



PLEASE REPLY TO:  
Harvard School of Public Health  
677 Huntington Avenue  
Boston, MA 02115

Dear Colleague:

This letter is a follow-up to the one we sent you several weeks ago about the new phase of the Health Professionals Follow-up Study. The National Institutes of Health has recently awarded a major grant to the study that involves the collection of blood samples from participants.

Thank you for your indication of willingness to take part in this new phase of the Health Professionals Follow-up Study. As explained in our earlier letter, we would like to obtain a 40ml (about three tablespoons) blood sample from you. Detailed instructions are provided on the reverse of this letter and everything you will need to collect your blood sample is in the enclosed kit. (An extra 15ml purple top tube is included in case of a problem.) There is no need to centrifuge the blood or to process it in any way, but you will need to find someone who can draw the blood for you. The kit also includes a plastic container for tap water to put in your freezer and then return with the blood specimens to keep them from spoiling.

To send the specimen package back to us, all you need to do is call Federal Express (toll-free), who will come and pick it up. The shipping, of course, is pre-paid.

The blood samples will be processed and stored here at Harvard and selectively analyzed for a wide range of potentially useful biologic markers. These analyses may include potential hormonal determinants of benign prostatic hypertrophy as well as prostate cancer. These samples will be analyzed over the next several years and will be extremely valuable in determining biologic markers of subsequent risk of developing disease. These results will not be clinically relevant to individual persons since most research will entail studying possible, but not yet proven, biochemical or genetic markers. Hence, we do not anticipate returning results to the individuals whose blood is chosen for detailed laboratory analysis. However, when this phase of the study is complete, we will make results available to the entire cohort. We recognize that this requires a significant effort on your part with little direct benefit except the knowledge that you are furthering this important work.

Sincerely,

Walter Willett, M.D.  
Principal Investigator

P.S. To update some information, we have included a brief questionnaire which should be returned along with the blood and frozen water samples. **PLEASE RETURN THE COMPLETED QUESTIONNAIRE ON THE OUTSIDE OF THE STYROFOAM CONTAINER TO KEEP IT DRY.**



## **INSTRUCTIONS FOR COLLECTING AND MAILING BLOOD SAMPLES**

### **1. AS SOON AS POSSIBLE:**

Make arrangements to have your blood drawn either at your physician's office or by a colleague. All the supplies needed to have this done are included in the kit. We would prefer to have the sample drawn in the morning before eating, although this is not essential. Please have your blood drawn on Monday, Tuesday, Wednesday or Thursday as these are the only days Federal Express will pick up at your home and someone will be in our office to process the sample when it arrives the next morning. The blood will be in good condition if we receive it within 30 hours after it is drawn.

### **2. A DAY OR TWO BEFORE YOU ARE TO HAVE BLOOD DRAWN:**

- a. Fill the enclosed plastic bottle with your usual drinking water (either at home or the office, whichever is most convenient) until almost full - the water will expand when frozen. Replace the cap and tighten securely.
- b. Place the filled bottle in your freezer. This frozen water bottle will be used to keep the blood sample cool during transport.

### **3. THE MORNING YOU GO TO HAVE YOUR BLOOD SAMPLE DRAWN:**

- a. Call Federal Express to arrange for a time when the package can be picked up. They will pick up at your home, work, or doctor's office. Call: 1-800-238-5355.
- b. Take all supplies with you, including the frozen water bottle and the questionnaire. Put the bottle into the styrofoam box to keep it cold. If you forgot to collect and freeze the water sample please arrange to have your blood drawn at another time when you have the frozen water sample.

### **4. SEE ENCLOSED SHEET FOR DETAILED BLOOD DRAWING INSTRUCTIONS.**

### **5. IMMEDIATELY AFTER THE BLOOD IS DRAWN:**

- a. Put the filled tubes into the white insulated pouch, and place the pouch in the zip lock bag. Do not remove the small liquid absorber packet from the ziplock bag. Seal the bag.
- b. Place the bag containing the tubes next to the frozen water bottle in the styrofoam container.
- c. Close the styrofoam container and place the rubberband around it.
- d. Complete the enclosed questionnaire and place it on the OUTSIDE of the styrofoam container. Seal each end of the cardboard box with the enclosed bright orange stickers.
- e. Write your name and address on the Federal Express airbill. Information on where to send the package and how to bill the Health Professionals Follow-up Study is already filled in.
- f. The filled kit may be kept in a refrigerator (not freezer) if necessary until Federal Express arrives.
- g. Give the Federal Express delivery person the pre-paid package and the airbill. They will provide the airbill pouch. This package has been approved for shipping of blood by Federal Express (certification number: 6008218929).

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL US, COLLECT, AT (617)432-2011.**

**Thank you for your participation.**



Please complete this form and return with your blood sample. (No. 2 pencil preferred)

1. Date Blood Sample Drawn:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

2. Time Blood Sample Drawn: \_\_\_\_\_ AM or PM? (Circle)  
HOUR

3. How many hours before the blood drawing did you last eat?  
\_\_\_\_\_ hours

4. What is your date of birth?  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

5. What is your current weight? \_\_\_\_\_ lbs.

6. Is the water that you collected from:  Home or  Office ?

7. Is the water you collected from:  Municipal Supply or  Private Well or  Bottled Water ?

8. How many cups or glasses a day do you drink from the source you collected? (include water for coffee, tea, reconstituted juice, soup, etc.)  
 None  1-2 cups (glasses)/day  3-5  6-9  10 or more

9. How many cups or glasses a day do you drink of other water? (include water for coffee, tea, reconstituted juice, soup, etc.)  
 None  1-2 cups (glasses)/day  3-5  6-9  10 or more

10. Have you ever had an enlarged prostate detected by rectal exam?  
 No  Yes → If yes, when?  Before 1986  1986-1989  1990 or after

11. Since January 1, 1990, have you had surgery for enlarged benign prostate or BPH (e.g., transurethral resection)?  
 No  Yes → Year of surgery?  1990  1991  1992  1993

12. During the past month, please indicate how frequently you had these urinary symptoms and how large a problem they were to you:

	% OF TIME EXPERIENCED SYMPTOMS							HOW LARGE A PROBLEM?				
	0%	10%	25%	50%	75%	Almost 100%		None	Very Small	Small	Medium	Big
Sensation of incomplete bladder emptying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having to urinate again after less than 2 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stopping and starting several times during urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Found it difficult to postpone urinating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weak urinary stream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to push or strain to begin urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13 a. Over the past month, how many times per night did you typically get up to urinate?  
 0  1  2  3  4  5  6 or more times per night

b. How large of a problem was this to you?  None  Very small  Small  Medium  Large

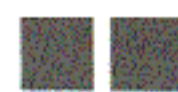
14. Do you currently use the following medications regularly?  
 Proscar  
 Other drugs to relieve symptoms of prostatism (e.g., Phenoxybenzamine, Prazosin)

15. Since January 1, 1992, have you had screening for prostate cancer using PSA (prostate specific antigen)?  
 Not known  No  Yes → If yes, was the level?  Normal  Elevated

THANK YOU FOR YOUR HELP.

PLEASE RETURN THE QUESTIONNAIRE ON THE OUTSIDE OF THE STYROFOAM CONTAINER.





**A**

ICE (1)

COLD (2)

NOT COLD (3)

(4)

(5)

(6)

(7)

(8)

(9)

**B**

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

