Section: Contact Information

First Name : **I-Chan**
Last Name : **Huang**
Institution : **St. Jude Children's Research Hospital**
Address 1 : **262 Danny Thomas Place, Mail Stop 735**
Address 2 :
City : **Memphis**
State/Province/Region : **TN**
Country : **US**
Zip/Postal Code : **38105**
Phone Number : **9015958369**
Alternate Phone Number :
Email Address : **i-chan.huang@stjude.org**

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 : **Symptom Assessment and Management Using mHealth for Childhood Cancer Survivors (SAM)**
Planned research population (eligibility criteria) :
Inclusion criteria include: CCSS cancer survivors, self-report, 18 years of age and above, able to read and comprehend English, and able to access to Wi-Fi or internet. Exclusion criteria include: unable/unlikely/unwilling to tolerate daily remote measurement of symptom variables.
Proposed specific aims :
To evaluate feasibility and acceptance of recruiting childhood cancer survivors into a future randomized controlled trial that focuses on the implementation of a regular symptom screening through the mHealth platform, the evidence-based symptom treatment recommendations using a decision supportive system, and the evaluation of health outcomes.
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 : **Yes**
Biological samples : **No**
Medical record data : **Yes**

If yes to any of the above, please briefly describe. :
Will link the symptom data collected from this study to the most recent CCSS survey in order to obtain the socio-demographic variables, treatment variables, and CTCAE CHC data for characterizing the study sample and evaluating the determinants of recruitment status and symptom outcomes.

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

Second Malignancy :
Chronic Disease :
Psychology / Neuropsychology :
Genetics :
Cancer Control : **Primary**
Epidemiology / Biostatistics :

Section: Outcomes or Correlative Factors

Late mortality :
Second Malignancy : **Primary**

Group: Health Behaviors

Tobacco : **Primary**
Alcohol :
Physical activity : **Primary**
Medical screening : **Primary**
Other :
If other, please specify :

Group: Psychosocial

Insurance : **Primary**
Marriage : **Primary**
Education : **Primary**
Employment : **Primary**
Other :
If other, please specify :

Group: Medical Conditions

Hearing/Vision/Speech : **Primary**
Hormonal systems : **Primary**
Heart and vascular : **Primary**
Respiratory : **Primary**
Digestive : **Primary**
Surgical procedures : **Primary**
Brain and nervous system : **Primary**
Other :

If other, please specify :

Group: Medications

Describe medications :

Group: Psychologic/Quality of Life

BSI-18 :
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 : **Primary**

Group: Demographic

Age : **Primary**
Race : **Primary**
Sex : **Primary**
Other :
If other, please specify :

Group: Cancer treatment

Chemotherapy : **Correlative Factors**
Radiation therapy : **Correlative Factors**
Surgery : **Correlative Factors**

Section: Anticipated Sources of Statistical Support

CCSS Statistical Center :
Local institutional statistician : **Yes**
If local, please provide the name(s) and contact information of the statistician(s) to be involved. :
Dr. Yutaka Yasui
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 :
Have extensive discussions with Dr. Greg Armstrong and CCSS mHealth team.
I agree to share this information with St. Jude : **Yes**