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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

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Project Title: Eating Disorder Behaviors in Survivors of Childhood Cancer
Planned research population (eligibility criteria): Survivors (n~450) who responded to the Teen Health Survey as part of the Long Term Follow-up Study with any reported eating disorder behaviors.
Proposed specific aims: 1. Determine the incidence of eating disorders in teenage survivors of childhood cancer 2. Determine the therapy related risk factors for developing eating disorder behavior
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: Primary

Genetics:
Cancer Control:
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:
Second Malignancy:

Health Behaviors

Tobacco:
Alcohol:
Physical activity: Primary
Medical screening:
Other: Primary
If other, please specify: Eating habits

Psychosocial

Insurance:
Marriage:
Education:
Employment:
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: Correlative Factors
CCSS-NCQ:
PTS:
PTG:
Other:
If other, please specify:

Chronic conditions (CTCAE v3):
Health status: Correlative Factors

Demographic

Age: Correlative Factors
Race: Correlative Factors
Sex: Correlative Factors
Others: Correlative Factors
If others, please specify: Diagnosis

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: