

Section: Contact Information

First Name : **Rachel**
Last Name : **Tillery**
Institution : **St. Jude Children's Research Hospital**
Address 1 : **262 Danny Thomas Place #740**
Address 2 :
City : **Memphis**
State/Province/Region : **TN**
Country : **US**
Zip/Postal Code : **38105**
Phone Number : **901.595.7946**
Alternate Phone Number : **901.237.8604**
Email Address : rachel.tillery@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 : **Psychosomatic Profiles of Survivors of Childhood Cancer and their Siblings: Links to Health Behaviors and Health Care Utilization**

Planned research population (eligibility criteria) :

Survivors and Siblings who participated in both the Baseline survey (original and expansion) and the Follow-up 2 and Follow-up 5 surveys.

Proposed specific aims :

1) To empirically derive psychosomatic latent profiles using psychological and physical symptoms reported by survivors and siblings during the Baseline survey (original and expansion).

2) To determine demographic, diagnosis, and treatment-related predictors of psychosomatic latent profile membership.

3) To evaluate the association between psychosomatic latent profile membership at Baseline and health behaviors (physical activity, sedentary behavior, smoking, etc.) and health care utilization at Follow-up 2 and Follow-up 5 surveys.

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 :

Chronic Disease :

Psychology / Neuropsychology : **Primary**

Genetics :

Cancer Control : **Secondary**

Epidemiology / Biostatistics :

Section: Outcomes or Correlative Factors

Late mortality :

Second Malignancy :

Group: Health Behaviors

Tobacco : **Secondary**

Alcohol : **Secondary**

Physical activity : **Secondary**

Medical screening : **Secondary**

Other :

If other, please specify :

Group: Psychosocial

Insurance : **Correlative Factors**

Marriage :

Education : **Correlative Factors**

Employment : **Correlative Factors**

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 : **Primary**

If other, please specify : **Medical items related to subjective experiences of physical symptoms**

Group: Medications

Describe medications :

Group: Psychologic/Quality of Life

BSI-18 : **Primary**

SF-36 :

CCSS-NCQ :

PTS :

PTG :

Other :

If other, please specify :

Group: Other

Pregnancy and offspring :

Family history :

Chronic conditions (CTCAE v3) : **Correlative Factors**

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 : **Correlative Factors**

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