

## Recruitment Instructions for Imaging studies: PET, Sleep, MRI

### Overview:

This document will describe the process by which recruitment scripts are selected given participants' eligibility for the various imaging ancillary studies. This document does not apply to recruitment or recruitment scripts for other ancillary studies beyond ARIC-PET, ARIC Sleep-PET, or the Wasserman MRI ancillary study.

ARIC-PET takes place at Washington County, Forsyth County, and Jackson, ARIC Sleep-PET at Washington County only, and the MRI study is at all four ARIC sites. Therefore, there are 3 potential imaging studies for Washington County, 2 for Forsyth and Jackson, and 1 for Minnesota.

There are 6 different recruitment scripts, depending on which of the 3 imaging studies participants are eligible for. It is important to note that a participant may be eligible for 2 or 3 studies, but depending on which part he/ she agrees to, they may not end up being included in all studies. The purpose of these different scripts is to allow one single script, and one single consent form, regardless of whether the participant is agreeing to 1, 2 or 3 studies.

As of 4/1/2017, unless otherwise specified, participants eligible only for Sleep and MRI will not be approached for inclusion in the Sleep study, but will only be approached for the MRI study.

Based on the DMS V6/V7 ancillary studies report (shown below), staff will be able to determine, therefore, which recruitment script should be used. The report can be run by selecting the boxes for PET, Sleep, and Vascular MRI. Attention should be paid to the columns labeled: MRI, Sleep, and PET. If "Eligible:No" is listed OR if nothing is listed (or if N/A is listed), the participant should be considered ineligible for that particular study. Recruitment scripts are selected based on the table below the screen shot from the report. For example, in the report screen shot below, (left-hand side with identifying information removed for this manual), the third listed participant (red box) will be contacted with Script F. *Please note: there is no specific script for participants only eligible for MRI and Sleep- these participants will be given the same script as participants only eligible for MRI (Script F).* For the fourth and seventh listed participant as shown (yellow box), Script A will be used. The blue box is used to give an example of someone in whom Script E should be used.

V6 appt Date	V6 Date	V5 MRI Date	PWV	MRI	Sleep	PET	eyeDOC	ICT Status
Jan 18, 2017	Jan 18, 2017			Eligible: No	Eligible: No		Eligible: Yes	2
				Eligible: No	Eligible: No		Eligible: Yes	2
		May 17, 2012		Eligible: Yes	Eligible: Yes		Eligible: Yes	2
				Eligible: No	Eligible: Yes		Eligible: Yes	2
				Eligible: No	Eligible: No		Eligible: Yes	2
				Eligible: No	Eligible: No		Eligible: Yes	2
				Eligible: No	Eligible: Yes		Eligible: Yes	2
				Eligible: No	Eligible: No		Eligible: Yes	2
		Oct 23, 2013		Eligible: Yes	Eligible: No	Eligible: Yes	Eligible: Yes	2
				Eligible: No	Eligible: No		Eligible: Yes	2
				Eligible: No	Eligible: No		Eligible: Yes	2

	MRI	Sleep	PET
Script A	no	yes	no
Script B	No	yes	yes
Script C	yes	yes	yes
Script D	No	no	yes
Script E	Yes	no	yes
Script F	yes	no	no
Script F	yes	(yes)	no

Once the appropriate script based on eligibility is selected, the specific QXQ for that script should be used.

ARIC imaging studies Script F (ALL SITES):

	Sleep-PET	ARIC-PET	MRI Wasserman
Script A	yes	no	no
Script B	yes	yes	No
Script C	yes	yes	yes
Script D	no	yes	No
Script E	no	yes	Yes
Script F	no	no	yes

Hello, Mr./Mrs. \_\_\_\_\_, this is \_\_\_\_\_ from the ARIC Study at Johns Hopkins.

First, I would like to thank you again for your involvement in the ARIC study and for your most recent visit to the clinic. In addition, I would like to thank you especially for your involvement in some of our prior brain imaging studies, through the main ARIC study and through the brain MRI study.

We are contacting all people who were in the ARIC-MRI study before about another visit for this study. Is this a good time to discuss this additional study?  
(If no, ask for another good time to call back; If yes, proceed with script)

(If yes:)

We will be collecting information about you during this phone call. Your taking part in this phone call is completely voluntary.

Your information collected on this call will only be seen by researchers at Johns Hopkins. We try to make sure that the information we collect from you is kept private and used only for the research study we are discussing. If you do not agree to continue the phone call, it will not affect your care at any of your local hospitals or at Johns Hopkins.

We are contacting people who had a brain MRI exam in 2011-2013. To remind you, your prior participation in the brain MRI study in ARIC allowed us to study how risk factors for vascular disease, such as high blood pressure and smoking, might be associated with changes in your brain or blood vessels. We are very appreciative of the time you have already spent being a part of earlier ARIC research studies, and we think we can learn even more about how vascular risk factors affect the brain, the brain blood vessels, and memory by repeating the MRI scan in people who had a prior MRI, which will allow us to study changes in the brain and brain blood vessels.

In this study, we are asking approximately 1,000 people who were in the ARIC brain MRI study to participate in a repeat brain MRI to help us understand more about how risk factors for vascular disease might be associated with memory problems and with changes in blood vessels in the brain. May I tell you more about this?

(if no, record response on ancillary study contact form, and read closing script A)

**Closing Script A:**

Thank you for your time, and we hope you will continue to participate in ARIC studies in the future. We will continue to keep your information private to the extent possible by

**applicable law.** *(also ask if contact on another day would be preferable, or determine reasons for refusal).*

*(if yes,: )*

**For this study, we would like you to get a brain MRI scan, which is a kind of brain imaging that uses magnets to take pictures of your brain. You would need to lie still on your back for approximately 50 minutes. Our staff would meet you at the facility for the MRI scan, which should be similar to the brain MRI scan you had before. The whole visit would take approximately one and a half hours including time to sign the consent form and the MRI screening form. There are some risks associated with the brain MRI scan. If you have metal in your body, the magnets used for the MRI scan can cause problems with that metal; some of the questions we asked you earlier in this call were to make sure you don't have any metal that would be problematic. Other people report that the MRI scan makes them claustrophobic. You will be compensated \$100 for your involvement in this study.**

*(if agrees to MRI: complete MRE form. If eligibility criteria met, schedule date/ time of appointment and read Closing Script B)*

*(If refused MRI or not eligible: read Closing Script A, above)*

**Closing Script B:**

**Thank you.**

**We will send you a letter to confirm your involvement in the study and to provide directions of where your appointment will be. We will also send you a copy of the consent form that you should review (but don't sign) before your visit. We will need you to sign another one for the study when you come to the imaging facility. We will continue to keep your information private to the extent possible by applicable law.**