

**Name** Tara Brinkman

**Institution** St. Jude Children's Research Hospital

**Address** 262 Danny Thomas Place, MS 740  
Memphis, TN, 38105  
United States

**Phone Number** 9015955683

**Alternate Phone Number**

**Email Address** tara.brinkman@stjude.org

---

## Requirements to submit AOI

<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** Memory Problems in Aging Adult Survivors of Childhood Cancer

### Planned research population (eligibility criteria)

Survivors who completed CNS Vital Signs (CNS VS) and CCSS NCQ. Siblings may be used for prevalence estimates in Aim 1. Aim 3 will require completion of NCQ at two time points.

### Proposed specific aims

1. Estimate the prevalence and identify patterns of performance-based (CNS VS) and self-reported (NCQ) memory problems in a large cohort of adult survivors of pediatric cancer
2. Identify mechanisms (i.e., diagnosis/ treatment exposures, lifestyle factors, chronic health conditions) associated with patterns (i.e., performance-based only, self-report only, performance-based & self-report) of memory problems in adult survivors
3. Identify the contribution of performance-based neurocognitive skills (memory, attention, processing speed, executive function) to self-reported memory decline
4. Estimate the impact of patterns of memory impairment on functional outcomes (including ability to participate in social roles/activities and complete activities of daily living)

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

CNS Vital Signs

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

---

Agree

I agree to share this information with St. Jude

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.