Name: Jop Teepen

Contact Information

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Netherlands

Phone Number: +31618583958

Alternate Phone Number

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Project Requirements and Description

Requirements to submit AOI

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A comprehensive review of previously published data has been completed</td>
<td></td>
</tr>
<tr>
<td>The specific aims are clear and focused</td>
<td></td>
</tr>
<tr>
<td>The investigator has appropriate experience and expertise to develop the</td>
<td></td>
</tr>
<tr>
<td>concept proposal; if not, has identified a mentor or senior co-investigator.</td>
<td></td>
</tr>
<tr>
<td>The investigator agrees to develop an initial draft of the concept proposal</td>
<td></td>
</tr>
<tr>
<td>within 6 weeks of approval of the AOI and to finalize the concept proposal</td>
<td></td>
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<tr>
<td>within 6 months</td>
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</tbody>
</table>

Project Title: Comparison of the Risk of Subsequent Malignant Neoplasm between the CCSS Cohort and DCCSS-LATER Cohort.

Planned research population (eligibility criteria)

- All survivors in the Childhood Cancer Survivor Study (diagnosis 1970-1999).
- All survivors in the original DCCSS-LATER cohort (diagnosis 1963-2001).

Proposed specific aims

1. To compare the incidence of subsequent malignant neoplasms (SMNs) between the Childhood Cancer Survivor Study (CCSS) cohort and the DCCSS-LATER cohort.
2. To explore whether possible differences in SMN risk between CCSS and DCCSS-LATER are driven by differences in risk of specific SMN types.

3. To evaluate whether possible differences in SMN risk between CCSS and DCCSS-LATER can be explained by differences in childhood cancer type, treatment, and/or lifestyle factors.

**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:**

<table>
<thead>
<tr>
<th>Additional self-reported information</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological samples</td>
<td>No</td>
</tr>
<tr>
<td>Medical record data</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Second Malignancy</th>
<th>Primary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Disease</td>
<td></td>
</tr>
<tr>
<td>Psychology/Neuropsychology</td>
<td></td>
</tr>
<tr>
<td>Genetics</td>
<td></td>
</tr>
<tr>
<td>Cancer Control</td>
<td></td>
</tr>
<tr>
<td>Epidemiology/Biostatistics</td>
<td>Secondary</td>
</tr>
</tbody>
</table>

**Outcomes or Correlative Factors**

<table>
<thead>
<tr>
<th>Late Mortality</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Malignancy</td>
<td>Primary</td>
</tr>
</tbody>
</table>

**Health Behaviors**

<table>
<thead>
<tr>
<th>Tobacco</th>
<th>Correlative Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Correlative Factors</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Correlative Factors</td>
</tr>
<tr>
<td>Medical Screening</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>
If other, please specify

**Psychosocial**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Insurance</td>
<td></td>
</tr>
<tr>
<td>Marriage</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
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<tr>
<td>Employment</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

If other, please specify

**Medical Conditions**

<table>
<thead>
<tr>
<th>Medical Conditions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing/Vision/Speech</td>
<td></td>
</tr>
<tr>
<td>Hormonal Systems</td>
<td></td>
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<tr>
<td>Heart and Vascular</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td>Digestive</td>
<td></td>
</tr>
<tr>
<td>Surgical Procedures</td>
<td></td>
</tr>
<tr>
<td>Brain and Nervous System</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

If other, please specify

**Medications**

Describe medications

**Psychologic/Quality of Life**

<table>
<thead>
<tr>
<th>Psychologic/Quality of Life</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BSI-18</td>
<td></td>
</tr>
<tr>
<td>SF-36</td>
<td></td>
</tr>
<tr>
<td>CCSS-NCQ</td>
<td></td>
</tr>
<tr>
<td>PTS</td>
<td></td>
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<tr>
<td>PTG</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

If other, please specify
Other

<table>
<thead>
<tr>
<th>Other</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Pregnancy and Offspring</td>
<td></td>
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<tr>
<td>Family History</td>
<td></td>
</tr>
<tr>
<td>Chronic Conditions (CTCAE v3)</td>
<td></td>
</tr>
<tr>
<td>Health Status</td>
<td></td>
</tr>
</tbody>
</table>

Demographic

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Correlative Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Correlative Factors</td>
</tr>
<tr>
<td>Race</td>
<td>Correlative Factors</td>
</tr>
<tr>
<td>Sex</td>
<td>Correlative Factors</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

If other, please specify

Cancer Treatment

<table>
<thead>
<tr>
<th>Cancer Treatment</th>
<th>Correlative Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemotherapy</td>
<td>Correlative Factors</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>Correlative Factors</td>
</tr>
<tr>
<td>Surgery</td>
<td></td>
</tr>
</tbody>
</table>

Anticipated Sources of Statistical Support

<table>
<thead>
<tr>
<th>Anticipated Sources of Statistical Support</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCSS Statistical Center</td>
<td>Yes</td>
</tr>
<tr>
<td>Local Institutional Statistician</td>
<td>No</td>
</tr>
</tbody>
</table>

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

Other General Comments

I will apply for the CCSS Career Development Award

Agree

I agree to share this information with St. Jude
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