**Section: Contact Information**

First Name: Wayne  
Last Name: Cohen-Levy  
Institution: Jackson Memorial Hospital/University of Miami  
Address 1: 1611 NW 12 Ave  
City: Miami  
State/Province/Region: FL  
Country: United States  
Zip/Postal Code: 33136  
Phone Number: 9544830206  
Alternate Phone Number:  
Email Address: wayneblevy@gmail.com

**Section: Project Requirements and Description**

**Group: Requirements to submit AOI**

A comprehensive review of previously published data has been completed. \( \text{Yes} \)  
The specific aims are clear and focused. \( \text{Yes} \)  
The investigator has appropriate experience and expertise to develop the concept proposal; if not, has identified a mentor or senior co-investigator. \( \text{Yes} \)  
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. \( \text{Yes} \)  

**Project Title:** Incidence and Outcomes of Joint Replacement Surgery in Survivors of Childhood Cancer  

**Planned research population (eligibility criteria):** Survivors and siblings who responded to the Follow Up 5 Questionnaire  

**Proposed specific aims:**

**Aim 1**  
Do survivors of childhood cancer have an additional risk for earlier joint replacement as compared to sibling controls?  

**Aim 2**  
Does the treatment received for childhood cancers impact the likelihood of requiring a joint replacement in the long term?  
- Age at treatment  
- Type of treatment: chemotherapy versus radiation versus bone marrow transplant  
- If received corticosteroids, then dose of corticosteroids  
- If received radiation, then location and dose of radiation

**Aim 3**  
Are there lifestyle modifications (i.e., activity level, avoidance of tobacco and lower BMI) that can impact the likelihood of subsequent joint replacement?  

**Aim 4**  
In survivors with a history of childhood cancer who go on to have a joint replacement, are they more likely to experience complications related to their joint replacement as compared to published values in the literature or sibling controls?
This would require contact with survivors to investigate rates of revision surgery, indication(s) for revision surgery and post-operative medical complications.

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 : Yes
- Biological samples : No
- Medical record data : Yes

If yes to any of the above, please briefly describe.

We will contact those who had joint replacement surgery (both survivors and siblings) to inquire more details on satisfaction with their operation and complications from surgery including need for revision surgery, indication(s) for revision surgery and post-operative medical complications.

**Group: What CCSS Working Group(s) would likely be involved? (Check all that apply)**
- Second Malignancy :
- Chronic Disease : Primary
- Psychology / Neuropsychology : Secondary
- Genetics :
- Cancer Control :
- Epidemiology / Biostatistics :

**Section: Outcomes or Correlative Factors**

- Late mortality :
- Second Malignancy :

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

**Group: Psychosocial**
- Insurance : Correlative Factors
- Marriage :
- Education :
- Employment : Correlative Factors
- Other :
  If other, please specify :

**Group: Medical Conditions**
- Hearing/Vision/Speech :
- Hormonal systems : Correlative Factors
- Heart and vascular : Correlative Factors
- Respiratory : Correlative Factors
Digestive:
Surgical procedures: Primary
Brain and nervous system: Correlative Factors
Other:
If other, please specify:

**Group: Medications**
Describe medications:

**Group: Psychologic/Quality of Life**
BSI-18:
SF-36: Correlative Factors
CCSS-NCQ:
PTS:
PTG:
Other:
If other, please specify:

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

**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: 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 am an orthopedic surgery resident starting a fellowship focusing on total joint replacement. I would greatly appreciate the opportunity to collaborate with the CCSS to improve outcomes following joint replacement in survivors of childhood cancers.