Received: 6.23.11
First Name: Katie
Last Name: Devine
Institution: University of Rochester Medical Center
Address 1: 265 Crittenden Blvd, CU 420658
Address 2:
City: Rochester
State/Province: NY
Country: USA
Zip: 14642
Phone: 585-276-5687
Alternate Phone: 201-739-6377
Email: katie_devine@urmc.rochester.edu

Requirements to submit AOI:

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: Physical Activity and Risky Behavior Patterns Among Teenage Survivors of Childhood Cancers
Planned research population (eligibility criteria): Participants who completed the Teen Survey (2001-2003) and subset who also completed the 2007 Follow-Up.
Proposed specific aims: The primary purpose of this study is to document physical activity patterns among teenage survivors of childhood cancers and examine associations with sedentary behavior, dietary patterns, and risky behaviors. We would also examine associations with diagnosis and treatment characteristics. The secondary aim is to examine predictors of future BMI from adolescent-reported behaviors (i.e., physical activity, risk behaviors, and family involvement). The third aim is to examine predictors of future physical activity from adolescent-reported behaviors.
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? (Check all that apply)

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

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)

Late mortality:
Second Malignancy:

Health Behaviors

Tobacco:
Alcohol:
Physical activity: Secondary
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:
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: Primary
If other, please specify: CHIP; Teen Survey

Chronic conditions (CTCAE v3): Correlative Factors
Health status: Secondary

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: