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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: 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)

<table>
<thead>
<tr>
<th>Group</th>
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<tbody>
<tr>
<td>Second Malignancy: Secondary</td>
</tr>
<tr>
<td>Chronic Disease:</td>
</tr>
<tr>
<td>Psychology / Neuropsychology:</td>
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<tr>
<td>Genetics:</td>
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<tr>
<td>Cancer Control: Primary</td>
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<tr>
<td>Epidemiology / Biostatistics:</td>
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</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Factor</th>
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</thead>
<tbody>
<tr>
<td>Late mortality: Primary</td>
</tr>
<tr>
<td>Second Malignancy: Secondary</td>
</tr>
</tbody>
</table>

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.