

Dear Participant,

The Breakthrough Generations Study, of which you are a member, now includes over 113,000 women. The recruitment has gone extraordinarily well, and is continuing. You may remember that when you joined the study, we said that we would write to you from time to time to ask about your health, in order to study how this relates to the information you sent us when you joined. Continuing information from participants is crucial to the study's success, and we would therefore be grateful if you would fill in this short questionnaire and return it in the enclosed envelope. If you have any queries, please contact the study team on 020 8722 4469.

With many thanks for your contribution to the Study.

Yours sincerely,



Anthony Swerdlow BM BCH PhD DM FMedSci  
Professor of Epidemiology



Alan Ashworth BSc PhD FMedSci FRS  
Professor of Molecular Biology

## 1: General information about you

i) Is your name and address on the letter correct? Yes ☐ No ☐

→ If no, please write your correct name and address here (in capitals, one letter per box):

First name(s)	<input type="text"/>																				
Surname	<input type="text"/>																				
Address	<input type="text"/>																				
	<input type="text"/>																				
Postcode	<input type="text"/>					Country, if not UK	<input type="text"/>														

ii) Please confirm your date of birth

Day	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>
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iii) Telephone number on which you may be contacted

<input type="text"/>	Ext.	<input type="text"/>
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## 2: Illnesses since last questionnaire

Since you sent in your questionnaire in 2011, have you developed any form of cancer or breast disease or any other serious illness? (If you had breast cancer before 2011, please enter below if you have had a further breast cancer since then, or a recurrence or spread of your original cancer)

Yes ☐ No ☐

If 'no', go to question 3 ↓

→ If yes, for each new cancer, breast disease, or other serious illness since 2011, please enter in capital letters:

i) Type of cancer/breast disease/other serious illness

Date diagnosed Month  Year

Hospital, town

Name of consultant who treated you

ii) Type of cancer/breast disease/other serious illness

Date diagnosed Month  Year

Hospital, town

Name of consultant who treated you

iii) If you have had any further cancers or breast disease or serious illnesses since 2011, please cross here ☐ and describe on a separate sheet.



### 3: If you have ever had cancer or another tumour

Would you be agreeable to the research team obtaining from your doctor or hospital a sample of the cancer or tumour you had removed, to be used for the Study research?

Yes, I agree ☐

No, I do not agree ☐

Your signature \_\_\_\_\_

Date \_\_\_\_\_

### 4: Family members who have joined the study

Many women who have taken part in the study are related to other study members, but we do not always know about this. It is important to know about relationships of women who have taken part, in order to be able to study why breast cancer sometimes occurs in families. If you know that any of your relatives have taken part in the study, please would you enter their details below, as far as you know them. If you do not know whether someone has taken part, please do not feel obliged to ask them. If a relationship is not one of those listed below, please specify it under 'Another relation' (e.g. if it is a great aunt or cousin or a step or adopted relative).

i) Which relative?

Her first name	Her surname
<input type="text"/>	<input type="text"/>
Her date of birth	Her postcode
Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<input type="text"/>
How is this person related to you?	
<input type="checkbox"/> My Twin Sister	<input type="checkbox"/> My Mother
<input type="checkbox"/> My Sister (but not my twin)	<input type="checkbox"/> My Daughter
<input type="checkbox"/> My Half Sister	<input type="checkbox"/> My Mother in law
<input type="checkbox"/> My Sister in law	<input type="checkbox"/> My Daughter in law
<input type="checkbox"/> Another relation, please specify	<input type="checkbox"/> My Grandmother
	<input type="checkbox"/> My Granddaughter
	<input type="checkbox"/> My Aunt
	<input type="checkbox"/> My Niece
	<input type="text"/>

ii) Which relative?

Her first name	Her surname
<input type="text"/>	<input type="text"/>
Her date of birth	Her postcode
Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<input type="text"/>
How is this person related to you?	
<input type="checkbox"/> My Twin Sister	<input type="checkbox"/> My Mother
<input type="checkbox"/> My Sister (but not my twin)	<input type="checkbox"/> My Daughter
<input type="checkbox"/> My Half Sister	<input type="checkbox"/> My Mother in law
<input type="checkbox"/> My Sister in law	<input type="checkbox"/> My Daughter in law
<input type="checkbox"/> Another relation, please specify	<input type="checkbox"/> My Grandmother
	<input type="checkbox"/> My Granddaughter
	<input type="checkbox"/> My Aunt
	<input type="checkbox"/> My Niece
	<input type="text"/>



iii) Which relative?

Her first name

Her surname

Her date of birth

Day   Month   Year

Her postcode

How is this person related to you?

☐ My Twin Sister

☐ My Mother

☐ My Grandmother

☐ My Sister (but not my twin)

☐ My Daughter

☐ My Granddaughter

☐ My Half Sister

☐ My Mother in law

☐ My Aunt

☐ My Sister in law

☐ My Daughter in law

☐ My Niece

☐ Another relation, please specify

My

iv) Which relative?

Her first name

Her surname

Her date of birth

Day   Month   Year

Her postcode

How is this person related to you?

☐ My Twin Sister

☐ My Mother

☐ My Grandmother

☐ My Sister (but not my twin)

☐ My Daughter

☐ My Granddaughter

☐ My Half Sister

☐ My Mother in law

☐ My Aunt

☐ My Sister in law

☐ My Daughter in law

☐ My Niece

☐ Another relation, please specify

My

v) If you have more relatives who took part, please cross here ☐ and continue on a separate sheet of paper.

Please return this questionnaire in the enclosed reply paid envelope to:

Breakthrough Generations Study Team  
Institute of Cancer Research  
Brookes Lawley Building  
15 Cotswold Road  
Sutton SM2 5NG

Office Use Only

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T ☐

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Thank you for completing this questionnaire and for your continuing support of the study.

If you do not wish to complete this Questionnaire, please cross here ☐ and we will not contact you again about it.