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Project Requirements and Description

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

Care Continuity's Association with Care Quality and Outcomes in Childhood Cancer Survivors with Multiple Chronic Conditions

Planned research population (eligibility criteria)

This analysis will link FU7 data with data from a previous study that examined continuity and coordination of care for childhood cancer survivors with multiple chronic conditions (The "7C" Study). Participants in the 7C Study completed the "Patient-Perceived Continuity of Care from Multiple Clinicians" (CC-MC) survey.

Of the 377 survivors who participated in the 7C study, 365 (97%) also completed FU7. Among the 365 who participated in both surveys, 7C completion occurred between 6 months to 2.7 years after FU7 completion.

Proposed specific aims

1. To explore the association between coordination of care and discontinuity with patterns of care

a. To explore the association between coordination of care (CC-MC main provider summary score, across multiple providers summary score, patient-provider partnership summary score) and patterns of care (ED visits, hospitalizations, risk-based survivorship care)

Hypothesis 1a: Participants with better scores on each of the three care coordination summary measures will report lower ED use, fewer hospitalizations, and receiving risk-based survivorship care.

b. To explore the association between discontinuity and patterns of care (ED visits, hospitalizations, risk-based survivorship care)
Hypothesis 1b: Participants identified as experiencing discontinuity will report greater ED use, more hospitalizations, and not receiving risk-based survivorship care.

2. To explore the association between coordination of care and discontinuity with adherence to recommended screening and surveillance.

a. To explore the association between coordination of care (CC-MC main provider summary score, across multiple providers summary score, patient-provider partnership summary score) and adherence to recommended screening and surveillance
Hypothesis 2a: Participants with better scores on each of the three care coordination summary measures will be more likely to report receiving recommended screening and surveillance.

b. To explore the association between discontinuity and adherence to recommended screening and surveillance
Hypothesis 2b: Participants identified as experiencing discontinuity will be less likely to report receiving recommended screening and surveillance.

3. To explore the association between coordination of care and discontinuity with health status.

a. To explore the association between coordination of care (CC-MC main provider summary score, across multiple providers summary score, patient-provider partnership summary score) and health status
Hypothesis 3a: Participants with better scores on each of the three care coordination summary measures will report better health status than those with worse scores.

b. To explore the association between discontinuity and health status
Hypothesis 3b: Participants identified as experiencing discontinuity will report worse health status than those not experiencing discontinuity.

4. To explore the association between cancer survivorship care plans (SCPs) and scores on the CC-MC care plan subscale.

a. To explore the association between reporting have an SCP and the CC-MC care plan subscale.
Hypothesis 4a: Participants who report having an SCP will have better scores on the CC-MC care plan subscale than those who do not.

b. To evaluate the association between reporting that their primary care provider (PCP) has a copy of their SCP and the CC-MC care plan subscale.
Hypothesis 4b: Participants who report that their PCP has a copy of their SCP will have better scores on the CC-MC care plan subscale than those who do not.

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			✓

	Primary	Secondary	Correlative Factors
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

PROMIS Social Isolation, PROMIS Cognitive Function from FU7

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	

	Correlative Factors
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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