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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: Health Care Utilization for Childhood Cancer Survivors: A Report from the Childhood Cancer Survivor Study
Planned research population (eligibility criteria): Individuals in the original CCSS survivor cohort who completed the Health Insurance Ancillary Survey in 2010-2011. U.S. CCSS participants, who had completed the 2007 Follow Up, were randomly sampled by age stratifications (40 years). Participants completed either the Insured or Uninsured Questionnaires based on their current insurance status.
Proposed specific aims: 1. Describe provider care types used by the CCS during the past year. 2. Describe utilization of health care services (number of physician visits, hospitalizations) by CCS and evaluate the relationship to insurance status, financial stressor/worries, provider care arrangement, and presence of chronic medical conditions. 3. Examine the relationship between unmet health care needs and factors such as: insurance status, financial stressors/worries, provider care arrangements, and presence of chronic medical conditions.
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?: The Health Insurance Ancillary Survey was already performed by Elyse Park (PI). This is an analysis of data from the Health Insurance Survey and Follow up 2007.

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:
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: Correlative Factors
Marriage: Correlative Factors
Education: Correlative Factors
Employment: Correlative Factors
Other:
If other, please specify:

Medical conditions

Hearing/Vision/Speech: Correlative Factors
Hormonal systems: Correlative Factors
Heart and vascular: Correlative Factors
Respiratory: Correlative Factors
Digestive: Correlative Factors
Surgical procedures: Correlative Factors
Brain and nervous system: Correlative Factors

Other:
If other, please specify:

Medications

Describe medications:

Pregnancy and offspring:
Family History:

Psychologic/Quality of Life

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

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

Demographic

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

Cancer treatment

Chemotherapy:
Radiation therapy:
Surgery:

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.:

1. The primary investigator, Emily Mueller, requests that she be allowed to participate in the data analysis, with guidance from Wendy Leisenring and Anne Kirchhoff, who is familiar with the Health Insurance Ancillary Survey. She will be receiving statistical support from Dr. Matthew Davis, MD, MAAP.
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: