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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: PRDM1 and somatic mutations in SMNs after HL
Planned research population (eligibility criteria): archival tumor samples from patients with radiation-induced second cancers after Hodgkin lymphoma
Proposed specific aims: 1. Genotype the chr 6q21 risk locus in all samples 2. Assess by FISH and/or IHC PRDM1 and MYC mutation status in SMNs, since 1) the region containing PRDM1 is frequently lost in radiation-induced breast cancer; 2) MYC is known to be a PRDM1 target, and 3) MYC is known to be altered in radiation-induced breast cancer

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.: we plan to use only archival material

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

Second Malignancy:
Chronic Disease:
Psychology / Neuropsychology:
Genetics: Primary
Cancer Control:
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: 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: antedent radiation and chemotherapy

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:
Race:
Sex:
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 do our own statistical analysis in collaboration with a statistical geneticist who is part of our group
Will this project utilize CCSS biologic samples?: Yes

If yes, which of the following?

Buccal cell DNA:

Peripheral blood:

Lymphoblastoid cell lines:

Second malignancy pathology samples: Yes

Other requiring collection of samples:

If other, please explain:

Other general comments: