Children's Cancer Priority Setting Partnership (PSP) Steering Group; led by the James Lind Alliance in partnership with the Children's Cancer and Leukaemia Group (CCLG) and Little Princess Trust. You can find more information about the Children's Cancer PSP and this survey here https://www.cclg.org.uk/Childrens-Cancer-PSP by emailing ChildCancerPSP@surrey.ac.uk or by telephoning 01483 684132 (Susie Aldiss, Researcher).

For further information about the James Lind Alliance please go to http://www.jla.nihr.ac.uk/.

* Including cancer-like conditions such as benign brain tumours

About you

Information about you

We would like to know about who is answering this survey so we can make sure that we include questions from a wide range of people with different experiences of childhood cancer.

Who are you?

- O Someone who was diagnosed with cancer as a child (before their 16th birthday)
- O Parent/carer of someone who was diagnosed with cancer as a child
- Relative of someone who was diagnosed with cancer as a child
- Friend of someone who was diagnosed with cancer as a child
- O Partner of someone who was diagnosed with cancer as a child
- Professional working with children who have cancer/had cancer and/or their families

To answer the survey you can only select one choice from this list. If you are someone who falls into more than one of these categories (for example you are a professional who had cancer as a child) please select the one that feels most relevant for you or the one that represents the perspective you wish to answer the survey from. If you would like to tell us that you could have selected more than one choice you can do so in the comments box towards the end of survey.

Questions for professionals

What is your profession?

O	Doctor	
0	Nurse	
0		Allied Health Professional - please specif
0		Social Care Professional - please specify
0		Educational Professional - please specify
0		Other - please specify

Please specify - do you mostly work in:

0	Primary care	
0	Secondary care	
0	Tertiary care	
0		Other - please specif

Are you a:

O Children's Cancer Nurse

0	Children's Nurse
0	Children's Community Nurse
0	Other - please specify
Ques	stions for families/friends/partners/carers
Whi	ich cancer was your child/relative/friend/partner diagnosed with?
	Bone tumour
П	Brain or spinal tumour
П	Germ cell tumour
	Kidney tumour
	Langerhans Cell Histiocytosis (LCH)
	Leukaemia
	Liver tumour
	Lymphoma
	Neuroblastoma
	Retinoblastoma
	Soft tissue sarcoma
	Not sure, please write in cancer type
	Other - please write in cancer type
	Prefer not to answer
Hov	v old was your child/relative/friend/partner when they were diagnosed with cancer?
0	Please write in their age at diagnosis in years
0	They were under one year old
0	Not sure
O	Prefer not to answer
Whi	ich of the following best describes your child/relative/friend/partner's current situation?
	an select more than one response if you wish.
	Not yet given a diagnosis
	On treatment
	On treatment for relapse
	Finished treatment in the last 0 to 12 months
	Finished treatment 1 to 5 years ago
	Finished treatment more than 5 years ago
	Receiving palliative care
	Passed away
	Not sure
	Other - please write in

Prefer not to answer

Questions	for	patient	S	/sur	νiν	ors
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Whi	ich cancer were you diagnosed with?
	Bone tumour
	Brain or spinal tumour
	Germ cell tumour
	Kidney tumour
	Langerhans Cell Histiocytosis (LCH)
	Leukaemia
	Liver tumour
	Lymphoma
	Neuroblastoma
	Retinoblastoma
	Soft tissue sarcoma
	Not sure - please write in cancer type
	Other - please write in cancer type
	Prefer not to answer
0	Please write in your age at diagnosis in years I was under one year old
0	I was under one year old
0	Not sure
0	Prefer not to answer
Whi You	ich of the following best describes your current situation? can select more than one response if you wish.
	Not yet given a diagnosis
	On treatment
	On treatment for relapse
	Finished treatment in the last 0 to 12 months
	Finished treatment 1 to 5 years ago
	Finished treatment more than 5 years ago
	Receiving palliative care
	Not sure
	Other - please write in
	Prefer not to answer

research questions

Your questions

Your experience and knowledge, as someone who has been directly affected by childhood cancer, is essential in helping us identify the most important questions that need to be researched. We want to know what matters most to you. If you can't think how to write what matters to you as a question please still tell us in your own words.





What should research focus on?

You can write as many questions as you want. They can be written in any order of importance. If there is something that really matters to you but you can't think how to write it as a question, please still tell us in your own words.

