

**Name** Lucy Finkelstein-Fox

## Contact Information

**Institution** Massachusetts General Hospital/Harvard Medical School

**Address** 100 Cambridge St, Suite 1600  
Boston, MA, 02114  
United States

**Phone Number** (617) 724-6300 ex. 111-133-0076

**Alternate Phone Number**

**Email Address** lfinkelsteinfox@mgh.harvard.edu

---

## Project Requirements and Description

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

<b>A comprehensive review of previously published data has been completed</b>	Yes
<b>The specific aims are clear and focused</b>	Yes
<b>The investigator has appropriate experience and expertise to develop the concept proposal; if not, has identified a mentor or senior co-investigator.</b>	Yes
<b>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</b>	Yes

**Project Title** Examining Psychometric Properties of Sexual Self-schema for Female Cancer Survivors and Siblings

### Planned research population (eligibility criteria)

Female-identified survivors and siblings who completed the second follow-up survey (with psychosocial), which includes the SF-36 and PDS, as well as the Women's Health Questionnaire, which includes the Women's Sexual Self-Schema Scale and relevant surveys of reproductive and sexual well-being.

## Proposed specific aims

Aim 1 (Exploratory): Explore the factor structure of the Women's Sexual Self-Schema Scale for cancer survivors and matched siblings.

Aim 2: Establish construct validity for extracted latent factors of the Women's Sexual Self-Schema Scale by exploring direct and interactive (i.e., moderated by sociodemographic and illness-related factors) associations of sexual self-schema with quality of life, posttraumatic stress symptoms, relevant preventative health behaviors, and sexual dysfunction

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

Sexual dysfunction

---

## Medications

Describe medications

### Psychologic/Quality of Life

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

## If other, please specify

Women's Sexual Self-Schema, Sexual Functioning Questionnaire, Women's Health Questionnaire

### Other

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

### Demographic

	Primary	Secondary	Correlative Factors
Age			✓
Race			✓
Sex			✓
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?

If yes, which of the following?

If other, please explain

---

### Other General Comments

---

Agree

This Service is governed by and operated in accordance with US law. If you are located outside of the US, you use this Service voluntarily and at your own risk. If you choose to submit personal data like your name and email address, please note that your Information will be transferred to and processed in the United States. By checking this box while using this Service, you acknowledge that the data protection and other laws of other countries, such as the United States, may provide a less comprehensive or protective standard of protection than those in your country, and consent to your Information being collected, processed and transferred as set forth in the Privacy Policy and US law.