

Attachment 3: Cover Letters



«PID»

June 4, 2012

ANNUAL STUDY UPDATE

«Title» «FirstName» «Middle» «LastName» «Suffix»
«Address1» «Address2»
«CityStateZip»

Dear «Title» «LastName»:

The time for completion of the Annual Study Update (ASU) and the Follow-up Locator Form (FLF) are upon us! We appreciate the time you have taken in past years to complete these and other study forms. Thank you for your most important continued participation in the Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening study. Enclosed are the ASU and FLF forms and a postage-paid envelope in which to return your completed forms to us.

The ASU form asks questions about your recent health and medical history. Please answer each question to the best of your ability. The contact information requested on the FLF will help us find you in future years to send you questionnaires and to notify you of study results. Please update this form with any corrections, and return it with your ASU. When you have finished completing the forms, please place them in the enclosed postage-paid envelope, and mail it to PLCO CDCC, 1600 Research Blvd. GA L60, Rockville, MD 20850.

The PLCO Central Data Collection Center (CDCC) will keep any information you give us private under the Privacy Act. Your name and identifying information will not appear in any study report. All study results will only be reported in aggregate.

Your continued participation represents a valuable contribution to the PLCO study, and we thank you again for your cooperation. If you have any questions or concerns please call Chris Miller, Participant Support Coordinator, at our toll-free number, (888) 886-0750.

Sincerely,

A handwritten signature in black ink that reads 'Barbara O'Brien'.

Barbara O'Brien, MPH
Project Director, PLCO CDCC

Sample Cover Letter for Health Status Questionnaire

(Date)

(Participant Name And Address)

Dear *(Participant Name)*,

We at the PLCO-Central Data Collection Center (CDCC) want to thank you for your continued commitment to the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial (PLCO). The health information you have provided us in the past has contributed to the success of this important national study.

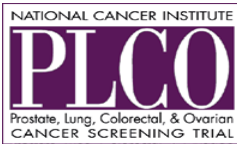
Your ongoing participation is very important. Once again, we would like you to provide us with some valuable information. Please take a few minutes to complete the enclosed Health Status Questionnaire and return it to us in the envelope provided for your convenience. No postage is required. If you are unsure of how to best answer the questions or whether you have had a particular exam, please call your physician's office or health care provider. Typically, this information can be given to you over the phone in a matter of minutes.

Please remember, all information you give us will be kept private under the Privacy Act and will not be disclosed to anyone but the researchers conducting this study, except as otherwise required by law. Your name or other identifying information will not appear in any report of the study.

If you have any questions about this form, please contact *(Name Of Staff Member)*, *(Title)*, at *(Site Phone Number)*. Thank you for your time in completing the questionnaire. We look forward to your prompt reply.

Sincerely,

Barbara O'Brien, MPH
Project Director, PLCO CDCC
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***Please DO NOT bill patient *** (If there is a fee for records)

<<DATE>>

«PFirstName» «PLastName»
«PDepartment»
«PClinicName»
«PAddress»
«PCity», «PState» «PZipCode»

RE: «FirstName» «LastName» «Suffix»
Gender: «Gender»
DOB: «Birthdate»

Dear «PSalutation»:

The above named patient is a participant of the Prostate, Lung, Colorectal, and Ovarian (PLCO) extended follow-up study, a project of the National Cancer Institute (NCI). The Central Data Collection Center (CDCC), Westat, is responsible under contract to NCI for collecting follow-up data on research participants. Our records indicate that this patient received care at your facility for the diagnostic workup and/or treatment of «CANCER(S) ». In order to complete our research, we are requesting copies of the following medical records for this patient:

RECORD DATES REQUESTED: From «Diagnosis Date» to «+4weeksDD/MM/YYYY»	
<input type="checkbox"/> Admission and Discharge Summary	<input type="checkbox"/> Consultations to Oncology or Radiation Oncology (Chemotherapy, Radiation treatment)
<input type="checkbox"/> Operative Report	<input type="checkbox"/> Transrectal Ultrasound (TRUS) Report
<input type="checkbox"/> Biopsy and Surgery Pathology Reports (For breast cancer include receptor status)	<input type="checkbox"/> PSA Blood Test
<input type="checkbox"/> Cancer Staging Form	<input type="checkbox"/> Colonoscopy, Flexible Sigmoidoscopy (FSG), Proctoscopy Reports
<input type="checkbox"/> Documentation of 1 st Chemotherapy or Radiation Treatment Given	<input type="checkbox"/> CA 125 Blood Test
<input type="checkbox"/> Medical Complications from Diagnostic and/or Staging Procedures (tests)	<input type="checkbox"/> _____

A copy of the signed Authorization for Release of Information is included with this request.

Medical records may be faxed to **1-888-766-7270** or mailed to:

Ellen Martinusen
PLCO-CDCC Westat, Room GA- L60
9274 Gaither Road
Gaithersburg, MD 20877-1420

We thank you for your time and effort involved in complying with our request. If you have any questions or concerns, please feel free to contact us at **1-888-329-7556**.

Sincerely,

Barbara O'Brien, MPH
Project Director, PLCO CDCC