

First Name: Raffi
Last Name: Avedian
Institution: Stanford University
Address 1: 450 Broadway street
Address 2: Pavillion C, 4th floor
City: Redwood City
State/Province: CA
Country:
Zip: 94063
Phone: 415-378-7693
Alternate Phone: 650-721-7625
Email: Ravedian@stanford.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: 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)

Late mortality:
Second Malignancy:

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: