



MIND MATTERS RESEARCH LLC

7926 Port Orford Drive
Anchorage, AK 99507
Lyn Freeman, Ph.D.
(907) 868-7737
Fax: (907) 344-4537

To your cancer treatment physician:

Your patient, _____ has expressed interest in participating in a National Cancer Institute funded mind-body research, Phase II study (2 R44 CA117597-02A2). This study is being conducted by Mind Matters Research LLC, an Anchorage-based research center, and will take place in Alaska and Seattle. In this "Envision the Rhythms of Life" imagery study, post-treatment breast cancer patients will learn and practice imagery. Outcomes of the study will determine the program's ability to reduce stress and the late-term and long-term effects of cancer treatment and to improve quality of life. To be eligible for study participation, your patient must: (1) have a diagnosis of breast cancer (includes in-situ); (2) have completed recommended treatments (i.e. surgery, radiation, chemotherapy or any combination of these treatments) by August 17, 2009 [oral medication such as Tamoxifen, does not preclude participation]; (3) be healthy enough to attend educational classes once a week for a total of five weeks; (4) be free of uncontrolled epileptic seizures or a history of psychosis or schizophrenia; (5) be confirmed as eligible based on the information in this paragraph. Judith Link, RN, research cancer nurse for this study, will contact your office to confirm additional eligibility criteria. You may also contact the principal investigator for this study, Lyn Freeman, Ph.D, at 868-7737 for additional information. If your patient meets the criteria stated in this paragraph, please sign and complete the information below.

If your patient is still receiving treatment (i.e., scheduled surgery, IV chemotherapy or radiation) please provide an estimated date of last treatment and the cancer research nurse will review the medical records at that estimated date.

Surgical date _____ Estimated date of last radiation or IV chemotherapy _____

I, _____, MD, concur that my patient _____ currently meets or is expected to meet the study criteria as outlined above. Therefore, this patient will potentially be eligible for study participation. I understand that the protocol nurse will contact my office to confirm additional eligibility criteria and dates of completion of treatment and that a final decision of eligibility will be made after a medical record review.

Signature and Date

Name, address of practice, and contact information

