Name Sarah Benstock

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

Address 262 Danny Thomas Place, Mail Stop 740

Memphis, TN, 38105

**United States** 

Email Address sarah.benstock@stjude.org

# **Project Requirements and Description**

#### 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

Longitudinal Patterns and Predictors of Psychiatric

Comorbidities and Pain in Survivors of Childhood Cancer

#### Planned research population (eligibility criteria)

Survivors and Siblings who completed the BSI-18 and measures of pain (migraine and SF36) at baseline (original and expansion) and all available follow-up surveys.

### Proposed specific aims

Aim 1: Examine longitudinal patterns of comorbidity for psychiatric symptoms assessed using the BSI-18 and their relationship to pain in survivors from baseline to follow-up 7

Aim 2: Identify demographic, diagnosis, and treatment-related predictors of psychiatric comorbidities and pain (e.g., sex, age at diagnosis, diagnosis, treatment history)

Aim 3: Identify chronic health conditions associated with psychiatric comorbidities and pain

Aim 4: Identify functional limitations (e.g., unemployment, non-independent living, assistance with needs) associated with patterns of psychiatric comorbidities.

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			✓
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

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.