Please write your first question here:	
What is your next question? (Please leave blank if you do not have any further questions)	

What is your next question? (Pleas	e leave blank if you do	not have a	ny further questions)
			//
Do you have another question you	would like to add?		
O Yes			
Your questions can be about any a	aspect of Children's Cand	er including	those in these hoxes But
you might have questions that do			
Pre-diagnosis	End of treatment		Palliative care
Diagnosis Treatment Referral	Follow-up Relapse	Survi	vorship Bereavement
When thinking about possible qu			
Improving treatment and care	Communication	Short	or long-term side effects
Emotional well-being	Family, relationships and	social life	Late impact of treatment
Education Deli	very of services for childre	en with cance	er and their families/carers
Your questions could also be abo	out anything else not in	n these cate	egories.
What is your next question?			
			//
Oo you have another question you O Yes	would like to add?		
O No			

Your questions can be about any aspect of Children's Cancer, including those in these boxes. But you might have questions that don't fit into any of these too. Pre-diagnosis End of treatment Palliative care Diagnosis Treatment Follow-up Survivorship Bereavement Referral Relapse

When thinking about possible questions some things you could think about are: Communication Improving treatment and care Short or long-term side effects Emotional well-being Family, relationships and social life Late impact of treatment Delivery of services for children with cancer and their families/carers Education Your questions could also be about anything else not in these categories.

What is your next question?

Do you have another question you would like to add?

- O Yes
- O No

Your questions can be about any aspect of Children's Cancer, including those in these boxes. But you might have questions that don't fit into any of these too.

Pre-diagnosis Diagnosis Referral

Treatment

End of treatment Follow-up Relapse

Survivorship

Palliative care Bereavement

When thinking about possible questions some things you could think about are:					
Improving treatment and care		Communication	Short or long-term side effects		
Emotional well-being		Family, relationships and social life		Late impact of treatment	
Education	Delivery of services for children with cancer and their families/carers				
Your questions could also be about anything else not in these categories.					

What is your next question?

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Do you have another question you would like to add?

- O Yes
- O No

Your questions can be about any aspect of Children's Cancer, including those in these boxes. But you might have questions that don't fit into any of these too. Pre-diagnosis End of treatment Palliative care Diagnosis Treatment Follow-up Survivorship Bereavement Referral Relapse



hat is your next question?			
you have another question yo	u would like to add?		
Yes No			
Your questions can be about any	connect of Children's Can	sor including	those in these haves But
you might have questions that d			g those in these boxes. But
Pre-diagnosis	End of treatment		
Diagnosis Treatmer	nt Follow-up Relapse	Survi	vorship Palliative care Bereavement
Neierral	Петарзе		
When thinking about possible (questions some things y	ou could th	ink about are:
Improving treatment and care	Communication	Short	or long-term side effects
Emotional well-being	Family, relationships and	social life	Late impact of treatment
Education De	elivery of services for childr	en with cance	er and their families/carers
Your questions could also be al	oout anything else not i	n these cate	egories.
_			
hat is your next question?			

Do you have any additional comments you would like to share with us?

More	information about you
More	Thiormation about you
Мо	re information about you
	would like to know a bit more about you, again this is so we can make sure we include ideas a people with different experiences of childhood cancer.
Wha	at best describes your gender?
0	Male
0	Female
0	I use another term (for example, non-binary) - please write in:
0	Prefer not to answer
Trans	you consider yourself to be trans? Is is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex were assigned at birth. Yes No Prefer not to answer
Wha	at is your ethnic group?
0	White
0	Mixed/multiple ethnic groups
0	Asian or Asian British
0	Black African, Black Caribbean or Black British
0	Other - please write in
U	Prefer not to answer
Hov	v old are you?
0	Under 16 - please write in how old you are
0	16-18
0	19-24
0	25-34
0	35-44
0	45-54
0	55-64

Qualtrics Survey Software

06/08/2020

0	O 65+	
0	O Prefer not to answer	
Plea	lease select the country you live in:	
0	O England	
0		
0		
0		
0		please write in
0		
O	Prefer flot to answer	
Hov	ow old are you?	
0	-	
	10-10	
0		
0		
0		
O	O Prefer not to answer	
Plea	lease select the country you work in:	
0		
0	England	
0	O Scotland	
0	Wales	
0		
0		Other - please write in
0	Prefer not to answer	
Bloc	lock 6	
Dioc		
Ne	lext steps	
	•	woicet which is to yets for the
	<i>l</i> ould you like to be involved in the next stage of the p uestions you think are most important of all those su	
	nis would involve taking part in another online survey.	•
0	O _{Yes}	
O	O No	

Would you like to be notified when the surveys for children and young people under 16 are available?

These surveys will be for children and	young people who have been of	diagnosed with cancer,	their siblings and friends.
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Please enter your name and email address and we will be in touch

Name	
Email	

If you are under 16 years old, please ask a parent/carer to email us -ChildCancerPSP@surrey.ac.uk with your contact details

All contact details will be kept confidential and secure, in accordance with General Data Protection Regulation (GDPR). We will not publish your details and they will not be linked to your responses on this survey. We will not use your details for any purpose other than inviting you to take part in the next stage or letting you know about the surveys for children and young people.

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