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## Project Requirements and Description

|                      |                                                                                                              |
|----------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Project Title</b> | Financial Hardship and Subsequent Chronic Health Burden and Mortality in Adult Survivors of Childhood Cancer |
|----------------------|--------------------------------------------------------------------------------------------------------------|

### Planned research population (eligibility criteria)

CCSS survivors who have completed the financial hardship questionnaire in Follow Up 6

### Proposed specific aims

- (1) Describe overall and cause-specific mortality by financial hardship exposure (i.e. material, psychological, and behavioral domains; and two independent items of bankruptcy and debt collection)
- (2) Evaluate the association between financial hardship exposure and: (A) subsequent chronic health burden (overall and organ-specific); and (B) subsequent longitudinal trajectory of chronic health burden
- (3) Explore potential interactions between individual-reported financial hardship exposure with area-based social determinants of health (e.g. social vulnerability index) on mortality, global CHC burden, and longitudinal trajectory of CHC burden.

**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

Financial Hardship Questionnaire Items

## 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

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Other General Comments

Aims already reviewed and discussed with Drs. Paul Nathan, Eric Chow, I-Chan Huang who approved of this submission

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