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Project Requirements and Description

Requirements to submit AOI

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 Health-Related Unmet Needs in Adult Survivors of Childhood Cancer

Planned research population (eligibility criteria)

Follow-Up 8 Survey Respondents

Proposed specific aims

1. Summarize the most prevalent unmet needs and timing overall and by specific groups

a. Socio-demographics (age, sex, race, education, income, marital status, neighborhood/built environment[current address])
b. Diagnosis (age at, years since, diagnosed with)
c. Treatments (chemo, radiation, surgery, combinations thereof)
d. Health Status (chronic health conditions, health perception [excellent, very good, good, fair, poor])

2. Describe the burden of unmet needs at the individual level (frequency and percentage) for the count of number of unmet needs for each survivor across all 58 items overall and by specific subgroups

a. Socio-demographics (age, sex, race, education, income, marital status, neighborhood/built environment [current address])
b. Diagnosis (age at, years since, diagnosed with)
c. Treatments (chemo, radiation, surgery, combinations thereof)
d. Health Status (chronic health conditions, health perception [excellent, very good, good, fair, poor])

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

health perceptions (excellent, very good, good, fair, poor)

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

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