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Requirements to submit AOI:

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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

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Project Title: Lymphoma as a second malignant neoplasm in childhood cancer survivors.  
Planned research population (eligibility criteria): Survivors in the CCSS who develop lymphoma as a subsequent neoplasm.  
Proposed specific aims: 1.) To describe the cumulative incidence of secondary lymphomas in the CCSS cohort. 2.) To determine the risk of secondary lymphomas in the CCSS cohort compared with that of the general population and adult cancer survivors. 3.) To determine specific risk factors associated with the development of secondary lymphomas.

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?:

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Does this project require contact of CCSS study subjects for . . .

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Additional self-reported information: No

Biological Samples: No

Medical record data: No

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

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What CCSS Working Group(s) would likely be involved? (Check all that apply)

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Second Malignancy: Primary  
Chronic Disease:  
Psychology / Neuropsychology:  
Genetics:  
Cancer Control:  
Epidemiology / Biostatistics:

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To describe the anticipated scope of the study, please indicate the specific CCSS data to be included as outcome (primary or secondary) or correlative factors. (Check all that apply)

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Late mortality: Secondary  
Second Malignancy: Primary

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Health Behaviors

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Tobacco:  
Alcohol:  
Physical activity:  
Medical screening:  
Other:  
If other, please specify:

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Psychosocial

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Insurance:  
Marriage:  
Education:  
Employment:  
Other:  
If other, please specify:

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Medical conditions

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Hearing/Vision/Speech:  
Hormonal systems:  
Heart and vascular:  
Respiratory:  
Digestive:  
Surgical procedures:  
Brain and nervous system:  
Other:  
If other, please specify:

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Medications

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Describe medications:

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Pregnancy and offspring:  
Family History:

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Psychologic/Quality of Life

BSI-18:

SF-36:

CCSS-NCQ:

PTS:

PTG:

Other:

If other, please specify:

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Chronic conditions (CTCAE v3):

Health status:

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Demographic

Age:

Race:

Sex:

Others:

If others, please specify:

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Cancer treatment

Chemotherapy: Correlative Factors

Radiation therapy: Correlative Factors

Surgery:

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Anticipated sources of statistical support

CCSS Statistical Center: Yes

Local institutional statistician:

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

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If yes, which of the following?

Buccal cell DNA:

Peripheral blood:

Lymphoblastoid cell lines:

Second malignancy pathology samples:

Other requiring collection of samples:

If other, please explain:

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Other general comments: I will be working on this project with Dr. Tara Henderson.