



[DATE]

Dr. [FIRST NAME] [LASTNAME]
[ADDR1]
[ADDR2]
[CITY], [STATE] [ZIP]

Dear Dr. [FIRSTNAME] [LASTNAME]:

As a leader in cancer research, programs, and initiatives, the National Cancer Institute (NCI) would like to strongly encourage you to participate in this important evaluation of the Centers for Medicare & Medicaid Services' *2006 Medicare Oncology Demonstration Program*. This demonstration is important to NCI because it gathers information regarding patients' treatments, the spectrum of care they receive, and the frequency with which physicians use clinical practice guidelines. This information is valuable and useful to cancer patients and their families, the research community, healthcare professionals, advisory groups, advocacy organizations, and policy makers.

This study is conducted in collaboration with L&M Policy Research and The National Opinion Research Center (NORC), a non-profit research center affiliated with the University of Chicago that has been conducting research in the public interest for over 60 years. You will receive a survey packet in the mail shortly from NORC.

Taking part in the survey is voluntary. You may elect to skip any questions. Please know all your answers are very important to us; your responses will be crucial in helping us improve physicians' approach to cancer care.

If you have questions or would like more information about the evaluation, please call NORC toll-free at 1-800-XXX-XXXX or via e-mail at emailaddress@norc.org. For questions regarding your rights as a research subject, please contact NORC's IRB Administrator at 1-866-309-0542.

We hope you decide to join us in this important evaluation.

Sincerely,

NCI Signature
Title
Agency

If you have participated in the 2006 Medicare Oncology Demonstration Program, please call us at 1-800-XXX-XXXX so that we can send you the participant survey.