

First Name: Daniel
Last Name: Bowers
Institution: UT Southwestern Medical School
Address 1: Department of Pediatrics
Address 2: 5323 Harry Hines Blvd.
City: Dallas
State/Province: TX
Country: USA
Zip: 75390-9063
Phone: 214-648-8594
Alternate Phone: 214-456-6139
Email: Daniel.Bowers@utsouthwestern.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: Morbidity and Mortality Associated with the Diagnosis of Subsequent Meningiomas – Is it Necessary to Screen Adult Survivors of Childhood Cancer Survivors for Meningiomas?

Planned research population (eligibility criteria): Survivors of childhood cancer who are also diagnosed with a subsequent meningioma

Proposed specific aims: 1. Determine the rates and spectrum of new-onset chronic health conditions that coincide with the diagnosis of a subsequent meningioma among survivors of childhood cancer. 2. Calculate tumor-related mortality among childhood cancer survivors with subsequent meningiomas. 3. Characterize risk factors for (age at RT, interval since RT, single vs. multiple meningiomas; other SMNs, dose of RT) and pathology (benign vs. malignant) of subsequent meningiomas among childhood cancer 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: Secondary

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: Primary

Second Malignancy: Secondary

Health Behaviors

Tobacco:

Alcohol:

Physical activity:

Medical screening: Correlative Factors

Other:

If other, please specify:

Psychosocial

Insurance:

Marriage:

Education:

Employment:

Other:

If other, please specify:

Medical conditions

Hearing/Vision/Speech: Primary

Hormonal systems:

Heart and vascular:

Respiratory:

Digestive:

Surgical procedures: Primary

Brain and nervous system: Primary

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:

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: Would appreciate Publications Committee's comments regarding modifying this study to allow for additional contact of subjects with subsequent meningiomas (expected n = <200 subjects) with a limited survey to ask about screening practices and circumstances of subsequent meningioma diagnosis.