

Section: Contact Information

First Name : **Tyler**
Last Name : **Alexander**
Institution : **St. Jude Children's Research Hospital**
Address 1 : **262 Danny Thomas Place**
Address 2 : **MS 735**
City : **Memphis**
State/Province/Region : **TN**
Country : **United States**
Zip/Postal Code : **38105**
Phone Number : **901-595-4245**
Alternate Phone Number : **352-226-5252**
Email Address : Tyler.alexander@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 : **Longitudinal Effects of Diabetes on Neurocognitive Outcomes in Childhood Cancer Survivors**

Planned research population (eligibility criteria) :

All survivors and siblings

Proposed specific aims :

Aim 1: Examine the impact of diabetes on Neurocognitive outcomes in long-term survivors of childhood cancer.

Aim 2: Assess longitudinal associations between diabetes and Neurocognitive function in childhood cancer survivors.

Aim 3: Health behaviors will moderate the impact of diabetes on Neurocognitive outcomes.

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 : **Secondary**

Psychology / Neuropsychology : **Primary**

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 :
Marriage :
Education :
Employment :
Other :
If other, please specify :

Group: Medical Conditions

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

Group: Medications

Describe medications :

Group: Psychologic/Quality of Life

BSI-18 : **Secondary**
SF-36 : **Secondary**
CCSS-NCQ : **Primary**
PTS :
PTG :
Other :
If other, please specify :

Group: Other

Pregnancy and offspring :

Family history :

Chronic conditions (CTCAE v3) : **Correlative Factors**

Health status :

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