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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: Longitudinal Evaluation of Health Status and Social Functioning in Survivors of Pediatric Astrocytomas
Planned research population (eligibility criteria): -Astrocytoma survivors who consented for medical record abstraction -Sibling control
Proposed specific aims: 1. To compare the longitudinal change in prevalence of health status outcomes and social functioning in pediatric astrocytoma survivors with sibling controls and evaluate the influence of serious medical conditions (Grade 3 or 4 based upon CTCAE grading) on this difference. 2. To identify tumor (grade and location) and treatment factors associated with adverse health status and poor social functioning as pediatric astrocytoma survivors age.
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: Secondary
Psychology / Neuropsychology: Secondary
Genetics:
Cancer Control: Primary
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:
Medical screening:
Other:
If other, please specify:

Psychosocial

Insurance:
Marriage: Primary
Education: Primary
Employment: Primary
Other: Primary
If other, please specify: Income

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: Primary
SF-36:
CCSS-NCQ:
PTS:
PTG:
Other:
If other, please specify:

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

Demographic

Age: Correlative Factors
Race: Correlative Factors
Sex: Correlative Factors
Others: Correlative Factors
If others, please specify: Body-mass index

Cancer treatment

Chemotherapy: Correlative Factors
Radiation therapy: Correlative Factors
Surgery: Correlative Factors

Anticipated sources of statistical support

CCSS Statistical Center:
Local institutional statistician: Yes
If local, please provide the name(s) and contact information of the statistician(s) to be involved.:
I will be performing the analyses and have local statistical support.
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: Dr. Neyssa Marina and Dr. Paul Fisher will serve as my local mentors.