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: 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
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.: No

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: