



Ms «NaamVolledig»
«Straat»
«Postcode» «Plaats»

You can reschedule your appointment via:
invitation no: «Uitnodiging»
internet code: «InternetCode»

Date:

Re: invitation breast cancer screening programme

Dear Ms [Achternaam],

We would like to invite you to participate in the National Programme for Breast Cancer Screening. This is a free medical examination to discover breast cancer at an early stage. If breast cancer is discovered at an early stage, there is a better chance of successful treatment. All women in the Netherlands aged 50 to 75 receive an invitation every two years to participate. If you take part, we will take X-rays of your breasts.

We have made the following appointment for you:

«Date» at «Time» at «Place»

Would you like to reschedule your appointment? Please note that the examination centre will remain here until <datum>. The next location is <locatie>. It is important that you arrive on time.

Would you like to take part?

It is up to you whether or not you participate. The screening has advantages and disadvantages. The leaflet contains more information about the screening and can help you make your choice. If you participate, you must bring the following items with you:

- Your valid **proof of identity** (passport, ID card or driving licence).
- This letter. First complete section **A** on the reverse of this letter.

Contact us as soon as possible if:

- You want to postpone or cancel the appointment. You can also do this via the <websiteSO>.
- If you are in a wheelchair or you have difficulty walking, climbing stairs or standing up.
- If you have breast implants. In that case, we will send you the latest information on screening with breast implants. This information is also available on the <websiteSO>.
- If you have an S-ICD (Subcutaneous-ICD), ICD, pacemaker, cardiac monitor, port-a-cath or Nervus Vagus Stimulator (NVS). In that case, we will send you the latest information on screening with implants.

Not participating?

Do you have any symptoms involving your breast(s) that may indicate breast cancer? If so, please discuss these symptoms first with your GP. The leaflet contains more information about these symptoms. Are you in doubt whether it is advisable to participate? Discuss this with your GP or specialist. There may be other reasons for not participating. Are you not participating? If so, please complete part **B** on the reverse of this letter.

More information

In this brochure you will find information about the screening for breast cancer. You can also go to www.bevolkingsonderzoekborstkanker.nl. Do you want to contact us or do you have questions about your invitation? Please contact the information line: XXX XXX XX XX on work days between 9.00 and 17.00. Or go to [www.bevolkingsonderzoek\[regio\].nl](http://www.bevolkingsonderzoek[regio].nl). Do you have questions about your health? Please contact your GP.

Kind regards,
<naam bestuurder>
Administrator

Part A – IF YOU PARTICIPATE

Complete **part A at home and bring this with you to the examination.**
You must also bring valid proof of identity (passport, ID card or driving license) to the appointment.

1. Your (mobile) telephone number: _____
2. Your date of birth: _____
3. Name of GP: _____
Address of GP practice: _____
City/Town of GP practice: _____
Telephone number of GP practice: _____
4. Have you had any surgery performed on your breasts?
5. No
 Yes, namely: on the left breast on the right breast

If yes, what was the reason for this surgery?
 Breast implants
 Other, namely: _____
6. Do you have a cardiac implant or an NVS device?
7. No
 Yes, an NVS (Nervus Vagus Stimulation) device
 Yes, an S-ICD (Subcutaneous-ICD)
 Yes, other, namely: _____

In case of a cardiac implant or NVS device, please contact us.

Part B – IF YOU DO NOT PARTICIPATE

Complete **part B** to deregister from participation. Someone else can take your place. Indicate below if this is a single deregistration or a final deregistration.

Single deregistration

You can also deregister by phone, by email or via the website.

I deregister for this examination round. In two years, I will receive a new invitation (if I am still part of the target group).

Final deregistration

This requires your signature.

I do not want to receive any more invitations. This is my final deregistration.

You will receive confirmation of this decision.

Would you like to participate in the future? If so, you can re-register.

Signature: _____ **Date:** _____

In case of deregistration, send the complete form to:
<adresSO>

No stamp required.

USEFUL INFORMATION:

Most screening centres do not have toilet facilities.

Do not put cream, powder or lotion on the upper part of your body.
You are allowed to use deodorant.

If you use zinc ointment on your breasts, please stop using this two to three weeks prior to the examination. Zinc ointment can influence the quality of the x-rays.

You can read this information in English/Turkish/Arabic at:

This information is available in English at:

Bu bilgiyi Türkçe olarak şu internet sitesinde okuyabilirsiniz:

يمكنكم قراءة هذه المعلومات باللغة العربية على الموقع:

www.bevolkingsonderzoek
borstkanker.nl

REASON FOR DEREGISTRATION

Check the box below to indicate the reason for your deregistration:

Medical

(We do not have your medical details.)

- I am currently being treated/under supervision for my breasts
 I have had a double mastectomy

The examination

- I find the examination too painful
 I have had distressing prior experiences with this type of examination
 I am afraid of the radiation
 I am afraid of cancer
 I do not find the examination useful
 Personal reasons
 Other, namely: _____