

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 Effect and Chronic Conditions in the CCSS Cohort**

Planned research population (eligibility criteria) :

All survivors in the original and expanded cohort

Proposed specific aims :

- 1. Using geospatial methodology and public data, describe the neighborhood characteristics (e.g. socioeconomic status, health outcomes, health behaviors, access to care) of survivors at baseline and last known place of residence in the CCSS cohort.**
- 2. Estimate the association between baseline neighborhood characteristics and new onset of chronic conditions.**
- 3. Examine the bidirectional relationship between change in residential history (from baseline to last known place of residence) and chronic conditions.**

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 :
Epidemiology / Biostatistics : **Primary**

Section: Outcomes or Correlative Factors

Late mortality :
Second Malignancy :

Group: Health Behaviors

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

Group: Psychosocial

Insurance :
Marriage :
Education :
Employment :
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 :
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 :

If other, please specify :

Group: Cancer treatment

Chemotherapy :

Radiation therapy :

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 :

Baseline and subsequent residential addresses will be used to geocode residence location for this analysis.

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