



REDUCE THE RISK OF CERVICAL CANCER: TAKE A SAMPLE YOURSELF

Dear

We are inviting you to take part in the '**ScreenUrSelf trial**'. This allows us to find people with a higher risk of developing cervical cancer early. In the trial, you can take a sample yourself and have it examined. The trial is free of charge. In Flanders, 350 women a year develop cervical cancer. This cancer is caused by a virus: human papillomavirus or HPV. Fortunately, we can detect this virus and the precursors of cancer early with a smear test. Thus, by a simple intervention, we can often avoid the virus causing cancer. You can have that smear taken by your GP or gynaecologist. Or you can now also have a **sample taken by yourself**. This is new. And just as good. This test shows whether you are infected with the virus.

| Are you willing to take part?

With this letter, you will find materials to take a sample and instructions. You are not required to take part. But we do recommend it.

| How can you take part?

- Read the instructions first. They will tell you step by step what to do.
- Take the sample when it suits you.
- Fill in the 'participation form'. You can find it on the back of this letter.
- Insert the sample and participation form into the extra envelope. Send it by post. This is free. No need to stick on stamps.

| What happens next?

A lab examines the sample. You and your GP get the result **within three weeks**.

- What if the lab finds traces of the virus? Make an appointment with your GP or your gynaecologist. They will then take a swab.
- What if the lab finds nothing? We will let you know that too. You don't have to do anything else.
- What if you don't get a result within three weeks of sending the sample? In that case, something has gone wrong. Call our free number **0800 60 160** (9-12am and 1-4pm).

| Would you like to know more or do you have a question?

- Read the leaflet accompanying this letter.
- Go to www.ScreenUrSelf.be. You will also find a translation into French, English, Turkish, Arabic, Polish, Romanian and Russian of this letter.
- Call free on **0800 60 160** (9-12am and 1-4pm) or email info@bevolkingsonderzoek.be.

With best regards,

Prof. Dr. Pierre Van Damme

Principal investigator of the ScreenUrSelf trial, Antwerp University

HAVE YOU TAKEN A SAMPLE? IF SO, PLEASE ALSO FILL IN THIS PARTICIPATION FORM.

If you send your sample along with this participation form, you agree that we will send the results of the trial to you and your GP. To send these results, Antwerp University works with a service provider (DaklaPack Clinical Trials) with whom Antwerp University has made the necessary arrangements for the protection of your personal data. If you do not want to take part in the ScreenUrSelf trial, you can always have a smear test taken by your GP or your gynaecologist. Through a smear test, precursors of cervical cancer can also be detected. We will request the results of any additional tests from your GP and the Belgian Cancer Registry. Residues from your sample will be kept for at least 10 years. Unless they have been used up before. We can keep your data (e.g. sample results) for up to 25 years. We use your data and samples only in the context of the population-based cervical cancer screening, process evaluation, the ScreenUrSelf trial and related studies where Antwerp University acts as the data controller or is commissioned by its partners. Furthermore, you are aware that if you want more information, you can find it on the website www.ScreenUrSelf.be.

Important

- This participation form is intended for you exclusively.
- **Send the completed participation form along with the sample.** Use the extra envelope. The address of the lab is printed on it. What if you only send the sample? If so, we cannot examine it.
- Don't write your details on another sheet. Only use this participation form.
- Use a blue or black pen and write in CAPITAL LETTERS.
- Do not stick anything on this participation form.
- Only take a sample with the equipment you have been sent.
- Do not return an unused or empty kit.

The date you took the sample

Day - month - year - - *

(* mandatory field)

The details of your GP

| | |
|----------------|-----|
| First name * | Dr. |
| Surname * | |
| Municipality * | |

(* mandatory field)

Have you taken a sample yourself and sent it? We would like to know how you liked it.

- When you enter your email address on this participation form, you give us permission for you to receive an email from us with a questionnaire within two weeks.
- It is not compulsory to enter your email address on this participation form or complete the questionnaire.
- What if you answer the questions? You will be helping with the trial. NB Sometimes the questionnaire will end up in your spam.

Your email address

.....@.....

THANKS FOR TAKING PART!

If you don't want to take part, what is the reason?

- I am pregnant or have given birth in the last 6 weeks
- I have had a smear test taken during the last three years
- My uterus and cervix have been removed
- Other reason, namely: