



The Survey of Colorectal Cancer Screening Practices, sponsored by the National Cancer Institute in collaboration with the Centers for Disease Control and Prevention and Health Care Financing Administration, is a nationwide study that will provide important information about colorectal cancer screening. The survey contains questions about whether you recommend or administer various screening tests, your training in and opinions about screening, and some general questions about your medical practice. **Even if you do not currently perform colorectal cancer screening**, we are interested in your response and seek your answers based on your current practice. The survey is designed to accommodate a broad range of primary care physicians and practice settings. Most physicians will not need to answer every question on the survey.

After completing the survey, please return it in the enclosed postage-paid envelope to: Lorayn Olson, Ph.D., Abt Associates, 640 N. LaSalle Street, Suite 400, Chicago, IL, 60610, or fax it to Dr. Olson at 312/867-4419. If you have any questions about the study, or would like to schedule an appointment to complete it over the telephone, please call 1-800-229-7448.

Thank you for your participation.

Federal Law requires that each survey participant be informed of the following:

- (1) Legislative authorization for this study is found under 42 USC 285a.
- (2) Your participation is completely voluntary. You are subject to no penalty if you choose not to provide all or any part of the requested information.
- (3) Data collected as part of this study are confidential and protected by law. Under the provisions of Section 301d of the Public Health Service Act (42 USC 241d), no information that could permit identification of a participating individual may be released. All such information will be held in confidence and will be presented only in statistical or summary form.
- (4) Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. *An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.* Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (xxxx-xxxx\*). Do not return the completed form to this address.



**SURVEY OF COLORECTAL CANCER SCREENING PRACTICES**  
*Primary Care Physician Questionnaire*

In this survey, *cancer screening* is defined as the routine, periodic use of a testing procedure intended to detect cancer or pre-cancerous lesions at an earlier stage than is possible through clinical detection or incidental discovery. Cancer screening is used in patients who display no signs or symptoms of possible cancer (i.e., pain, bleeding, palpable masses, etc.)

**FOR MOST OF THE QUESTIONS ON THIS SURVEY, PLEASE ANSWER BY PLACING AN "X" IN THE APPROPRIATE BOX.**

**Part 1. Cancer Screening Beliefs and Practices**

This section includes questions about your experiences with cancer screening. Please respond based on how you actually practice even if this differs from how you would like to practice under ideal circumstances.

1. How effective or ineffective do you believe the following screening procedures are in reducing cancer mortality in average-risk patients aged 50 years and older? (CHECK ONE BOX ON EACH LINE)

	<b>Very Effective</b>	<b>Somewhat Effective</b>	<b>Not Effective</b>	<b>Don't Know</b>
a. Pap smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Prostate specific antigen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fecal occult blood test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Flexible sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Double contrast barium enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In your practice, do you routinely order or perform the following cancer screening procedures for your asymptomatic, average-risk patients? (CHECK THE APPROPRIATE BOXES AND FILL IN ALL THAT APPLY ON EACH LINE)

	Order/ Perform	If Yes, Recommended Starting Age	If Yes, Recommended Frequency of Testing	Is there an age at which you no longer recommend screening?	If Yes, At What Age?
a. Pap Smear	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ yrs	Every_____yr(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ yrs
b. Mammography	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ yrs	Every_____yr(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ yrs
c. Prostate Specific Antigen	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ yrs	Every_____yr(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ yrs

3. Which test or test combination do you most often recommend to your asymptomatic, average-risk patients as a colorectal cancer screening strategy? (CHECK ONE BOX)

- Fecal occult blood test alone
- Flexible sigmoidoscopy alone
- Fecal occult blood test **or** flexible sigmoidoscopy
- Fecal occult blood test **and** flexible sigmoidoscopy
- Colonoscopy
- Double contrast barium enema
- Double contrast barium enema **and** flexible sigmoidoscopy
- Other (Describe) \_\_\_\_\_
- I do not recommend colorectal cancer screening at this time (SKIP TO QUESTION 12, page 6)

4. Please complete the table below based on your recommendations to asymptomatic, average-risk patients for colorectal cancer screening. If you do not routinely recommend a particular test, check the appropriate box in the last column.

	<b>Recommended Starting Age</b>	<b>Recommended Frequency of Testing</b>	<b>Is there an age at which you no longer recommend screening?</b>	<b>If yes, what age?</b>	<b>I DO NOT RECOMMEND</b>
a. Fecal occult blood test	_____ yrs	Every ____yr(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ yrs	<input type="checkbox"/>
b. Flexible sigmoidoscopy	_____ yrs	Every ____yr(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ yrs	<input type="checkbox"/>
c. Colonoscopy	_____ yrs	Every ____yr(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ yrs	<input type="checkbox"/>
d. Double contrast barium enema	_____ yrs	Every ____yr(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ yrs	<input type="checkbox"/>

5. To what extent are the following published guidelines influential in your recommendations for colorectal cancer screening? (CHECK ONE BOX ON EACH LINE)

	<b>Very Influential</b>	<b>Somewhat Influential</b>	<b>Not Influential</b>	<b>Not Applicable or Not Familiar With</b>
a. American Cancer Society - 1997	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. U.S. Preventive Services Task Force - 1996	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Independent Expert Panel on Colorectal Cancer Screening: Guidelines and Rationale – 1997 (G.I. Consortium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other Specialty Society guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Guidelines or recommendation of any health plan with which you are affiliated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. To what extent are each of these factors influential in your recommendations for colorectal cancer screening? (CHECK ONE BOX ON EACH LINE)

	<b>Very Influential</b>	<b>Somewhat Influential</b>	<b>Not Influential</b>
a. Clinical evidence published in the medical literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Availability of reimbursement by third party payers, including Medicare and Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Continuing education/conferences/meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other (Describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Over the past 2 years, has the volume of colorectal cancer screening procedures you order, perform or supervise:

- Increased substantially (more than 20% per year)
- Increased somewhat (less than 20% per year)
- Stayed about the same
- Decreased

8. Approximately what proportion of your patients aged 50 and over are up-to-date with the colorectal cancer screening you recommend?

- < 25%
- 25 - 50%
- 51 - 75%
- 76 - 100%

9. Please comment on the current capacity of facilities and personnel in your community for performing these cancer screening procedures over the next 3 years. (CHECK ONE BOX ON EACH LINE)

	<b>More Than Enough to Meet Demand</b>	<b>Just About Right to Meet Demand</b>	<b>Inadequate to Meet Demand</b>	<b>Don't Know</b>
a. Flexible sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Double contrast barium enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. To the best of your knowledge, does Medicare reimburse asymptomatic, average-risk patients 50 years and older for: (CHECK ONE BOX ON EACH LINE)

	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
a. Screening FOBT once every year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Screening flexible sigmoidoscopy once every 4 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Screening colonoscopy once every 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Screening double contrast barium enema once every 4 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Have you ever ordered, referred, or recommended a patient for genetic testing for a suspected inherited susceptibility to colorectal cancer? (CHECK ONE BOX)

- Yes, I have ordered
- Yes, I have referred or recommended
- No

## Part 2. Attitudes Toward and Training In Colorectal Cancer Screening

We are interested in your opinions about and training in colorectal cancer screening in this section.

12. In the U.S. today, many adults over the age of 50 are not screened for colorectal cancer. In your opinion, how important are each of the following as potential barriers to colorectal cancer screening? (CHECK ONE BOX ON EACH LINE)

	<b>Major Barrier</b>	<b>Minor Barrier</b>	<b>Not a Barrier</b>
<u>Patient-Related Barriers</u>			
a. Patient fear of finding cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Patient believes screening is not effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Patient embarrassment or anxiety about screening tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Patient is unaware of screening or does not perceive colorectal cancer as a serious health threat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>System-Related Barriers</u>			
e. Screening costs too much or insurance doesn't cover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Primary care physicians do not actively recommend screening to their patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Shortage of trained providers to conduct screening other than fecal occult blood testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Shortage of trained providers to conduct follow-up with invasive procedures such as flexible sigmoidoscopy and colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other Barriers (Describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. In the last 3 years, have you completed any CME courses with colorectal cancer screening as a major topic?

Yes

No

14. Have you received training in flexible sigmoidoscopy? **(CHECK ALL THAT APPLY)**

Yes, in residency

Yes, through a CME course

Yes, through informal training with a mentor

Yes, through other means (Describe) \_\_\_\_\_

No **(SKIP TO QUESTION 18, next page)**

15. About how many years ago did you receive your most recent flexible sigmoidoscopy training?

Within the past year

1-5 years

6-10 years

More than 10 years

Don't know

16. Did your training in flexible sigmoidoscopy include supervision by an experienced endoscopist?

Yes

No **(SKIP TO QUESTION 18, next page)**

17. What type of supervised flexible sigmoidoscopy training did you receive? **(CHECK ALL THAT APPLY)**

Direct observation

Hands-on with rubber models

Hands-on with patients

Other (Describe) \_\_\_\_\_



18. Please comment on the availability of supervised hands-on training with patients in flexible sigmoidoscopy for practicing physicians in your community. (CHECK ONE BOX)

- Not available
- Available, but requiring great effort
- Readily available (Describe) \_\_\_\_\_
- I don't know

19. If supervised hands-on training with patients in flexible sigmoidoscopy were readily available for practicing physicians in your community at no charge, would you participate?

- Yes
- No

20. Indicate whether you agree or disagree with the statements below about colorectal cancer screening with **flexible sigmoidoscopy**. (CHECK ONE BOX ON EACH LINE)

	<b>Agree Strongly</b>	<b>Agree Somewhat</b>	<b>Disagree Somewhat</b>	<b>Disagree Strongly</b>
a. Can be effectively performed by well-trained primary care physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is best performed by specialists such as gastroenterologists or surgeons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Can be effectively performed by well-trained mid-level practitioners such as nurse practitioners and physician assistants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is most effectively performed in dedicated screening or endoscopy centers rather than physicians' offices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part 3. Colorectal Cancer Screening Modalities

This section covers the specific modalities that are used to screen for colorectal cancer. Please respond based on how you actually practice even if this differs from how you would like to practice under ideal circumstances.

### 3A. Fecal Occult Blood Testing (FOBT)

21. During a typical month, how many times do you personally **order or perform, or supervise** a mid-level practitioner (i.e., nurse practitioner, physician's assistant) in colorectal cancer screening with fecal occult blood testing for your asymptomatic, average-risk patients?
- 0 (SKIP TO QUESTION 30, page 11)
  - 1-10
  - 11-20
  - 21-40
  - more than 40
22. Do you order or perform FOBT, or supervise a mid-level practitioner such as a nurse practitioner or physician's assistant who orders or performs FOBT? (CHECK ALL THAT APPLY)
- I order or perform
  - I supervise a nurse practitioner who orders or performs
  - I supervise a physician's assistant who orders or performs
23. What brand of test do you use? (CHECK ALL THAT APPLY)
- Hemocult II
  - Hemeselect
  - Hemocult Sensa
  - Colo-screen

- Hemocult SP
- Other (Describe) \_\_\_\_\_

24. For the majority of your patients, by what means do you conduct FOBT? **(CHECK ONE BOX)**

- Complete a single FOBT card in the office during a digital rectal exam **(SKIP TO QUESTION 28, next page)**
- Give or mail patients a set of three FOBT cards to complete at home
- Both of the above
- Other (Describe) \_\_\_\_\_

25. To what extent do you recommend to your patients that they adhere to diet and drug restrictions such as abstaining from consumption of red meat or aspirin prior to completing the FOBT? **(CHECK ONE BOX)**

- I recommend strict adherence to diet and drug restrictions
- I advise my patients to comply with diet and drug restrictions to the best of their ability
- I tell my patients not to worry about diet and drug restrictions
- I don't discuss diet and drug restrictions with my patients

26. Do you have a mechanism to ensure that patients who are given or mailed home FOBT kits complete and return the FOBT?

- Yes
- No **(SKIP TO QUESTION 28, next page)**

27. What is the mechanism? **(CHECK ALL THAT APPLY)**

- Reminder telephone call
- Reminder by mail
- Chart reminder to return kit at next visit
- Other (Describe) \_\_\_\_\_

28. Which of the following do you usually recommend to a healthy, average-risk patient as an initial follow-up step to a positive FOBT? (CHECK ALL THAT APPLY)

- Repeat FOBT
- Flexible sigmoidoscopy
- Colonoscopy
- Double contrast barium enema
- Other (Describe) \_\_\_\_\_

29. Do you conduct the initial follow-up testing to a positive FOBT, or refer the patient to another provider? (CHECK ALL THAT APPLY)

- I conduct
- Refer to another provider within my practice
- Refer to another provider outside of my practice

**SKIP TO QUESTION 31, next page**

30. What are your reasons for not recommending colorectal cancer screening with FOBT for asymptomatic, average-risk patients? (CHECK ALL THAT APPLY)

- Too many false negatives (inadequate sensitivity)
- Too many false positives (inadequate specificity)
- Too inconvenient for patients
- Poor patient compliance
- Inadequate reimbursement
- Other (Describe) \_\_\_\_\_

### 3B. Screening with Sigmoidoscopy

31. During a typical month, how many times do you personally **perform or supervise** the performance of colorectal cancer screening with sigmoidoscopy for your asymptomatic, average-risk patients?

0 (SKIP TO QUESTION 38, next page)

1-5

6-10

11-20

More than 20

32. What type of sigmoidoscope do you use for the majority of your screening sigmoidoscopies?  
(CHECK ONE BOX)

Rigid (Proctoscope)

30 cm Flexible

60 cm Flexible

Colonoscope

Other (Describe)

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33. Do you personally perform screening sigmoidoscopy, or supervise a mid-level practitioner such as a nurse practitioner or physician's assistant who performs the procedure?  
(CHECK ALL THAT APPLY)

I personally perform screening sigmoidoscopy

I supervise a nurse practitioner who performs screening sigmoidoscopy

I supervise a physician's assistant who performs screening sigmoidoscopy

34. Where do you usually perform (or supervise) your screening sigmoidoscopies? (CHECK ONE BOX)

In my office

In an endoscopy center

In a hospital

Other (Describe) \_\_\_\_\_

35. If you find a small polyp (< 1 cm) in an otherwise healthy patient during sigmoidoscopy, which of the following actions do you typically take? (CHECK ONE BOX)

Take a biopsy before referring for complete excision if needed

Refer for excision without doing a biopsy

36. Which of the following do you usually recommend to an otherwise healthy patient as an initial follow-up step to a positive screening flexible sigmoidoscopy? (CHECK ALL THAT APPLY)

Repeat sigmoidoscopy

FOBT

Colonoscopy

Double contrast barium enema

Other (Describe) \_\_\_\_\_

37. Do you conduct the initial follow-up testing to a positive screening sigmoidoscopy, or refer the patient to another provider? (CHECK ALL THAT APPLY)

I conduct

Refer to another provider within my practice

Refer to another provider outside of my practice

**SKIP TO QUESTION 42, page 15**

38. Do you routinely refer your asymptomatic, average-risk patients to another provider for colorectal cancer screening with flexible sigmoidoscopy?

Yes

No (SKIP TO QUESTION 41, next page)

39. To whom do you usually refer your patients for screening with flexible sigmoidoscopy? (CHECK ONE BOX)

Family practitioner

Internist

Gastroenterologist

Surgeon

Other (Describe)

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40. Is this provider located within your practice or outside your practice?

Within my practice

Outside my practice

41. What are your reasons for not performing screening flexible sigmoidoscopy for asymptomatic, average-risk patients? (CHECK ALL THAT APPLY)

I can readily refer my patients to another provider for the procedure

Too expensive/insurance coverage inadequate

Poor patient compliance

I lack equipment/facilities for the procedure

I lack training in the procedure

Lack of time in my practice

Other (Describe) \_\_\_\_\_

### 3C. Screening with Colonoscopy

42. During a typical month, how many times do you **order, perform, or refer** your asymptomatic, average-risk patients for colorectal cancer screening with colonoscopy?

0 (SKIP TO QUESTION 45, next page)

1-5

6-10

11-20

More than 20

43. By what means do your patients receive screening colonoscopy?

I perform the screening colonoscopy (SKIP TO QUESTION 46, next page)

I refer my patients to a gastroenterologist for the procedure

I refer my patients to a surgeon for the procedure

Other (Describe) \_\_\_\_\_

44. If you refer your patients to another provider for screening colonoscopy, is this provider located within your practice or outside your practice?

Within my practice

Outside my practice

**SKIP TO QUESTION 46, next page**



45. What are your reasons for not recommending or referring asymptomatic, average-risk patients for screening colonoscopy? (CHECK ALL THAT APPLY)

- Too expensive/insurance coverage inadequate
- Poor patient compliance
- Lack of facilities/trained providers for the procedure
- Procedure is too risky
- Other (Describe) \_\_\_\_\_

### 3D. Screening with Double Contrast Barium Enema

46. During a typical month, how many times do you **order or refer** your asymptomatic, average-risk patients for colorectal cancer screening with double contrast barium enema?

- 0 (SKIP TO QUESTION 48, next page)
- 1-5
- 6-10
- 11-20
- More than 20

47. To whom do you usually refer your patients for screening double contrast barium enema?

- Refer to another provider within my practice
- Refer to another provider outside of my practice
- Other (Describe) \_\_\_\_\_

## Part 4. Practice and Other Characteristics

The questions in this final section will help us to better understand your medical practice.

48. Which of the following categories best describes your primary practice arrangement (i.e., the practice setting where you spend the most hours per week)? Are you a...(CHECK ONE BOX)

- Full- or part-owner of a physician practice
- Employee of a physician-owned practice
- Employee of a group or staff model HMO
- Employee of a hospital, clinic, or university practice
- Other (Describe) \_\_\_\_\_

49. Including yourself, how many physicians are in this primary practice arrangement? (CHECK ONE BOX)

- 1 (SKIP TO QUESTION 51)
- 2 - 5
- 6 - 15
- 16 - 49
- 50 - 99
- 100+

50. Is this a single specialty or multi-specialty setting?

- Single specialty
- Multi-specialty

51. During a typical week, approximately how many patients do you see? (CHECK ONE BOX)

- 75 or fewer
- 76-100
- 101-125
- 126 or more

52. Approximately what percentage of your patients are covered by managed care plans? (Include HMOs, PPOs, IPAs, and Point-of-Service plans) **(CHECK ONE BOX)**

- 0%
- 1-25%
- 25-50%
- 50-75%
- 75-100%

53. Approximately what percentage of your patients are 50 years of age or older? **(CHECK ONE BOX)**

- Less than 25%
- 25-49%
- 50-74%
- 75-100%

54. About what percentage of your patients are female? \_\_\_\_\_%

55. Do you as an individual have an affiliation with a medical school, such as an adjunct, clinical, or other faculty appointment?

- Yes
- No

56. Do you consider yourself to be of Hispanic or Latino descent?

- Yes
- No

57. Regarding your ethnic background, which group do you consider yourself to be in? (CHECK ALL THAT APPLY)

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White
- Other

58. Have you personally ever been screened for colorectal cancer? (CHECK ALL THAT APPLY)

- Yes, with FOBT
- Yes, with Sigmoidoscopy
- Yes, with Colonoscopy
- Yes, with Double Contrast Barium Enema
- No, I have not been screened

59. Is there anything else you would like to tell us about colorectal cancer screening in your practice or in general?

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**Thank you very much. We greatly appreciate your participation. Study results will help us to better understand the emerging and challenging area of colorectal cancer screening. Please return your completed survey in the enclosed postage-paid envelope or fax it to the attention of Dr. Lorayn Olson, Abt Associates at (312) 867-4200.**