Section: Contact Information
First Name: Lucie
Last Name: Turcotte
Institution: University of Minnesota
Address 1: 420 Delaware St SE
Address 2: MMC 484
City: Minneapolis
State/Province/Region: MN
Country: US
Zip/Postal Code: 55455
Phone Number: 612-625-0032
Alternate Phone Number: 612-626-2778
Email Address: turc0023@umn.edu

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 and Very Late Acute Subsequent Leukemias among Survivors of Childhood Cancer
Planned research population (eligibility criteria): CCSS cohort (1970-1999), focusing on individuals developing leukemia (N~65)
Proposed specific aims:
1. Identify treatment and patient characteristics associated with late (>5y-15 from diagnosis) and very late (>/=15y from diagnosis) subsequent leukemia risk
2. Evaluate cytogenetic alterations associated with late and very late subsequent leukemia and determine if cytogenetic alterations are associated with specific therapeutic exposures
3. Measure survival following late and very late subsequent leukemia

Will the project require non-CCSS funding to complete? : Yes
If yes, what would be the anticipated source(s) and timeline(s) for securing funding?:
May require a small amount of CCSS CRA time to obtain cytogenetic reports. Funds would come form Turcotte K08 award or start-up funds.

Group: Does this project require contact of CCSS study subjects for:
Additional self-reported information : No
Biological samples : No
Medical record data : Yes
If yes to any of the above, please briefly describe. :
Cytogenetics data from subsequent leukemia diagnosis
Group: What CCSS Working Group(s) would likely be involved? (Check all that apply)
Second Malignancy: Primary
Chronic Disease:
Psychology / Neuropsychology:
Genetics:
Cancer Control:
Epidemiology / Biostatistics: Secondary

Section: Outcomes or Correlative Factors
Late mortality: Secondary
Second Malignancy: Primary

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):
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:

**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