

Section: Contact Information

First Name : **Rozalyn**

Last Name : **Rodwin**

Institution : **Yale New Haven Hospital**

Address 1 : **333 Cedar Street LMP 2073**

Address 2 :

City : **New Haven**

State/Province/Region : **CT**

Country : **US**

Zip/Postal Code : **06510**

Phone Number : **475-227-9539**

Alternate Phone Number : **203-785-4640**

Email Address : rozalyn.rodwin@yale.edu

Section: Project Requirements and Description

Group: Requirements to submit AOI

A comprehensive review of previously published data has been completed. : **Yes**

The specific aims are clear and focused. : **Yes**

The investigator has appropriate experience and expertise to develop the concept proposal; if not, has identified a mentor or senior co-investigator. : **Yes**

The investigator agrees to develop an initial draft of the concept proposal within 6 weeks of approval of the AOI and to finalize the concept proposal within 6 months. : **Yes**

Project Title : **Patterns of motor and sensory neuropathy and associated outcomes in long term survivors of childhood cancer**

Planned research population (eligibility criteria) :

The study population will consist of all CCSS cases (diagnosed 1970-1999) who were alive and completed the CCSS Baseline survey as well as the sibling comparison group. A subset analysis will require that cases also complete at least one Follow-up survey.

Proposed specific aims :

Aim 1: To determine the prevalence and patterns of motor and sensory neuropathy in CCSS cases overall, and by diagnosis in comparison to the sibling group.

Aim 2: To determine patient and treatment characteristics associated with motor and sensory neuropathy in CCSS cases.

Aim 3: To determine the association of sensory and motor neuropathy with the following:

- **Sedentary levels of physical activity**
- **Use of pharmacologic (i.e. analgesics, neuromodulators, muscle relaxants) and non-pharmacologic (i.e. physical therapy) therapeutic interventions**
- **Psychosocial outcomes (i.e. anxiety, depression)**
- **Employment among adult CCSS cases, including employment status, sick days**

per year, and income

Aim 4: To determine longitudinal patterns in the severity of motor and sensory neuropathy in the subset of CCSS cases who have at least one completed Follow-up Survey

Will the project require non-CCSS funding to complete? : **No**

If yes, what would be the anticipated source(s) and timeline(s) for securing funding? :

Group: Does this project require contact of CCSS study subjects for:

Additional self-reported information : **No**

Biological samples : **No**

Medical record data : **Yes**

If yes to any of the above, please briefly describe. :

Yes, chemotherapy type and cumulative dose

Group: What CCSS Working Group(s) would likely be involved? (Check all that apply)

Second Malignancy :

Chronic Disease : **Primary**

Psychology / Neuropsychology : **Secondary**

Genetics :

Cancer Control : **Secondary**

Epidemiology / Biostatistics :

Section: Outcomes or Correlative Factors

Late mortality :

Second Malignancy :

Group: Health Behaviors

Tobacco :

Alcohol :

Physical activity : **Secondary**

Medical screening :

Other : **Secondary**

If other, please specify : **physical therapy**

Group: Psychosocial

Insurance : **Secondary**

Marriage :

Education : **Secondary**

Employment : **Secondary**

Other :

If other, please specify :

Group: Medical Conditions

Hearing/Vision/Speech :

Hormonal systems :

Heart and vascular :

Respiratory :

Digestive :

Surgical procedures :

Brain and nervous system : **Primary**

Other :

If other, please specify :

Group: Medications

Describe medications :

analgesics, neuromodulators, muscle relaxants

Group: Psychologic/Quality of Life

BSI-18 : **Secondary**

SF-36 :

CCSS-NCQ :

PTS :

PTG :

Other :

If other, please specify :

Group: Other

Pregnancy and offspring :

Family history :

Chronic conditions (CTCAE v3) : **Primary**

Health status :

Group: Demographic

Age : **Correlative Factors**

Race : **Correlative Factors**

Sex : **Correlative Factors**

Other : **Correlative Factors**

If other, please specify :

Group: Cancer treatment

Chemotherapy : **Correlative Factors**

Radiation therapy : **Correlative Factors**

Surgery :

Section: Anticipated Sources of Statistical Support

CCSS Statistical Center : **Yes**

Local institutional statistician :

If local, please provide the name(s) and contact information of the statistician(s) to be involved. :

Will this project utilize CCSS biologic samples? : **No**

If yes, which of the following? :

If other, please explain :

Section: Other General Comments

Other General Comments :

I am starting my 2nd year of pediatric hematology-oncology fellowship and will have 2 dedicated research years without clinical responsibilities to focus on this project. I will be working with Dr. Nina Kadan-Lottick as a mentor (Nina.kadan-lottick@yale.edu).

I agree to share this information with St. Jude : **Yes**