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Third-party online surveys—science, selling, or sugging?

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Physicians receive many online survey requests from both academic and pharmaceutical sources[1]. Although the importance of academic surveys is recognized, little is known about surveys sent by pharmaceutical companies through third-party agencies[1]. The latter surveys typically ask physicians about their opinions of treatments and recent clinical trial data; others might ask physicians to perform chart reviews of their patients. Market research companies are experts at the "third-party technique," particularly through the use of incentives[2]. Although our group has performed several researcher-led survey projects[3,4], academic institutions usually cannot compete with the rewards and incentives offered by for-profit companies. And so we thought that, in this commentary, we could reflect on how exactly third-party surveys should be viewed: Are they a harmless source of additional money for physicians? Or, given the multiple requests on a physician's time, do third-party surveys drive down the response rates to academic surveys and lead to "survey fatigue"[1,2,5,6]? Quite simply, should surveys be considered science, selling, or sugging—that is, selling under the guise of research?

Two of us (AAJ, MC) collected details of all unsolicited electronic surveys for a period of 3 months: the type of survey, duration, reason for survey, subject matter, rewards or incentives offered, and ethics approval before survey distribution. If available, the name and contact details of the market research company distributing the survey was noted, and the company was contacted. At the time of contact, we asked for information relating to ethics approval, response rates and strategies to increase response rates, dissemination of results, selection of honoraria, methods of contacting invitees, and privacy or confidentiality considerations.

During the target 3 months, 46 surveys from 16 companies arrived, requesting information on physician practice patterns (n = 37), chart reviews (n = 7), and unspecified oncology products (n = 2). Interestingly, the surveys were mainly identified as "market research" (34.8%) or "research" (32.6%). Of the 16 companies, 10 responded to a request for additional information. Given that it is well-recognized that the use of rewards or incentives is associated with increased response rates[2,6,7], it was not surprising that most of the surveys (93%) included a financial incentive ranging from CA$30 to CA$500 (Table I). Honoraria were selected based on the type of survey and the perceived hourly salary of a physician. Physician response rates were reported by 6 companies (median: 18%; range: 10%–60%), which most companies (60%) could increase by sending follow-up e-mails, raising the financial incentive, or having call centres encourage physician participation. The strategies used by the companies were interesting, in that tumour sites with higher physician response rates had lower financial incentives. In addition, another strategy used by 30% of companies to reach their quotas was to target physicians who had responded to previous surveys—a practice that should raise methodology questions.

So, what other information did we glean? In any other area of research, appropriate regulatory oversight is mandated. None of the responding companies thought that ethics board approval was required for their studies, and none appeared to have processes in place to ensure regulatory oversight even when individual patient information

TABLE I Information available from the invitation to take part in 46 online survey requests

Information item	In invitation
Type of cancer [n (%)]	
Breast	9 (20)
Prostate	6 (13)
Multiple melanoma	4 (9)
Gastrointestinal	1 (2)
Colorectal	4 (9)
Pancreatic	1 (2)
Other	21 (46)
Reward or incentive	
Availability [n (%)]	43 (93)
CA$ range	30–500
Optional additional reward or incentive	
Availability [n (%)]	6 (13)
CA$ range	200–490
Duration of study [n (%)]	45 (98)
Research ethics board for study (n)	0
Nature of the survey [n (%)]	
Market research	16 (35)
Research	15 (33)
Not specified	15 (33)
Assurance of [n (%)]	
Physician confidentiality	15 (33)
Security or privacy of response	22 (48)

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was being collected. Although providing pharmaceutical companies with de-identified patient details is unlikely to invoke direct patient harm, doing so for a reward or incentive without regulatory oversight could be ethically unsound, because the individual physician must ensure that patient confidentiality cannot be breached. Importantly, what would patients (or employers) think if they knew that their physicians were being offered monetary incentives to disclose patient-related information?

Another important question that I (MC) frequently ask myself is "How does my e-mail address get into so many databases?" When we asked companies how they generated their lists, they responded that physician contact details are collected by "established databases," "recruiting firms," and "lists constructed by the company." The oncologists involved in our project had neither been asked to allow release of their contact information, nor informed that such information would be released to a third party for subsequent marketing purposes. Furthermore, the survey invitations did not offer any opt-in or opt-out clauses with respect to sharing of contact data. It will be interesting to see if recently introduced regulations about unsolicited e-mail ("spam") in Canada will change that practice[7].

To summarize, then, should surveys be considered science, selling, or sugging? An oncologist who had completed all 46 surveys could have earned CA$8,610 over 3 months. But at what cost? If salaried physicians are completing these surveys during "work time" and using institutional resources (that is, patient charts) to do so, their colleagues and employers might object. The honoraria are also taxable income that should be declared, because it is likely that, at some stage, third parties will be required to divulge their financial details.

Our results might not be widely generalizable to all aspects of medicine, but they do raise both positive (ability to ensure high response rates) and negative (lack of regulatory oversight) aspects of pharmaceutical-sponsored surveys.

What should you do the next time a third-party survey arrives in your inbox? Although we cannot tell you either to "do it" or to "press delete," we hope that our commentary will provide an interesting pause for thought!

CONFLICT OF INTEREST DISCLOSURES

We have read and understood *Current Oncology*'s policy on disclosing conflicts of interest, and we declare that we have none.

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REFERENCES

1. Mazzarello S, Clemons M, Graham ID, Jacobs C. Surviving surveys. *J Oncol Pract* 2014;:[Epub ahead of print].
2. VanGeest JB, Johnson TP, Welch VL. Methodologies for improving response rates in surveys of physicians: a systematic review. *Eval Health Prof* 2007;30:303–21.
3. Simos D, Hutton B, Graham ID, *et al.* Patient perceptions and expectations regarding imaging for metastatic disease in early stage breast cancer. *Springerplus* 2014;3:176.
4. Hutton B, Addison C, Mazzarello S, *et al.* De-escalated administration of bone-targeted agents in patients with breast and prostate cancer—a survey of Canadian oncologists. *J Bone Oncol* 2013;2:77–83.
5. Wiebe ER, Kaczorowski J, MacKay J. Why are response rates in clinician surveys declining? *Can Fam Physician* 2012;58:e225–8.
6. Grava-Gubins I, Scott S. Effects of various methodologic strategies. Survey response rates among Canadian physicians and physicians-in-training. *Can Fam Physician* 2008;54:1424–30.
7. Canadian Radio-television and Telecommunications Commission. Canada's Anti-Spam Legislation [Web page]. Ottawa, ON: Government of Canada; 2014. [Current version available at: http://www.crtc.gc.ca/eng/casl-lcap.htm; cited 15 September 2014]