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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: Longitudinal Pulmonary Complications in Survivors of Childhood Cancer
Planned research population (eligibility criteria): Entire original cohort including most recent follow-up 2007 data.
Proposed specific aims: 1.) Update the previously described prevalence and incidence of and risk factors for adverse pulmonary outcomes in the CCSS cohort of childhood cancer survivors 2.) Describe longitudinal changes in pulmonary outcomes over time – from baseline through the most recent follow-up (2007) 3.) Compare rates of pulmonary conditions among aging childhood cancer survivors to the sibling comparison group
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: Primary

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: Primary
Second Malignancy:

Health Behaviors

Tobacco: Correlative Factors
Alcohol:
Physical activity: Correlative Factors
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: Primary
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: 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 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: