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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 Promoting Resilience in Childhood, Adolescent and Young Adult Survivors

Planned research population (eligibility criteria)

Survivors of Pediatric or AYA cancers (not currently undergoing cancer treatment)

Proposed specific aims

Aim 1: Determine the effectiveness of two digital resilience interventions (SMART-3RP-S and SMART-3RP-A) in improving resilience (primary outcome) among posttreatment CAYA survivors. We will also compare the effects of both digital interventions on coping, emotional distress (anxiety/depression, uncertainty)

intolerance), physical health (physical functioning), and quality of life (secondary outcomes).

Aim 2: To explore moderators (e.g., age, race/ethnicity, language, zip code, cancer/medical history, baseline distress) of the intervention effect on resilience at 6 and 12 months (Aim 2a); To assess if improvements in resilience are associated with improvements in healthcare use at 12-months (Aim 2b).

Aim 3: To assess intervention reach, engagement, acceptability, fidelity, sustainability, and cost-effectiveness.

Will the project require non-CCSS funding to complete?

Yes

If yes, what would be the anticipated source(s) and timeline(s) for securing funding?

NCI funding

Does this project require contact of CCSS study subjects for:

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

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

healthcare use information

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

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

Outcomes or Correlative Factors

| | |
|-------------------|---------------------|
| Late Mortality | |
| Second Malignancy | Correlative Factors |

Health Behaviors

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

| | |
|-------|--|
| Other | |
|-------|--|

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 | |
| Hormonal Systems | |
| Heart and Vascular | |
| Respiratory | |
| Digestive | |
| Surgical Procedures | |
| Brain and Nervous System | |
| Other | Correlative Factors |

If other, please specify

any other chronic medical conditions will be collected and potentially examined as moderators

Medications

Describe medications

n/a

Psychologic/Quality of Life

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

| | |
|-------|---------|
| Other | Primary |
|-------|---------|

If other, please specify

PROMIS measures for Anxiety, depression, Intolerance of Uncertainty-12, MOCS-A for coping, Quality of Life (maybe assess with SF36), Resilience

Other

| | |
|-------------------------------|---------------------|
| Pregnancy and Offspring | |
| Family History | Correlative Factors |
| Chronic Conditions (CTCAE v3) | Correlative Factors |
| Health Status | Correlative Factors |

Demographic

| | |
|-------|-----------|
| Age | |
| Race | |
| Sex | |
| Other | Secondary |

If other, please specify

These will be examined as moderators (and we hope to oversample)

Cancer Treatment

| | |
|-------------------|--|
| Chemotherapy | |
| Radiation Therapy | |
| Surgery | |

Anticipated Sources of Statistical Support

| | |
|----------------------------------|-----|
| CCSS Statistical Center | No |
| Local Institutional Statistician | Yes |

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

Agree

I agree to share this information with St. Jude

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