Project Title: Renal carcinoma following therapy for cancer in childhood
Planned research population (eligibility criteria): The entire CCSS cohort will be eligible for these analyses.
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 . . . NO

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? (Check all that apply)
Second Malignancy: Primary
Chronic Disease:
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)

<table>
<thead>
<tr>
<th>Late mortality: Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Malignancy: Primary</td>
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</table>

### Health Behaviors

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

### Psychosocial

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

### Medical conditions

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

### Medications

Describe medications:
Pregnancy and offspring:
Family History:

Psychologic/Quality of Life

BSI-18:
SF-36:
CCSS-NCQ:
PTS:
PTG:
Other:
If other, please specify:

Chronic conditions (CTCAE v3):
Health status:

Demographic

Age: Correlative Factors
Race: Correlative Factors
Sex: Correlative Factors
Others:
If others, please specify:

Cancer treatment

Chemotherapy: Correlative Factors
Radiation therapy: Correlative Factors
Surgery: Correlative Factors

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

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:

Other general comments: