



NHS LOGO

[Address]

AIR-NET: Testing anti-inflammatories for the treatment of bronchiectasis

[DATE]

Dear [PARTICIPANT NAME],

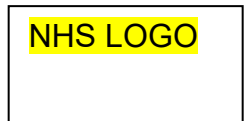
You are being contacted by the AIR-NET research team as you have bronchiectasis and may be eligible to take part in a new clinical trial. Patients who have bronchiectasis often suffer from chest infections which are difficult to treat and can cause coughing, sputum production, breathlessness and tiredness. These symptoms are caused by inflammation in the lungs.

The purpose of this trial is to test whether anti-inflammatory medications can be used to treat bronchiectasis. These medications are already used to treat other medical conditions. This trial will see whether lung inflammation reduces in participants who take an anti-inflammatory medication, compared to people who continue their usual bronchiectasis treatment.

Each participant will either take one anti-inflammatory medication or will continue their usual treatment for a total of 28 days. You will not be able to choose which treatment you are allocated to. This trial will involve 6 trial visits at [LOCAL HOSPITAL] over 3 months. At the moment, there are 3 medications being tested but new medications may be added. Initially we expect about 170 participants will take part in the trial but as more test medications are added more participants will be asked to take part. If you are interested in joining this trial, the doctor will check to see if there are any other reasons why the trial would not be suitable for you. You will not be able to take part if you are pregnant, breastfeeding or planning a pregnancy.

Your participation is completely voluntary. If you choose to take part, you can stop the trial at any time and the medical care you get and your relationship with the medical or nursing staff looking after you won't be affected.

I have enclosed a brief Participant Information Sheet telling you about the trial. Please can you take the time to read it and consider taking part? If you are interested in taking part or would like to ask further questions, please contact the trial team using the details below. We will then provide you with a Participant Information Sheet which will describe the trial in more detail.



Call on [RESEARCH NURSE TELEPHONE NUMBER]



Return the attached REPLY SLIP in the post



E-mail: [RESEARCH NURSE EMAIL]

With kind regards,

[PI NAME]

[PI JOB TITLE]

REPLY SLIP

Please complete the details below and return in the enclosed envelope.

Initials

I would like to now more about taking part in the AIR-NET Trial and I agree to be contacted by a member of the trial team.

I agree to a member of the trial team looking at my medical records to see if I am likely to be suitable for the trial

Any identifiable information you provide here will be held securely by [SITE] they will keep your data safe and secure. They will also follow all privacy rules. This information will only be used by your local trial team.

Name:

Address:

Telephone No:

Mobile No:

E-Mail Address:

Preferred method of contact:

Date:

Thank you for your interest in the AIR-NET Trial