First Name: Sogol Last Name: Mostoufi-Moab Institution: Children's Hospital of Philadelphia Address 1: 3535 Market Street CHOP North Room 1564 Address 2: City: Philadelphia State/Province: PA Country: USA Zip: 19146 Phone: 267 426 9725 Alternate Phone: Email: moab@email.chop.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: Increasing risk of chronic endocrine disorders in aging survivors of childhood cancer: a report from the childhood cancer survivor Planned research population (eligibility criteria): diagnosis of leukemia, central nervous system tumor, non-Hodgkin's lymphoma, Wilms (kidney) tumor, neuroblastoma, softtissue sarcoma, bone tumor or hematopoietic stem cell transplantation 2) Diagnosis and initial treatment at one of 26 collaborating CCSS institutions 3) Date of cancer diagnosis between January 1, 1970, and December 31, 1986; an age of less than 21 years at diagnosis; and survival for at least 5 years after the date of cancer diagnosis. Proposed specific aims: 1) To determine the prevalence, cumulative incidence, and severity of chronic endocrinopathies (premature gonadal failure or dysfunction, thyroid disease, thyroid nodules, thyroid cancer, osteoporosis, insulin resistance, diabetes mellitus, metabolic syndrome, obesity, and hypothalamic and pituitary dysfunction in adult survivors of childhood cancer 2) To determine the risk of chronic endocrinopathies in the adult survivors as compared with their siblings. 3) To identify subpopulations of adult survivors at highest risk for severe, debilitating, or life-threatening endocrinopathies. 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,Secondary Psychology / Neuropsychology: Genetics: Cancer Control: Epidemiology / Biostatistics:

To describe the anticipated scope of the study, please indicate the specific CCSS data to be included as <u>outcome</u> (primary or secondary) or <u>correlative factors</u>. (Check all that apply)

Late mortality: Primary,Secondary,Correlative Factors Second Malignancy: Primary,Secondary,Correlative Factors

Health Behaviors

Tobacco: Alcohol: Physical activity: Primary,Secondary,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: Primary,Secondary,Correlative Factors 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): Primary,Secondary,Correlative Factors Health status: Primary,Secondary,Correlative Factors

Demographic

Age: Primary,Secondary,Correlative Factors Race: Primary,Secondary,Correlative Factors Sex: Primary,Secondary,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: