

## Contact Information

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## Project Requirements and Description

Requirements to submit AOI (all answers must be "yes" to proceed)

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** Socioeconomic status as a predictor of subsequent malignant neoplasms among survivors of childhood cancer

### Planned research population (eligibility criteria)

The entire CCSS cohort

### Proposed specific aims

1. Describe socioeconomic status, based on ADI, of survivors of childhood cancer with SMNs
2. Examine associations between socioeconomic disadvantage and SMNs in survivors of childhood cancer
3. Explore how SMNs impact longitudinal socioeconomic status among survivors

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?

Does this project require contact of CCSS study subjects for:

Additional self-reported information	No
Biological samples	No
Medical record data	No

What CCSS Working Group(s) would likely be involved? (Select all that apply)

Second Malignancy	Primary
Chronic Disease	
Psychology/Neuropsychology	Secondary
Genetics	
Cancer Control	Secondary
Epidemiology/Biostatistics	Secondary

## Outcomes or Correlative Factors

Late Mortality	
Second Malignancy	Primary

## Health Behaviors

Tobacco	
Alcohol	
Physical Activity	
Medical Screening	
Other	

## Psychosocial

Insurance	
Marriage	
Education	
Employment	
Other	Primary

### If other, please specify

ADI (SES proxy)

## Medical Conditions

Hearing/Vision/Speech	
Hormonal Systems	
Heart and Vascular	
Respiratory	
Digestive	
Surgical Procedures	
Brain and Nervous System	
Other	

If other, please specify

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## Medications

Describe medications

Psychologic/Quality of Life

BSI-18	
SF-36	
CCSS-NCQ	
PTS	
PTG	

Other	
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If other, please specify

**Other**

Pregnancy and Offspring	
Family History	
Chronic Conditions (CTCAE v3)	
Health Status	

**Demographic**

Age	Correlative Factors
Race	Correlative Factors
Sex	Correlative Factors
Other	

If other, please specify

**Cancer Treatment**

Chemotherapy	Correlative Factors
Radiation Therapy	Correlative Factors
Surgery	Correlative Factors

**Anticipated Sources of Statistical Support**

CCSS Statistical Center	Yes
Local Institutional Statistician	No

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