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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 Impact of Adherence to Key Screening Activities and Subsequent Development of Chronic Health Conditions

Planned research population (eligibility criteria)

CCSS cohort (entire) with baseline questionnaire answered & MRAF data

Proposed specific aims

Aim 1: Examine the impact of adherence to key screening activities and subsequent development of selected chronic health conditions:

- Cardiac imaging and subsequent heart failure and valve disease
- Carotid artery ultrasound and brain MRI, and subsequent stroke
- Breast and colorectal cancer screening and subsequent screened cancer(s)*

Aim 2: For all examined conditions, we will also examine the conditional mortality associated with each condition of interest (all cause and cause-specific mortality)

Aim 3: In exploratory analyses, we will also examine the severity (grade/stage; if available**) of the condition when first detected.

Aim 4: In exploratory analyses, we will also examine the impact of prior attendance in a survivorship/long-term follow-up clinic and history of having a survivorship care plan and subsequent mortality and subsequent development of grade 3+ chronic health conditions.

Hypotheses:
1. Greater adherence to screening may be associated with an increased likelihood of having the condition be diagnosed.
2. However, compared with participants with low adherence to screening, participants with high adherence to screening who develop a given condition will have lower conditional mortality from the screened condition.
3. For those conditions in which stage/grade data are available, compared with participants with low adherence to screening, participants with high adherence to screening who develop a given condition will have it present at a lower stage or grade.
4. After adjusting for treatment exposures and demographic characteristics, prior attendance in a survivorship clinic and history of having a survivorship care plan will be associated with a greater risk of developing a grade 3+ chronic health condition but a lower risk of subsequent mortality.

*There are other screening questions for cervical, prostate, and skin cancers, but the #'s of those cancers are likely low and at least for cervical & prostate, not likely tied to childhood cancer tx. Skin cancer was not included because of low mortality associated with that cancer.
**For the cardiac conditions, this would be using the CTCAE grading (recognizing that stroke & valvular disease are mainly 4+); for any targeted cancers (breast, colorectal), we will work with the SMN working group to determine feasibility first.

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	Yes

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

We do not anticipate new data collection beyond standard procedures done to verify new second cancers; we will work with the SMN working group to determine if there is sufficient data on breast and colorectal cancer stage from medical records that CCSS obtains to verify those cancers.

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			✓
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

I have discussed this AOI with Paul Nathan, Claire Snyder, and Lucie Turcotte who do no indicate any overlap and are supportive of this proceeding.

Agree

I agree to share this information with St. Jude

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