

### **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 : **Late Outcomes in Survivors of Childhood Cancer Exposed to Platinum Based Chemotherapy: A Report from the Childhood Cancer Survivor Study (CCSS)**

Planned research population (eligibility criteria) :

**Survivors of childhood cancer enrolled in the Childhood Cancer Survivor Study (CCSS)**

Proposed specific aims :

**The study aims to characterize and estimate the prevalence of late outcomes among survivors of childhood cancer exposed to platinum-based chemotherapy.**

**1)Estimate the prevalence of chronic health conditions among survivors treated with platinum compounds in the Childhood Cancer Survivor Study (CCSS) cohort compared to survivors treated with non-platinum-based therapy.**

**2)Describe the prevalence of subsequent neoplasms (benign and malignant) among survivors treated with platinum compounds in the CCSS cohort compared to survivors treated with non-platinum-based therapy.**

**3)Confirm the prevalence of chronic health conditions and subsequent neoplasms identified in CCSS survivors exposed to platinum-based compounds among survivors in the St. Jude Lifetime (SJLIFE) cohort study exposed to platinum-based compounds.**

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 : **Primary**

Psychology / Neuropsychology :

Genetics :

Cancer Control :

Epidemiology / Biostatistics :

### **Section: Outcomes or Correlative Factors**

Late mortality : **Secondary**

Second Malignancy : **Primary**

**Group: Health Behaviors**

Tobacco : **Correlative Factors**

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 : **Primary**

If other, please specify : **We will use the CTCAE grading**

**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 : **Primary**

Family history :

Chronic conditions (CTCAE v3) : **Primary**

Health status :

***Group: Demographic***

Age : **Correlative Factors**

Race : **Correlative Factors**

Sex : **Correlative Factors**

Other : **Correlative Factors**

If other, please specify : **Height, Weight, Body mass index (kg/m<sup>2</sup>)**

***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**