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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: Association of Surgical Procedure to Health Status in Sarcoma Survivors
Planned research population (eligibility criteria): Sarcoma Survivors
Proposed specific aims: Describe health status in 2007 as a function of specific surgical procedure in sarcoma survivors
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:
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)

<table>
<thead>
<tr>
<th>Late mortality:</th>
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</thead>
<tbody>
<tr>
<td>Second Malignancy:</td>
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</table>

### Health Behaviors

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

### Psychosocial

- Insurance:
- Marriage:
- 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, 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: Primary

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:

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: