

Section: Contact Information

First Name : **Emily**
Last Name : **Tonorezos**
Institution : **Memorial Sloan Kettering Cancer Center**
Address 1 : **485 Lexington Ave**
Address 2 : **2nd Floor**
City : **New York**
State/Province/Region : **NY**
Country : **US**
Zip/Postal Code : **10017**
Phone Number : **646-888-8080**
Alternate Phone Number :
Email Address : tonoreze@mskcc.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 : **Use and Correlates of Carotid Ultrasound in Survivors of Childhood Cancer**

Planned research population (eligibility criteria) :

All CCSS participants from original and expansion cohort.

Proposed specific aims :

- 1. Describe the overall prevalence of self-reported carotid ultrasound in the CCSS**
- 2. Evaluate correlates of use of carotid ultrasound including: demographics, treatment-related variables, and traditional cardiovascular risk factors.**

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 : **Secondary**

Psychology / Neuropsychology :

Genetics :

Cancer Control : **Primary**

Epidemiology / Biostatistics :

Section: Outcomes or Correlative Factors

Late mortality : **Correlative Factors**

Second Malignancy : **Correlative Factors**

Group: Health Behaviors

Tobacco : **Correlative Factors**

Alcohol : **Correlative Factors**

Physical activity : **Correlative Factors**

Medical screening : **Primary**

Other :

If other, please specify : **Medical screening: Carotid Ultrasound**

Group: Psychosocial

Insurance : **Correlative Factors**

Marriage : **Correlative Factors**

Education : **Correlative Factors**

Employment : **Correlative Factors**

Other :

If other, please specify :

Group: Medical Conditions

Hearing/Vision/Speech :

Hormonal systems :

Heart and vascular : **Correlative Factors**

Respiratory :

Digestive :

Surgical procedures : **Correlative Factors**

Brain and nervous system : **Correlative Factors**

Other :

If other, please specify :

Group: Medications

Describe medications :

statins, aspirin, and anti-hypertensive 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 : **Correlative Factors**

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

Health status :

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**