

Section: Contact Information

First Name : **Eleanor**
Last Name : **Sammons**
Institution : **Palo Alto University**
Address 1 : **427 34th Avenue**
Address 2 : **Apt. # 3**
City : **San Francisco**
State/Province/Region : **CA**
Country : **United States**
Zip/Postal Code : **94121**
Phone Number : **(415) 794-0355**
Alternate Phone Number :
Email Address : esammons@palou.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 : **Neurocognitive Predictors of Risky Health Behaviors in Pediatric Cancer Survivors: Mood and Anxiety Symptoms as Moderators of Later Substance Use**

Planned research population (eligibility criteria) :

Survivors with substance use and their sibling controls

Proposed specific aims :

- 1. Demonstrate the pattern of late substance use (alcohol and tobacco) among cancer survivors who report neurocognitive deficits compared to sibling controls.**
- 2. Identify specific neurocognitive impairments that may predict later substance use.**
- 3. Determine whether a moderating relationship exists between mood/anxiety symptoms and increased substance use in survivors with self-reported neurocognitive deficits.**

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 :

Psychology / Neuropsychology : **Primary**

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

Section: Outcomes or Correlative Factors

Late mortality :
Second Malignancy :

Group: Health Behaviors

Tobacco : **Primary**
Alcohol : **Primary**
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 : **Correlative Factors**

SF-36 :

CCSS-NCQ : **Correlative Factors**

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 :

Radiation therapy :

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 :

This Application of Intent to use CCSS data for secondary analysis for the purpose of dissertation is submitted by Eleanor Sammons, doctoral student in clinical psychology at Palo Alto University with the support of her mentor and dissertation chair, Tilman Schulte, Ph.D. (contact information below).

Tilman Schulte, Ph.D.

Professor

Palo Alto University

1791 Arastradero Rd.

Palo Alto, CA 94304

Phone: (650) 859-2767

Fax: (650) 859-2743

tschulte@paloalto.edu

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