

SITE CONTACT INFO

CLINIC: _____

COORDINATOR: _____

PHONE: _____

EMAIL: _____

TMIST

Tomosynthesis Mammographic
Imaging Screening Trial

Learn more about the study at:

www.ecog-acrin.org/tmist

www.cancer.gov/TMIST



TMIST

Tomosynthesis Mammographic
Imaging Screening Trial

*A study to understand the impact
of routine breast cancer screening
on the rate of advanced breast cancers
in breast screening population.*

Thank you
for participating!



Next Expected Study Screening Date:

_____, 20____

Assigned Screening Modality:

- Digital Mammography
- Tomosynthesis Mammography

TMIST Screening Frequency:

- Every Year
- Every 2 Years

If you have any kind of breast imaging at an outside institution before the date above, please contact the study coordinator listed on this card.

Dear

Thank you for agreeing to take part in this important research study. Many questions remain unanswered in breast cancer screening. With the participation of people like you in clinical trials, we hope to figure out the best imaging methods to use for breast cancer screening.

We believe you will receive high quality, complete care. My staff and I will maintain very close contact with you and will look forward to seeing you every year or every two years for your screening mammogram. This will allow me to provide you with the best care while learning as much as possible to help you and other patients.

Thank you again, and we look forward to helping you.

Sincerely,