

## **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 : **Perceptions of Risk for Sexual Dysfunction among Adult Male Survivors of Childhood Cancer**

Planned research population (eligibility criteria) :

**Male participants of CCSS who completed the Male Health Questionnaire (MHQ) ancillary study**

Proposed specific aims :

#### **Aim 1: PERCEPTIONS OF SEXUAL DYSFUNCTION RISK**

**To describe perceptions risk for sexual dysfunction due to cancer and/or therapy among adult male survivors of childhood cancer, including perceived likelihood of risk, perceived treatment-related reasons for risk (MHQ F1c, F2c).**

**Hypothesis 1: A low proportion of male survivors of childhood cancers will report that they are at risk for sexual dysfunction due to their cancer and/or therapy.**

#### **Aim 2: FACTORS ASSOCIATED WITH PERCEIVED RISK OF SEXUAL DYSFUNCTION**

**To evaluate for potential factors associated with patient-perceived risk for sexual dysfunction due to cancer and/or therapy (MHQ F1c and various correlative factors from the MHQ and FU4).**

**Hypothesis 2: Perceived high risk for sexual dysfunction will be more common among male survivors of childhood cancers with certain demographic and treatment related factors, such as those who were older at diagnosis, have higher education levels, underwent pelvic surgery or radiation, have a history of hypotestosteronism, or report lower quality of life. In contrast, a history of exposure to gonadotoxic chemotherapy will not be associated with increased perceived risk of sexual dysfunction.**

#### **Aim 3: PERCEIVED RISK OF SEXUAL DYSFUNCTION: EDUCATION**

To describe sources and settings of education about risk of sexual dysfunction among male survivors of childhood cancers (MHQ F3c, F4c). Compare differences in education sources and settings between males with high versus low/no perceived risk of sexual dysfunction.

**Hypothesis 3: Male survivors of childhood cancers who identify themselves as being at risk for sexual dysfunction due to the cancer or therapy will report a wide variety of sources of information and will report more sources of education compared to survivors who do not identify themselves as at risk for sexual dysfunction.**

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 : **Primary**

Genetics :

Cancer Control :

Epidemiology / Biostatistics :

**Section: Outcomes or Correlative Factors**

Late mortality :

Second Malignancy :

**Group: Health Behaviors**

Tobacco :

Alcohol :

Physical activity :

Medical screening :

Other : **Correlative Factors**

If other, please specify : **Prior participation in LTFU clinics**

**Group: Psychosocial**

Insurance :

Marriage : **Correlative Factors**

Education : **Correlative Factors**

Employment :

Other :

If other, please specify :

**Group: Medical Conditions**

Hearing/Vision/Speech :

Hormonal systems : **Correlative Factors**

Heart and vascular :

Respiratory :

Digestive :

Surgical procedures :

Brain and nervous system : **Correlative Factors**

Other : **Correlative Factors**

If other, please specify : **Sexual Dysfunction (MHQ), Fertility difficulty, MHQ**

***Group: Medications***

Describe medications :

**prior treatment with testosterone (MHQ), prior treatment with erectile dysfunction therapy (MHQ)**

***Group: Psychologic/Quality of Life***

BSI-18 : **Correlative Factors**

SF-36 : **Correlative Factors**

CCSS-NCQ :

PTS :

PTG :

Other : **Primary, Correlative Factors**

If other, please specify : **Perceptions and education of risk of sexual dysfunction (MHQ), perceptions of risk of infertility (MHQ), perceptions of risk of low testosterone levels (MHQ), diagnosis of depression MHQ)**

***Group: Other***

Pregnancy and offspring : **Correlative Factors**

Family history :

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

Health status : **Correlative Factors**

***Group: Demographic***

Age : **Correlative Factors**

Race : **Correlative Factors**

Sex : **Correlative Factors**

Other : **Correlative Factors**

If other, please specify : **Age at diagnosis**

***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 :

**While this project overlaps with a previous concept (Perceptions of risk for Male Health Problems in childhood and adolescent cancer survivors: A report from the Childhood Cancer Survivor Study - Jordan Gilleland), I have spoken with Jordan Gilleland and Lillian Meacham, who were PI and mentor on this concept. They have informed me that they do not plan to complete an analysis of patient perceptions of risk of sexual dysfunction (ie the overlapping portion of this AOI and that proposal). They are therefore willing to have me proceed with this AOI, which they have both reviewed.**

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