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Project Requirements and Description

Requirements to submit AOI

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 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:

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

Outcomes or Correlative Factors

Late Mortality	
Second Malignancy	Primary

Health Behaviors

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

If other, please specify

Psychosocial

Insurance	
Marriage	
Education	
Employment	
Other	

If other, please specify

Medical Conditions

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

If other, please specify

Medications

Describe medications

Psychologic/Quality of Life

BSI-18	
SF-36	
CCSS-NCQ	
PTS	
PTG	
Other	

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	

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

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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