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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

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Project Title: Association between exercise behavior and incidence of non-cancer chronic health conditions
Planned research population (eligibility criteria): Eligible participants were >5-year cancer survivors who were diagnosed between 1970 ad 1986 at age <21 years at 1 of 26 institutions. Eligible diagnoses including leukemia, Hodgkin disease, non-Hodgkin lymphoma, central nervous system (CNS) malignancies, Wilms tumor, neuroblastoma, soft tissue sarcoma, and bone tumors Survivor and sibling participants who completed the 2003 follow-up questionnaire, and are age > 18 years. All medical events abstracted up to February 2012 will be included.
Proposed specific aims: 1. Association between exercise behavior and total cumulative incidence of chronic health events (i.e., cardiovascular + pulmonary + endocrine + neurologic + joint replacement/amputation + renal + GI). 2. Association between exercise behavior and condition-specific events (as described in Aim 1) 3. Association between exercise behavior and cause-specific incidence of cardiovascular disease events (e.g., heart failure vs. myocardial infarction, cerebrovascular disease) 4. Association between exercise behavior, total cumulative incidence of chronic health events, and condition-specific events as a function of cancer diagnosis 5. Association between exercise behavior, total cumulative incidence of chronic health events, and condition-specific events as a function of cancer therapy 6. Association between exercise and psychosocial/quality of life endpoints
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: Secondary
Genetics:
Cancer Control: Primary
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: Primary
Second Malignancy: Secondary

Health Behaviors

Tobacco: Correlative Factors
Alcohol: Correlative Factors
Physical activity: Primary
Medical screening: Correlative Factors
Other:
If other, please specify:

Psychosocial

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

Medical conditions

Hearing/Vision/Speech:
Hormonal systems: Secondary

Heart and vascular: Primary
Respiratory: Secondary
Digestive: Secondary
Surgical procedures: Secondary
Brain and nervous system: Secondary
Other:
If other, please specify:

Medications

Describe medications:

Pregnancy and offspring:
Family History:

Psychologic/Quality of Life

BSI-18: Secondary
SF-36: Primary
CCSS-NCQ: Secondary
PTS: Secondary
PTG: Secondary
Other:
If other, please specify:

Chronic conditions (CTCAE v3): Secondary
Health status: Primary

Demographic

Age: Primary
Race: Secondary
Sex: Secondary
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 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: