

Section: Contact Information

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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 : **Neighborhood Socioeconomic/Environmental Disadvantage and Psychosocial Outcomes in CCSS Survivors**

Planned research population (eligibility criteria) :

CCSS Expansion Cohort

Proposed specific aims :

1. Describe neighborhood socioeconomic and environmental disadvantage in long-term survivors of childhood cancer.

1a. Describe the neighborhood socioeconomic disadvantage assessed by the area deprivation index (ADI, defined by 17 ADI sub-scores and the state and national ranking scores for the domains of income, education, employment, housing quality, crime index) at baseline and follow-up in CCSS survivors.

1b. Describe the neighborhood environmental disadvantage using the Satellite-based measures (pollution PM 2.5 and NO2 levels) at baseline and follow-up in CCSS survivors.

2. Investigate associations between neighborhood socioeconomic/environmental disadvantage and cancer diagnosis/treatment.

3. Examine associations between neighborhood socioeconomic/environmental disadvantage and patient-reported symptoms and quality of life among survivors, adjusting for relevant treatment exposures.

4. Explore the impact of neighborhood socioeconomic/environmental

disadvantage on secondary malignancies in survivors, adjusting for relevant treatment exposures (e.g., radiation, alkylating agents) and health behaviors (e.g. smoking, physical activity, BMI).

Note: Only the Expansion Cohort will be used for this study given the enhanced coding of address data.

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 : **No**

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

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

Second Malignancy : **Secondary**

Chronic Disease :

Psychology / Neuropsychology : **Primary**

Genetics :

Cancer Control : **Secondary**

Epidemiology / Biostatistics :

Section: Outcomes or Correlative Factors

Late mortality :

Second Malignancy : **Primary**

Group: Health Behaviors

Tobacco : **Correlative Factors**

Alcohol : **Correlative Factors**

Physical activity : **Correlative Factors**

Medical screening :

Other :

If other, please specify :

Group: Psychosocial

Insurance : **Correlative Factors**

Marriage :

Education : **Primary**

Employment : **Primary**

Other :

If other, please specify :

Group: Medical Conditions

Hearing/Vision/Speech :

Hormonal systems :

Heart and vascular :

Respiratory :

Digestive :

Surgical procedures :

Brain and nervous system :

Other :

If other, please specify :

Group: Medications

Describe medications :

Group: Psychologic/Quality of Life

BSI-18 : **Primary**

SF-36 : **Primary**

CCSS-NCQ : **Primary**

PTS :

PTG :

Other : **Primary**

If other, please specify : **Symptoms**

Group: Other

Pregnancy and offspring :

Family history :

Chronic conditions (CTCAE v3) :

Health status : **Correlative Factors**

Group: Demographic

Age : **Correlative Factors**

Race : **Correlative Factors**

Sex : **Correlative Factors**

Other :

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 :

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