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 : **Cost-effectiveness of the Children's Oncology Group Colorectal Cancer Screening Guidelines for Childhood Cancer Survivors**
Planned research population (eligibility criteria) :
Childhood cancer survivors
Proposed specific aims :
1.Examine the efficacy and cost-effectiveness of the COG Guidelines colorectal cancer screening strategies
2.Explore alternative colorectal cancer screening schedules that might be more cost-effective
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 : **Primary**
Chronic Disease :
Psychology / Neuropsychology :
Genetics :

Cancer Control : **Secondary**
Epidemiology / Biostatistics : **Secondary**

Section: Outcomes or Correlative Factors

Late mortality : **Primary**
Second Malignancy : **Primary**

Group: Health Behaviors

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

Group: Psychosocial

Insurance : **Correlative Factors**
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 : **Correlative Factors**

Chronic conditions (CTCAE v3) :
Health status :

Group: Demographic

Age : **Correlative Factors**
Race : **Correlative Factors**
Sex : **Correlative Factors**
Other : **Correlative Factors**
If other, please specify : **Age at diagnosis of the primary malignancy; age at death (and cause of death); age at last survey**

Group: Cancer treatment

Chemotherapy : **Correlative Factors**
Radiation therapy : **Correlative Factors**
Surgery :

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. : **The principal investigator will execute the statistical analyses under the supervision of Dr. Smita Bhatia.**
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 :
This is a revised submission after my mentor, Dr. Smita Bhatia, consulted with the CCSS senior investigator(s).
I agree to share this information with St. Jude : **Yes**