Section: Contact Information

First Name : **Christina**
Last Name : **Boull**
Institution : **University of Minnesota**
Address 1 : **Department of Dermatology**
Address 2 : **420 Delaware St. SE**
City : **Minneapolis**
State/Province/Region : **MN**
Country : **United States**
Zip/Postal Code : **55455**
Phone Number : **6518943517**
Alternate Phone Number :
Email Address : **oehr0005@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 : **Nonmelanoma Skin Cancer in Survivors of Childhood and Adolescent Cancer: An update from the Childhood Cancer Survivor Study**
Planned research population (eligibility criteria) :
CCSS participants of any age
Proposed specific aims :
1. Identify the overall incidence of NMSC and incidence of developing multiple NMSC in the CCSS study group.
2. Identify risk factors for development of NMSC in CCSS participants.
3. Compare the age-adjusted incidence of NMSC in CCSS participants based on era of primary cancer treatment.
4. Assess the impact of attained age on risk of skin cancer in the original patient cohort.
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 :
Epidemiology / Biostatistics : **Secondary**

Section: Outcomes or Correlative Factors

Late mortality :
Second Malignancy : **Primary**

Group: Health Behaviors

Tobacco : **Correlative Factors**
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 : **Primary**
If other, please specify : **1. Non-melanoma skin cancer history (basal cell and cutaneous squamous cell carcinoma. 2. History of underlying genetic disease 3. History of bone marrow transplantation**

Group: Medications

Describe medications :
1. Use of chronic immunosuppressive medications.
2. Use of voriconazole

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 :
If other, please specify : **Region of US where cancer treatment was delivered**

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**