First Name: Cara Last Name: Kimberg

Institution: St. Jude Children's Research Hospital

Address 1: 262 Danny Thomas Place

Address 2: MS 735 City: Memphis State/Province: TN

Country: Zip: 38105

Phone: 901-595-5681 Alternate Phone:

Email: cara.kimberg@stjude.org

## 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: Health-Related Locus of Control in Childhood Cancer Survivors Planned research population (eligibility criteria): All participants who completed the Health Care Needs Survey

Proposed specific aims: 1. To examine the relationship between treatment factors and locus of control styles •To determine if specific treatment characteristics (age at diagnosis, surgery, chemotherapy, radiation) predict future health beliefs systems (internality, powerful others externality, chance externality) 2. To characterize the locus of control styles demonstrated by childhood cancer survivors. •To examine the association between different locus of control health belief systems (internality, powerful others externality, chance externality) and current sample characteristics (gender, age, employment status, educational attainment). 3. To examine the impact of locus of control health belief systems on health behaviors and adherence to recommended healthcare utilization. •To examine the impact of internal, powerful others external and chance external locus of control styles on BMI, weekly physical exercise, and sunscreen use. •To examine the impact of internal, powerful others external and chance external locus of control styles on level of medical care with physicians and routine dental care.

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 <u>outcome</u> (primary or secondary) or <u>correlative factors</u>. (Check all that apply)

Late mortality:

Second Malignancy:

Health Behaviors

Tobacco: Alcohol:

Physical activity: Primary Medical screening: Primary

Other:

If other, please specify: sunscreen use

Psychosocial

Insurance: Secondary
Marriage: Secondary
Education: Secondary
Employment: Secondary

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 places specific Rody Mess Index (PMI)
If other, please specify: Body Mass Index (BMI)
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: Multidimensional Locus of Control Scale Form A (Health Care Needs Survey E.1 to E.17)
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 statistic ian(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: The specific aims have been discussed with Dr. Kevin Krull and Dr. Kevin Oeffinger.