Dear < NAME>

Thank you for your continued participation with the New York site of the Breast Cancer Family Registry. Many important findings have already arisen from the contributions that you and 30,000 other women and their families have made over the last 15 or more years. To date over 300 scientific papers have been published.

We have now been funded by the National Cancer Institute (USA) to conduct an important new international study using the Breast Cancer Family Registry. The aim of this study is to use all of the new findings that are emerging on genes and environmental risk factors so that we can more accurately predict breast cancer risk for all women. This new study will also help answer important questions for clinical care of women who have a family history of breast cancer, whether or not they are found to have a mutation in one of the known breast cancer predisposition genes.

To conduct this study, we would like to update some of the information that you gave us previously. We have done our best to make this a short survey because we know how valuable your time is. The questionnaire has only 10 questions and will take about 10 minutes or less to complete.

We have asked you some of these questions in the past, but would like you to answer these questions with respect to any changes that have happened since you last completed an interview or questionnaire for us. For ease of administration we are giving the same questionnaire to all participants, so please excuse any questions that do not directly apply to you.

The last time you completed a research questionnaire for our study was:

<DATE>

If you are unsure about the answer to any of the questions, it would still help us greatly if you give us your best estimate. If you have any questions or would like assistance in completing this questionnaire, please call us at 1-855-34-FAMILY or 212-304-6433 or e-mail us at info@metronyregistry.org.

Please fill out the attached questionnaire and return it to us in the stamped envelope provided.

We may want to speak with you about some of your answers to clarify or get more details. We have therefore asked you to provide your telephone number(s) and time(s) that might suit you should we need to contact you.

Thank you again for your generous contributions to breast cancer research.

Sincerely,

Dr. Mary Beth Terry Principal Investigator



What is your date of birth?	MO DAY YEAR	<participant id="" research=""></participant>			
On what date did you complete ti	nis questionnaire?// MO DAY	YEAR			
1. Since <date>, have you had a screening?</date>	a <u>breast MRI</u> (magnetic resonance ir	naging) for breast cancer			
[] No [] Yes	[] Don't Know				
2. Since <date>, have you had a genetic test for a breast cancer susceptibility gene? This is a blood test, and is for genes such as BRCA1, BRCA2 and other genes involved with hereditary breast cancer.</date>					
[]No []Yes	[] Don't Know				
3. Since <date>, have you had go [] No [] Yes</date>	your left and/or right breast(s) remo [] Don't Know	ved?			
a. If YES: Which breast w	vas removed? []Right []Both				
b. If YES; how old were y	rou when you had your breast(s) rer age years Right breast r	noved? emoved at age years			
4. Since <date>, have you had [] No [] Yes</date>	one or both of your <u>ovaries remove</u> [] Don't Know	<u>d</u> ?			
a. If YES: How many ova	ries were removed? []Both []Don't Know				
b. If YES: How old were	you when you had your ovary/ovarie at age years 2 nd Ovary rer	es removed? noved at age years			
5. Since <date>, have you had [] No [] Yes</date>	a <u>hysterectomy</u> , that is, <u>removal of</u> [] Don't Know	your womb or uterus?			
a. If YES: How old were y	you when you had the hysterectomy	/? years			
For Questions 6 through 10, if there is more than one cancer to report, please use the space provided					
at the end of the questionnaire.					
6. Since <date>, have you had recurrence of a previous brea</date>	a <u>diagnosis of a new breast cancer</u> ast cancer)?	(i.e. a breast cancer that is not a			
[]No []Yes	[] Don't Know				
a. If YES: Was this an invasive breast cancer? [] Yes					
b. If YES: Which breast v	was the new cancer in?				
c. If YES: How old were you when this new breast cancer was diagnosed?years					
7. Since <date>, have you had</date>	a recurrence of breast cancer?				
[]No []Yes	[] Don't Know	Columbia University IRB			
		IRB Approval Date: 04/23/2013 for use until: 04/22/2014			

[] L	n breast did you have the r eft []Right [] currence was not in your	Both			
Site of recurr c. If YES: How old		rence was diagnosed?	years		
including sarcoma, leu melanoma skin cancer [] No	kemia, lymphoma, or any o i? es [] Don't Know n the body did this cancer	other type of cancer beside other malignant tumor (do begin? er was diagnosed?	not include non-		
QUESTIONS 9 and 10 ASA	CABOUT YOUR BLOOD R	ELATIVES			
9. Since <date>, have any of your blood relatives developed any cancers or tumors (do not include non-melanoma skin cancer)? We are asking about your parents, grandparents, and any children, sisters, brothers, grandchildren, aunts, uncles, nieces, nephews, and any other more distant blood relatives you may have (for example, cousins and their children).</date>					
[] No	es [] Don't Know				
If YES:					
Name	Relationship to you (for example mother's father, cousin on father's side)	Type of Cancer	Date of diagnosis Month/Year		
	example mother's father, cousin on	Type of Cancer	_		
	example mother's father, cousin on	Type of Cancer	_		
10. Since <date>, have a grandparents, and any and any other more dis</date>	example mother's father, cousin on father's side) any of your blood relatives children, sisters, brothers stant blood relatives you m	Type of Cancer died? We are asking abou , grandchildren, aunts, un ay have (for example, cous	Month/Year t your parents, cles, nieces, nephews,		
10. Since <date>, have a grandparents, and any and any other more dis</date>	example mother's father, cousin on father's side) any of your blood relatives children, sisters, brothers stant blood relatives you m	died? We are asking abou , grandchildren, aunts, un	Month/Year t your parents, cles, nieces, nephews,		
10. Since <date>, have a grandparents, and any and any other more dis</date>	example mother's father, cousin on father's side) any of your blood relatives children, sisters, brothers stant blood relatives you m	died? We are asking abou , grandchildren, aunts, un	Month/Year t your parents, cles, nieces, nephews,		
10. Since <date>, have a grandparents, and any and any other more dis</date>	example mother's father, cousin on father's side) any of your blood relatives children, sisters, brothers stant blood relatives you m	died? We are asking abou , grandchildren, aunts, un	Month/Year t your parents, cles, nieces, nephews,		
10. Since <date>, have a grandparents, and any and any other more dis</date>	example mother's father, cousin on father's side) Iny of your blood relatives children, sisters, brothers stant blood relatives you m es [] Don't Know Relationship to you (for example mother's father, cousin on	died? We are asking abou , grandchildren, aunts, un ay have (for example, cou	Month/Year t your parents, cles, nieces, nephews, sins and their children).		



<Participant Research ID>

Thank you for taking the time to complete this questionnaire. We might need to call you with some follow-up questions.

In order to assist us with any additional contacts, please kindly provide the following information for our records. This information will be stored separately from your questionnaire data. Questionnaire data will be stored and used with only a study identification number.

What is your full name (first, n	niddle, last)?	-			
Former last names (if any)		_			
We may want to speak with you about some of your answers to clarify or get more details.					
Please provide your current copreferred means of contact.	ontact information and indicate the bes	st time to contact you and your			
Home phone:	Best time/day	Preference []			
Cell phone:	Best time/day	Preference []			
Work phone:	Best time/day	Preference []			
E-mail:	MANUAL CONTRACTOR OF THE PROPERTY OF THE PROPE	Preference []			
If possible, please provide the la contacts over time.	st four digits of your social security numb	er. This will help us for future			
Last 4 digits of Social Security N	umber :				
If you have any comments or a you would like to give us, plea	additional information (such as other r se feel free to write them below, and if	elatives diagnosed with cancer) needed, on the back of this page:			