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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: Social and behavioral phenotypes of adolescent survivors of childhood cancer
Planned research population (eligibility criteria): Adolescents (aged 12-17 years) in the baseline expansion cohort with data from the behavior problem index
Proposed specific aims: Aim 1. To identify social and behavioral phenotypes through examination of symptom patterns and comorbidities (i.e. clusters of co-occurring symptoms)  
Aim 2. To investigate the association between sociodemographic characteristics and treatment late effects (e.g., scarring/disfigurement, sensory impairment, pain, health status) and adolescent social and behavioral phenotypes. Aim 3. To compare adolescent social and behavioral problems in the expansion cohort (diagnosed between 1987-1999) to the original CCSS cohort (diagnosed between 1970-1896) as well as to siblings from the original cohort.

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)

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**Late mortality:**
**Second Malignancy:**

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**Health Behaviors**

<table>
<thead>
<tr>
<th>Tobacco:</th>
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<tbody>
<tr>
<td>Alcohol:</td>
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<tr>
<td>Physical activity:</td>
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<tr>
<td>Medical screening:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
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<tr>
<td>If other, please specify:</td>
<td></td>
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</tbody>
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**Psychosocial**

<table>
<thead>
<tr>
<th>Insurance:</th>
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<tbody>
<tr>
<td>Marriage:</td>
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</tr>
<tr>
<td>Education:</td>
<td>Secondary</td>
</tr>
<tr>
<td>Employment:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Secondary</td>
</tr>
<tr>
<td>If other, please specify: Household income</td>
<td></td>
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</tbody>
</table>

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**Medical conditions**

<table>
<thead>
<tr>
<th>Hearing/Vision/Speech: Primary</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Hormonal systems:</td>
<td></td>
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<tr>
<td>Heart and vascular:</td>
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<tr>
<td>Respiratory:</td>
<td></td>
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<td>Digestive:</td>
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<tr>
<td>Surgical procedures: Primary</td>
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</tr>
<tr>
<td>Brain and nervous system: Primary</td>
<td></td>
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<tr>
<td>Other: Primary</td>
<td></td>
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<tr>
<td>If other, please specify: Scarring/disfigurement; body mass index; perceived physical health status; perceived as disabled</td>
<td></td>
</tr>
</tbody>
</table>

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**Medications**
Describe medications:

Pregnancy and offspring:
Family History:

Psychologic/Quality of Life

BSI-18:
SF-36:
CCSS-NCQ:
PTS:
PTG:
Other: Primary
If other, please specify: Behavior Problem Index

Chronic conditions (CTCAE v3):
Health status:

Demographic

Age: Secondary
Race: Secondary
Sex: Secondary
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: