

## 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** The Impact of Sleep on Trajectories of Neurocognitive Functioning in Adult Survivors of Childhood Cancer

### Planned research population (eligibility criteria)

Original and expansion cohort of CCSS of adult survivors of childhood cancer (at least 18 years of age) who completed Follow-up 5, Follow-up 6, and Follow-up 7.

### Proposed specific aims

Aim 1: Examine the impact of sleep problems (FU6) on changes in neurocognitive functioning (FU5 and FU7) in adult survivors of childhood cancer.

Aim 2: Examine how clinical factors influence the impact of sleep problems (FU6) on trajectories of neurocognitive functioning in long-term survivors of childhood cancer (FU5 and FU7).

**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

If yes to any of the above, please briefly describe.

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

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

## Outcomes or Correlative Factors

Late Mortality	
Second Malignancy	

## Health Behaviors

Tobacco	Correlative Factors
Alcohol	Correlative Factors
Physical Activity	Correlative Factors
Medical Screening	

Other	
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If other, please specify

### Psychosocial

Insurance	Correlative Factors
Marriage	Correlative Factors
Education	Correlative Factors
Employment	Correlative Factors
Other	

If other, please specify

### Medical Conditions

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

If other, please specify

## Medications

Describe medications

### Psychologic/Quality of Life

BSI-18	Correlative Factors
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SF-36	Correlative Factors
CCSS-NCQ	Primary
PTS	
PTG	
Other	Primary

**If other, please specify**

PSQI

**Other**

Pregnancy and Offspring	
Family History	
Chronic Conditions (CTCAE v3)	Secondary
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

If yes, which of the following?

If other, please explain

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## Other General Comments

I am planning to submit an application for the Trainee Career Development Award under the mentorship of Dr. Tara Brinkman. I will also be working with Dr. Kevin Krull for the completion of this analysis.

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Agree

I agree to share this information with St. Jude

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