First Name: Kirsten Last Name: Ness Institution: SJCRH

Address 1: 262 Danny Thomas Place

Address 2: City: Memphis State/Province: TN Country: USA Zip: 38105

Phone: 901-595-5157 Alternate Phone:

Email: kiri.ness@stjude.org

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: Using the Cumulative Illness RAting Scale to characterize the burden of chronic conditions among childhood cancer survivors

Planned research population (eligibility criteria): Survivors and Siblings who completed the baseline questionnaire and who either died or remain in the cohort

Proposed specific aims: To describe the severity of chronic conditions among childhood cancer survivors using the cumulative illness rating scale (CIRS) and compare this score to the CTCAE version 4.0 chronic condition rubric To describe the association between CIRS severity score (baseline) and mortality To describe the association between the CIRS severity score and health care utilization as described on the 2007 questionnaire To describe the association between the CIRS severity score and health status as described on the 2007 questionnaire

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: Primary

Epidemiology / Biostatistics: Primary

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

Second Malignancy: Correlative Factors

Health Behaviors

Tobacco: Correlative Factors Alcohol: Correlative Factors

Physical activity: Correlative Factors

Medical screening: Other: Primary

If other, please specify: Health care utilization

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): Secondary Health status: Primary
Demographic
Age: Correlative Factors
Race: Correlative Factors
Sex: Correlative Factors
Others: Correlative Factors
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.: The analysis will be done at St. Jude by me and a member of the analytic team

with guidance from Kumar Srivastava.

Will this project utilize CCSS biologic samples?: No

Peripheral blood: Lymphoblastoid cell lines: Second malignancy pathology samples: Other requiring collection of samples: If other, please explain:	Buccal cell DNA:	
Second malignancy pathology samples: Other requiring collection of samples:	Peripheral blood:	
Other requiring collection of samples:	Lymphoblastoid cell lines:	
	Second malignancy pathology samples:	
If other, please explain:	Other requiring collection of samples:	
	If other, please explain:	