

## MCO Letterhead

Date

Patient name  
Address 1  
City State Zip

Dear [Patient's name]:

Our goal at [MCO] is to provide the best health care possible. To help us meet this goal, we are sending you some information about colon cancer. We are sending you this information because you have scheduled a health maintenance exam.

The information describes colon cancer and the different medical tests that are used to check for early signs of colon cancer. Colon cancer is the third most common cancer in the United States. It is the second leading cause of cancer death in the United States. Your chances of getting colon cancer in your lifetime are about 1 in 17. The good news is that you can get tested early and colorectal cancer can often be prevented.

The colon cancer information we are sending includes:

- *A Fact Sheet* that describes colon cancer and the different tests for colon cancer;
- *Frequently Asked Questions* about the different tests for colon cancer;
- *A Checklist* for completing one of the colon cancer tests, and
- *A Reminder Card* to help you remember any questions or issues you would like to talk to me about.

Please read this information carefully. When you come in for your appointment, we can talk about this and see what's right for you. Even if you have had a colon cancer test before, please read this information. It might be time for you to have another colon cancer test.

Sincerely,

[Patient Primary Care Physician]

MCO Letterhead

Date

Patient name

Address 1

City State Zip

Dear [Patient's name]:

The Centers for Disease Control and Prevention (CDC), [MCO] and Battelle Centers for Public Health Research are doing research to find out more about colon cancer testing. Your doctor works in a clinic that is in this research study. The Centers for Disease Control and Prevention are funding this study.

We are doing this survey to help the CDC find out what people think about colon cancer tests. The information from this survey will help the CDC and [MCO] to find out why people get tested, and to improve materials about colon cancer testing for doctors to use with patients. This survey will take about 30 minutes to complete.

This survey has questions about your opinions about colon cancer. It also has questions about the experiences you might have had talking with your doctor about colon cancer. Some questions ask about colon cancer tests you might have had. We would also like to know how you feel about talking to your doctor about these things. Your responses are very important to us. We have enclosed \$10 as reimbursement for your time and effort.

Your responses will be private. Please do not put your name on the survey. We will not identify any person who was in the study in any papers or reports. None of your responses will be shown to your doctor.

Your participation in this research study is voluntary. Your returning this survey lets us know that you have agreed to participate. You are free to choose to complete this survey or not. You may be uncomfortable answering some of the questions. You may refuse to answer any of the questions. If you do not want to complete the survey, it will not change the care you get at [MCO]. The information from this survey will help the CDC to find out why people do or do not have colon cancer tests. We may contact you one more time in the future to learn more about your opinions about colon cancer and tests for colon cancer.

Please send your completed survey to Battelle. Please use the stamped and addressed envelope provided. If you have any questions about this research study, please call [Battelle contact] at Battelle, at (206) 528-xxxx or [MCO contact] at [MCO], at (xxx) xxx-xxxx. If you have questions about your rights as a research subject, you may call

Battelle's human subjects supervisor, Margaret Pennybacker, PhD, at 1-877-810-9530, extension 500.

We hope you will help us with this important study. Thank you for filling out this survey.

Sincerely,

[MCO contact]  
[Clinic Mgr or  
Research staff member]

Daniel Montaña, PhD  
*Research Leader*  
*Battelle Centers for Public Health*  
*Research and Evaluation*

MCO Letterhead

Date

Patient name

Address 1

City State Zip

Dear [Patient's name]:

Last month we asked you to fill out a survey for a research study being conducted by the Centers for Disease Control and Prevention (CDC), [MCO], and Battelle Centers for Public Health Research to find out more about colon cancer testing. We sent the survey and a payment of \$10 as reimbursement for your time and important responses. We also sent a reminder postcard to you.

Our records show that you have not yet sent in your completed survey. If you have already filled it out and sent it in, thank you. If you have decided to participate and you have not yet filled out the survey, please do so now.

We are doing this survey to help the CDC find out what people think about colon cancer tests. The information from this survey will help the CDC and [MCO] to find out why people get tested, and to improve materials about colon cancer testing for doctors to use with patients.

This survey has questions about your opinions about colon cancer. It also has questions about the experiences you might have had talking with your doctor about colon cancer. Some questions ask about colon cancer tests you might have had. We would also like to know how you feel about talking to your doctor about these things. Your responses are very important to us.

Your responses will be private. Please do not put your name on the survey. We will not identify any person who was in the study in any papers or reports. None of your responses will be shown to your doctor.

Your participation in this research study is voluntary. Your returning this survey lets us know that you have agreed to participate. You are free to choose to complete this survey or not. You may be uncomfortable answering some of the questions. You may refuse to answer any of the questions. If you do not want to complete the survey, it will not change the care you get at [MCO]. The information from this survey will help CDC to find out why people do or do not have colon cancer tests.

In case you need it, here is another copy of the survey and a stamped and addressed return envelope. Please use the return envelope we provided to send your completed survey to Battelle. If you have any questions about this research study, please call [Battelle contact] at Battelle, at (206) 528-xxxx or [MCO contact] at [MCO], at (xxx) xxx-xxxx. If you have questions about your rights as a research subject, you may call, Battelle's human subjects supervisor, Margaret Pennybacker, PhD, at 1-877-810-9530, extension 500.

We hope you will help us with this important study. Thank you for filling out this survey.

Sincerely,

[MCO contact]  
*[Clinic Mgr or  
Research staff member]*

Daniel Montaña, PhD  
*Research Leader  
Battelle Centers for Public Health  
Research and Evaluation*

MCO Letterhead

Date

Patient name

Address 1

City State Zip

Dear [Patient's name]:

Recently we asked you to fill out a survey for a research study being conducted by the Centers for Disease Control and Prevention (CDC), [MCO], and Battelle Centers for Public Health Research to find out more about colon cancer testing. We also sent \$10 as reimbursement for your time and important responses. You were sent two letters and a reminder postcard about the survey.

Our records still show that you have not sent in your completed survey. If you have already filled it out and sent it in, thank you. If you have decided to participate but have been too busy to fill out the survey, could you please do so now?

We are doing this survey to help the CDC find out what people think about colon cancer tests. By filling out this survey you will help us find out why people get tested, and help the CDC to improve materials about colon cancer testing for doctors to use with patients.

This survey has questions about your opinions about colon cancer. It also has questions about the experiences you might have had with your doctor talking about colon cancer. Some questions ask about colon cancer tests you might have had. We would also like to know how you feel about talking to your doctor about these things. Your responses are very important to us.

Your responses will be private. Please do not put your name on the survey. We will not identify any person who was in the study in any papers or reports. None of your responses will be shown to your doctor.

Your participation in this research study is voluntary. Your returning this survey lets us know that you have agreed to participate. You are free to choose to complete this survey or not. You may be uncomfortable answering some of the questions.

You may refuse to answer any of the questions. If you do not want to complete the survey, it will not change the care you receive at [MCO].

In case you need it, here is another copy of the survey and a stamped and addressed return envelope. Please use the return envelope we provided to send your completed survey to Battelle. If you have any questions about this research study, please call [Battelle contact] at Battelle, at (206) 528-xxxx or [MCO contact] at [MCO], at (xxx) xxx-xxxx. If you have questions about your rights as a research subject, you may call Battelle's human subjects supervisor, Margaret Pennybacker, PhD, at 1-877-810-9530, extension 500.

We hope you will help us with this important study. Thank you for taking this survey.

Sincerely,

[MCO contact]  
*[Clinic Mgr or  
Research staff member]*  
*Evaluation*

Daniel Montaña, PhD  
*Research Leader*  
*Battelle Centers for Public Health Research and*