

Section: Contact Information

First Name : **David**

Last Name : **Buchbinder**

Institution : **Children's Hospital of Orange County / UC Irvine**

Address 1 : **1201 W. La Veta Avenue**

Address 2 :

City : **Orange**

State/Province/Region : **CA**

Country : **United States**

Zip/Postal Code : **92868**

Phone Number : **714-509-8744**

Alternate Phone Number :

Email Address : dbuchbinder@choc.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 : **Psychological Distress, Quality of Life, and Social Attainment of Bereaved Siblings from the CCSS**

Planned research population (eligibility criteria) :

N=913 siblings (823 original, 90 expansion) with a completed baseline questionnaire who had a survivor sibling with known death date.

Proposed specific aims :

1. Describe the psychological distress, quality of life, and social attainment (educational attainment, employment, and relationship/marital status) of bereaved siblings from the CCSS

2. Compare the psychological distress, quality of life, and social attainment of bereaved siblings to age (at diagnosis)-, sex-, disease- matched non-bereaved siblings from the CCSS

3. Evaluate potential demographic, health, and cancer/treatment-related factors associated with psychological distress, quality of life, and social attainment among bereaved siblings from the CCSS

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 :

Epidemiology / Biostatistics :

Section: Outcomes or Correlative Factors

Late mortality :

Second Malignancy :

Group: Health Behaviors

Tobacco :

Alcohol :

Physical activity :

Medical screening :

Other :

If other, please specify :

Group: Psychosocial

Insurance :

Marriage : **Primary**

Education : **Primary**

Employment : **Primary**

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 : **Primary**

SF-36 : **Primary**

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