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## **Contact Information**

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Project Title Trends in Subsequent Neoplasms and Mortality among

Survivors of Childhood Cancer and the Effects of Treatment

Cohort, Age, and Temporal Period

### Planned research population (eligibility criteria)

All 5-year CCSS survivors with baseline surveys

### Proposed specific aims

Among survivors of childhood cancer, risks for developing subsequent neoplasms (SNs) and subsequent malignant neoplasms (SMNs) and premature mortality are presumed to largely be related to treatment cohort effects, e.g., changes in radiotherapy and chemotherapy. However, changes in SN/SMNs and mortality may also reflect aging effects or period effects, i.e., temporal changes in carcinogenic risk factors that affect all age groups or paradigm-specific differences in screening, diagnosis, and treatment during survivorship. The goal of this analysis is to describe the relative treatment cohort, aging, and temporal period effect contributions to changes in the incidence of SNs/SMNs and mortality among survivors.

Aim 1: Characterize trends in the incidence of SNs/SMNs, specific types of subsequent cancer, and mortality by survivors' calendar year of primary cancer diagnosis (treatment cohort) and age and calendar year of SN/SMN diagnosis or death (period).

Aim 2: Using an age-period-cohort modeling approach, describe changes in SNs, SMNs, and mortality among survivors.

Aim 3: Identify period-related risk factors, especially those that modify treatment-related risks for developing SNs/SMNs and mortality among younger survivors (attained ages <50 years).

• Period-related risk factors include rising obesity (obesity-related cancer), decreasing rates of smoking (smoking-related cancer), changes in infection rates (HIV/HPV/HCV-related cancer), and changes in screening and treatment (mortality).

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)

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

# **Outcomes or Correlative Factors**

	Primary	Secondary	Correlative Factors
Late Mortality	✓		
Second Malignancy	✓		

### **Health Behaviors**

	Primary	Secondary	Correlative Factors
Tobacco			✓
Alcohol			✓
Physical Activity			✓
Medical Screening			✓
Other			

If other, please specify

## **Psychosocial**

	Primary	Secondary	Correlative Factors
Insurance			
Marriage			
Education			
Employment			
Other			

## If other, please specify

## **Medical Conditions**

	Primary	Secondary	Correlative Factors
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

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

# If other, please specify

## Other

	Primary	Secondary	Correlative Factors
Pregnancy and Offspring			
Family History			
Chronic Conditions (CTCAE v3)		✓	
Health Status			

# Demographic

	Primary	Secondary	Correlative Factors
Age			✓
Race			✓
Sex			<b>~</b>
Other			

### If other, please specify

#### **Cancer Treatment**

	Correlative Factors
Chemotherapy	✓
Radiation Therapy	✓
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**

#### **Agree**

I agree to share this information with St. Jude

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