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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: Receipt of a Treatment Summary and its relationship to morbidities and premature mortality
Planned research population (eligibility criteria): Eligibility: All CCSS participants for a cohort study. Participants of interest include those with a treatment summary reported on baseline, F/U 2003 and/or 2007. Controls include all those in the cohort who never reported having a treatment summary.
Proposed specific aims: Specific Aims 1. To identify predictors of receipt of a treatment summary. 2. To determine if receipt of a treatment summary is associated with patterns of health care utilization 3. To determine if receipt of a treatment summary is associated in a lower incidence of severe or life-threatening chronic morbidities and premature mortality compared to those without a treatment summary.
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:  
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: Secondary  
| Second Malignancy: Secondary |

**Health Behaviors**

| Tobacco:  
| Alcohol:  
| Physical activity:  
| Medical screening: Secondary  
| Other: Primary  
| If other, please specify: Receipt of a Treatment Summary (and/or sharing with PCP) |

**Psychosocial**

| Insurance: Correlative Factors  
| Marriage: Correlative Factors  
| Education: Correlative Factors  
| Employment: Correlative Factors  
| 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): Correlative Factors
Health status: Correlative Factors

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:
Local institutional statistician: Yes
If local, please provide the name(s) and contact information of the statistician(s) to be involved.: Chaya Moskowitz, PhD Phone: 646-735-8117 moskowc1@mskcc.org
Business (Mailing Address): 307 E63rd Street New York, NY 10065
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: