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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: Exploring latent clusters of survivors using the BSI-18: A Childhood Cancer Survivor Study

Planned research population (eligibility criteria): We would like to use the original CCSS cohort and their siblings in addition to the new expanded cohort.

Proposed specific aims: 1. To identify latent clusters of survivors based on the three subscale scores (anxiety, depression, somatization) of the BSI-18 in the expanded cohort. 2. To compare the patterns of the latent BSI clusters observed in the expanded cohort to the original cohort and siblings. 3. To identify treatment, disease and demographic predictors of latent BSI clusters in the expanded 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 <u>outcome</u> (primary or secondary) or <u>correlative factors</u> . (Check all that apply)
Late mortality:
Second Malignancy:
Health Behaviors
Tobacco:
Alcohol:
Physical activity:
Medical screening:
Other:
If other, please specify:
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: Correlative Factors
If other, please specify: Diagnosis
Medications
Describe medications:

Family History: Psychologic/Quality of Life	
BSI-18: Primary	
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: Correlative Factors	
If others, please specify: SES	
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 inv Will this project utilize CCSS biologic samples?: No	olved.:
If yes, which of the following?	

Lymphoblastoid cell lines: Second malignancy pathology samples: Other requiring collection of samples: If other, please explain:	
Other general comments:	_