

{date}

{name}  
{street address}

Dear {name},

We recently invited you to participate in a research study called “*Share Thoughts on Breast Cancer.*” {insert participating site medical center name} is part of a group of nine medical centers, the *Greater Plains Collaborative*, a federally funded research project for doing large, timely studies to improve medical care.

The purpose of this study is to learn about the experiences of patients after they have been diagnosed with breast cancer in order to improve patient experiences and treatment. We believe that the best way to make improvements in the care patients receive is by learning from cancer patients themselves. Your name was chosen from a list assembled by {insert participating site medical center name}. A few weeks ago you were sent a study booklet regarding your health, your satisfaction with medical care, and your ability to obtain medical care. As of today, your study booklet has not been returned. We are sending you a copy of the booklet in case the first one has been lost or misplaced. As part of our initial mailing, a \$10 gift was enclosed as a small token of our appreciation for your time and assistance with this study. While the \$10 gift is no longer included with this subsequent mailing, we sincerely hope you might find time to participate in this study.

There are **two** parts to the study. You can participate in either or both parts.

**Part 1: Study Questionnaire** (pages 1-21 in the booklet)

**Participation in Part 1** of the study involves filling out the enclosed questionnaire and returning it in the enclosed postage paid envelope. The questionnaire asks about your health, your satisfaction with medical care, and your ability to obtain medical care. We estimate it will take about 30 minutes to complete the questionnaire. You may skip any questions you do not wish to answer.

You will notice that the address on the return envelope is at The University of Iowa, one of our Greater Plains Collaborative partners and where the questionnaires will be processed. The University of Iowa will identify you only by your study identification number unless you provide your contact information on Page 21 of the enclosed booklet (entering this information is optional).

**Part 2: Medical Record Consent** (beginning on page 23 of the booklet)

**Participation in Part 2** involves signing a consent form to give us permission to use information about you from your medical records. At the back of the questionnaire booklet you will find the consent form and more information about this part of the study. If you decide to participate in Part 2, you will sign the consent form. There is also a copy of the consent form for you to keep for your records.

Your participation in this research is voluntary. However, your assistance is very important to the success of the study. If you decide not to participate, please return the blank questionnaire booklet in the postage paid envelope provided or call the toll-free number below so that we do not contact you again. If you recently returned the first study booklet, you may disregard this request.

This study will not benefit you directly, but will help us understand the experiences of some { insert participating site medical center name } breast cancer patients. Your participation will provide information that may help us to improve cancer care by {insert participating site medical center name }



{ Insert Participating Medical Center Letterhead Logo }

and across the participating *Greater Plains Collaborative* medical centers (Wisconsin, Iowa, Kansas, Minnesota, Nebraska, and Texas).

Thank you for your time.

Sincerely,

{Name of site study PI}  
{Title and academic affiliation if relevant}  
{medical center name}

{Name of institutional official, if required}  
{Title}  
{Institution}

*My contact information for questions about the study:*  
e-mail:  
telephone:

