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Dear _____,

Thank you for your interest in our screening study for familial pancreatic cancer. Based on the information we have, you do appear to be a candidate for our study. This letter describes the study procedures and what you may expect as a participant.

First, we would like you to read the consent form for our screening study which describes for you the purpose and details of the study. We have also provided Frequently Asked Questions (FAQs) that may be helpful. After reading this consent form, you can let us know if you are still interested in participating or if you have more questions.

If you decide to join our study all of these consultations and procedures will be done on two separate days. The screening visit includes a half hour consultation and genetic counseling session, a 45-minute magnetic resonance imaging (MRI) test, a 30-minute CT scan, a 30 minute pre-procedure preparation, a 1 hour endoscopic ultrasound (EUS), and an approximately 30-60 minute recovery. You will need to have someone with you to accompany you home or to your hotel.

If you agree to participate in this study, the genetic counseling, blood tests, MRI test, CT scan, the sedated EUS procedure will be performed free of charge.

Any further testing or consultations (such as surgery) that may be medically indicated will be billed to your insurance.

If your insurance requires you to obtain pre-authorization or pre-certification, we ask that you do so prior to your scheduled appointment(s). This may help prevent any future problems related to billing. If your insurance is an HMO or PPO, we ask that you find out whether UCLA Medical Center and I are within the approved network of providers. If we are not part of the approved network or providers, it would be advisable for you to determine if you are entitled to out-of-network coverage and what your out-of-pocket expenses may be. This pertains only to additional diagnostic tests such as EUS-guided fine needle aspiration that may be

clinically indicated as a result of an abnormal screening test or professional fees for general anesthesia and radiology during an ERCP. We will be happy to provide any necessary information, such as CPT codes.

After you have read the consent form, please select one of the following options:

- 1) Yes, I am interested. Contact the research coordinator Ali Ammar to schedule a consult in the office or by phone with the Physician Investigator.

In order to plan your screening visit, we will need to get more information about your medical history. If you do not have email call Ali Ammar (310-267-1876) and he will send you a questionnaire to complete after you and the physician investigator have signed the consent form. This questionnaire will provide us with medical information and family history, which will confirm your eligibility for the screening study and help us to make arrangements for your screening procedures.

We will need to also review your medical records to ensure that you are eligible to participate in the study. If you do not have a copy of your medical records, we can obtain this from your physician.

Once we obtain the questionnaire and medical records, we will contact you by email or phone to schedule your screening visit and your visit with a genetic counselor.

We thank you for taking the time to consider becoming part of our study here at UCLA. If you would like to join this study or if you have any further questions, please contact Ali Ammar or Fay Purcell at (310) 267-1876 or Dr. James Farrell at (310) 267-4664. You may also email us at PancreaticCancerScreening@mednet.ucla.edu or CAPS3@mednet.ucla.edu with your questions. Please indicate in your email or phone message best times during regular office hours for us to call you for scheduling your visit. Additional information is also available at our website <http://lizst.onc.jhmi.edu/CAPS/>. We look forward to hearing from you again in the near future.

- 2) Yes, I am interested but have questions. Please email your questions and we will answer these within 2 business days. Alternatively, provide a method of contact (cellular phone, daytime phone number) and Ali Ammar or Fay Purcell, PA-C, research coordinators, will call you.

- 3) I am not interested in participating.
- Please give a reason_____ . (Optional)

Sincerely,

James J Farrell, M.D.
CAPS 3 Study Principal Investigator
UCLA School of Medicine