Section: Contact Information

First Name : **Matthew**
Last Name : **Ehrhardt**
Institution : **St. Jude Children's Research Hospital**
Address 1 : **262 Danny Thomas Pl**
Address 2 : **MS 735**
City : **Memphis**
State/Province/Region : **TN**
Country : **US**
Zip/Postal Code : **38105**
Phone Number : **901-595-5913**
Alternate Phone Number :
Email Address : **matthew.ehrhardt@stjude.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 : **Adherence to and Effectiveness of Survivorship Care Guidelines in CCSS**
Planned research population (eligibility criteria) :
All CCSS participants, however this may change based upon the data system we receive funding to support linkage to (e.g., public vs. private insurance).
Proposed specific aims :
Aim 1: To utilize key population- and healthcare system-based data sources (e.g., insurance claims data) to determine the patterns and predictors of COG guideline utilization in CCSS participants.

Aim 2: To utilize key population- and healthcare system-based data sources (e.g., insurance claims data) to evaluate whether receiving COG guideline-based care improves morbidity, quality of life, and mortality among CCSS participants.
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? :
Institutional developmental funds, foundation grants (St. Baldrick's, Alex's Lemonade Stand).

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. :
The study will need to link to claims data (e.g. Medicaid, Kaiser Permanente) for the

purposes of confirming receipt of screening tests (e.g. mammography, echocardiograms).

Group: What CCSS Working Group(s) would likely be involved? (Check all that apply)

Second Malignancy :
Chronic Disease :
Psychology / Neuropsychology : **Secondary**
Genetics :
Cancer Control : **Primary**
Epidemiology / Biostatistics :

Section: Outcomes or Correlative Factors

Late mortality : **Secondary**
Second Malignancy : **Secondary**

Group: Health Behaviors

Tobacco : **Correlative Factors**
Alcohol : **Correlative Factors**
Physical activity : **Correlative Factors**
Medical screening : **Primary**
Other :
If other, please specify :

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 : **Secondary**
Hormonal systems : **Secondary**
Heart and vascular : **Secondary**
Respiratory : **Secondary**
Digestive :
Surgical procedures :
Brain and nervous system :
Other : **Primary**
If other, please specify : **SMNs**

Group: Medications

Describe medications :

Group: Psychologic/Quality of Life

BSI-18 : **Secondary**
SF-36 : **Secondary**

CCSS-NCQ : **Correlative Factors**
PTS :
PTG :
Other :
If other, please specify :

Group: Other

Pregnancy and offspring :
Family history : **Correlative Factors**
Chronic conditions (CTCAE v3) : **Secondary**
Health status : **Secondary**

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 :
Local institutional statistician : **Yes**
If local, please provide the name(s) and contact information of the statistician(s) to be involved. : **Yutaka Yasui**
Will this project utilize CCSS biologic samples? : **No**
If yes, which of the following? : **Other requiring collection of samples**
If other, please explain :

Section: Other General Comments

Other General Comments :
We plan to use treatment exposures in CCSS to identify expected screening evaluations. Then we will link to claims data to track surveillance evaluations obtained. Lastly, we will look at associations with outcomes again using CCSS outcomes data.
I agree to share this information with St. Jude : **Yes**