



## **Impact of Cancer Symptoms on Employment and Work**

This study is designed to help researchers understand how symptoms and side effects from cancer or cancer treatment affect aspects of patient's work and their decision to miss work, quit work and take a leave of absence.

### **In order to be eligible to participate in this study you must:**

- Be over 21
- Read and Speak English
- Be employed full-time or part-time for pay
- Currently be undergoing chemotherapy for cancer treatment

**If you meet the above requirements please review the attached materials.**

### **If you decide you would like to participate please:**

- Sign and fill out the information on the bottom of page four.
- Use the attached envelope to mail in pages three and four.
- Keep the brochure and pages one and two for your records.

After your information is received in the mail you will be contacted to schedule your first interview.

**Impact of Cancer Symptoms on Employment and Work  
INFORMED CONSENT - Patients**

**Principal Investigator(s):** Drs. Charles Given, Barbara Given and Kevin Berger, who are professors in the Department of Family Practice, College of Nursing and the Department of Radiology at Michigan State University respectively.

**Description of Subject Population:** This study is for patients over the age of 21 who are employed full-time, have been diagnosed with a solid tumor cancer or non-Hodgkin's or Hodgkin's Lymphoma and are receiving chemotherapy.

**Purpose:** We are asking you to take part in this study so we can learn how symptoms and side effects of treatment interfere with physical, intellectual and social aspects of patients' work and contribute to decisions to miss work, quit work or take a leave of absence.

**Alternatives:** Only you can decide whether you want to be in the study. If you choose not to take part in this study or if you choose to leave the study after you have started, you will not be penalized in any way, and you will still receive medical care from your oncology treatment center.

**Description of Procedures**

If you agree to take part, you will be called 6 times over 12 weeks to complete a short telephone survey. The first survey will be the longest and will ask about health insurance, employment, physical demands of your job, intellectual demands of your job, social demands of your job, symptom severity and limitations, work changes and your general quality of life. This survey is estimated to last approximately 30 minutes. The next 5 surveys will be much shorter and will ask about symptom severity and limitations, job changes, whether you missed work, quit work or took a leave of absence and if so, which symptoms contributed to your decision. Each of these surveys are estimated to last approximately 15 minutes.

Upon completion of the final telephone survey, MSU will send you a \$30 gift card as a small token of our appreciation.

**Costs:** You will not be paid for taking part in this study, nor will you or your insurer be charged for taking part in this study.

**Risks and Discomforts:** It is not expected that you will be placed at any physical, financial or legal risk as a result of taking part in this study. It will take some time and effort to answer our questions. You will continue to receive medical care under the direction of your cancer providers from the oncology center, even if you choose not to take part in this study.

You may feel uneasy about sharing personal information. However, all information collected from you for this study will be kept in a confidential file at Michigan State University. Paper records will be kept in locked cabinets for 4 years after the final report is sent to the funding agency. Electronic records will be stored securely on an MSU Health Information Technology server with multiple layers of firewalls and security to prevent a breach of confidentiality.

**Benefits:** We believe the knowledge gained from this study will help cancer providers more effectively tailor symptom management strategies toward helping employed patients to reduce time lost from work and to "fit" cancer treatment into their work roles. Given the high cost of cancer treatment, few persons can afford to lose their insurance and it is essential that they "fit" treatment

into their work schedules so as not to jeopardize continued employment. The findings may help future cancer patients.

**Confidentiality:** Your privacy will be protected to the maximum extent allowable by law. Only a few people who work on this study will have access to records that could directly or indirectly identify you. Results from this study will be presented as a group summary with no indication of the person involved. Information you share with us will not be shared with your cancer providers or employers, except in the case of a medical emergency.

**Request for More Information:** If you have questions about this study, please contact the Michigan State University investigator, Charles Given at (517) 353-0306 or toll free at (888) 353-0306 or regular mail: Family Care Study, Michigan State University, B427 W. Fee Hall, East Lansing, MI 48824.

If you have questions or concerns regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymously, if you wish – Peter Vasilenko, M.D., Chair, Michigan State University Committee on Research Involving Human Subjects (HCRIHS), at (517) 355-2180, fax: (517) 432-4503, e-mail: [ucrihs@msu.edu](mailto:ucrihs@msu.edu), or regular mail: 202 Olds Hall, East Lansing, MI 48824.

**Injury Statement:** If you are injured as a result of your participation in this research project, Michigan State University will assist you in obtaining emergency care, if necessary, for your research related injuries. If you have insurance for medical care, your insurance carrier will be billed in the ordinary manner. As with any medical insurance, any costs that are not covered or in excess of what are paid by your insurance, including deductibles, will be your responsibility. The University's policy is not to provide financial compensation for lost wages, disability, pain or discomfort, unless required by law to do so. This does not mean you are giving up any legal rights you may have. You may contact Dr. Barbara or Charles Given at (517) 353-0306 or toll free at (888) 353-0306 with any questions or to report an injury.

**Audio Consent Considerations:** You may be asked by research staff for permission to tape record a telephone call. If this makes you uncomfortable, you may refuse permission. If you refuse, your refusal will not affect your taking part in this study or the quality of care you receive from research staff or your cancer provider. The Investigators will listen to taped calls to assure the quality and consistency of the telephone calls. No identifiable information will be recorded and these tapes will be erased after they are listened to for quality purposes.

**Signature:** I voluntarily agree to take part in this study. A copy of this consent form has been given to me for my own records.

**Patient's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Patient Name** \_\_\_\_\_  
(Print Name)

**Patient's Phone Number** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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