Received: 6.30.11
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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: The impact of location and type of follow-up care on morbidity and mortality in childhood cancer survivors
Planned research population (eligibility criteria): Survivors who responded to the baseline questionnaire and at least one of the F/U #2 and 2007 questionnaires (or who died at some point after completing the baseline questionnaire), stratified by severity of chronic health conditions at baseline (0,1,2 vs. 3,4)
Proposed specific aims: 1) To determine the impact of location of follow-up care (cancer center vs. other vs. none) on the development of morbidity (defined by development of grade 3-4 chronic health conditions, hospitalization or emergency room visits) or mortality in survivors with no, mild or moderate (i.e. grade 0-2) chronic health conditions at baseline (2) To determine the impact of location of follow-up care (cancer center vs. other vs. none) on the progression of morbidity (defined by development of multiple grade 3-4 chronic health conditions, hospitalization or emergency room visits) or mortality in survivors with moderate or severe (i.e. grade 3-4) chronic health conditions at baseline (3) To determine the impact of type of care (cancer-related, general medical care, no care) at baseline on the development of morbidity or mortality in survivors with no, mild or moderate chronic health conditions at baseline (4) To determine the impact of type of care (cancer-related, general medical care, no care) at baseline on the development of multiple morbidities or mortality in survivors with moderate or severe chronic health conditions at baseline
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: Secondary
Psychology / Neuropsychology:
Genetics:
Cancer Control: Primary
Epidemiology / Biostatistics: Secondary

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: Primary
Second Malignancy: Secondary

Health Behaviors

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

Psychosocial

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

Medical conditions
Hearing/Vision/Speech:
Hormonal systems: Secondary
Heart and vascular: Secondary
Respiratory: Secondary
Digestive: Secondary
Surgical procedures:
Brain and nervous system: Secondary
Other: Secondary
If other, please specify: Any chronic health condition

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): Primary
Health status:

Demographic

Age: Correlative Factors
Race: Correlative Factors
Sex: Correlative Factors
Others: Correlative Factors
If others, please specify: Location of follow-up care, type of follow-up care

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: