

Name: Lucie
Last Name: Turcotte
Institution: University of Minnesota
Address 1: 420 Delaware St SE
Address 2: MMC 484
City: Minneapolis
State/Province: MN
Country: USA
Zip: 55455
Phone: 612-708-1282
Alternate Phone: 612-624-5216
Email: turc0023@umn.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: Late second neoplasms in long term survivors of childhood cancer
Planned research population (eligibility criteria): Survivors with first second malignant neoplasm occurring ≥ 20 years from initial cancer diagnosis
Proposed specific aims: 1. Identify risk of second malignant neoplasms occurring at over 20 years following initial cancer diagnosis 2. Describe the cumulative incidence, risk, and risk factors for second malignant neoplasms occurring in the 5th and 6 decades in: a. survivors with no prior risk of second neoplasm b. survivors with prior history of a different second neoplasm
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: Primary
Chronic Disease:

Psychology / Neuropsychology:
Genetics:
Cancer Control:
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:
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: Correlative Factors

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.:
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: