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: Genetic Susceptibilities to Second Cancers
Planned research population (eligibility criteria): all patients who developed second malignancies and controls 1:1 matched for primary cancer, latency, age of treatment for primary cancer, treatment modality, gender, and race/ethnicity
Proposed specific aims: We have recently completed a GWAS of radiation-induced second cancers in HL survivors. The aim of this project is to test the association of our top SNPs from this study with risk for other second cancers.
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: Secondary
- 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)

Late mortality: Secondary
Second Malignancy: Primary

Health Behaviors

Tobacco:
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:
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: Secondary
Race: Secondary
Sex: Secondary
Others:
If others, please specify:

Cancer treatment

Chemotherapy: Correlative Factors
Radiation therapy: Correlative Factors
Surgery:

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.: we perform our own statistical analysis and have a statistical geneticist as part of our research group
Will this project utilize CCSS biologic samples?: Yes
If yes, which of the following?
Buccal cell DNA: Yes
Peripheral blood: Yes
Lymphoblastoid cell lines: Yes
Second malignancy pathology samples: Other requiring collection of samples: If other, please explain:

Other general comments: