



# PROSPECTS



King's College Hospital  
NHS Foundation Trust

Patient Identification Number for this Trial:

## Title of study: **PROSPECTS**

Prospective Randomised Evaluation of Digital Breast Tomosynthesis (DBT) Plus Synthetic 2D Mammography (S2D) Compared to Standard 2D Digital Mammography in Breast Cancer Screening

Please initial

1. I confirm that I have read and understand the Patient information Sheet dated 21.09.2022 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.  
\_\_\_\_\_
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.  
\_\_\_\_\_
3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by members of the research team, or individuals from the regulatory authorities or from King's College Hospital NHS Foundation Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.  
\_\_\_\_\_
4. I agree to my GP being informed of my participation in the Trial if I am recalled for further tests following screening.  
\_\_\_\_\_
5. I agree that de-identified copies of my images and data may be used in future ethically approved research studies and potentially transferred to other organisations for commercial product development. I understand that my confidential data will not be shared with these organisations.  
\_\_\_\_\_
6. I give consent for my NHS number and date of birth to be shared with the cancer registry in order for the research team to access data relevant to this study on my health status, including cancer diagnoses, treatment and care received.  
\_\_\_\_\_
7. I understand that, should I lose capacity to consent during the period of the study, that data already collected will be retained and used in the study.  
\_\_\_\_\_

  
  
  
  
  
  


### I agree to take part in the above study

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature