

First Name: Giselle
Last Name: Perez
Institution: Massachusetts General Hospital
Address 1: 50 Staniford Street
Address 2: 9th Floor
City: Boston
State/Province: MA
Country: USA
Zip: 02114
Phone: 978-210-6520
Alternate Phone:
Email: gperez-lougee@partners.org

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: Mental Health Care Service Availability and Utilization Among Childhood Cancer Survivors

Planned research population (eligibility criteria): Eligible participants include CCS and siblings who completed both the 2007 childhood cancer survivor study(CCSS) survey and the Health Insurance Ancillary survey.

Proposed specific aims: 1. Describe rates of mental health care coverage and utilization for CCS compared to siblings. 2. Identify sociodemographic and cancer-related factors that are associated with mental health utilization among CCS. 3. Identify sociodemographic and cancer-related factors that are associated with unmet mental health service needs, as defined by patients who are unable to access services due to cost or coverage concerns.

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)

Late mortality:
Second Malignancy: Correlative Factors

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: Primary
If other, please specify: Mental Health Service Used

Medical conditions

Hearing/Vision/Speech:
Hormonal systems:
Heart and vascular:
Respiratory:
Digestive:
Surgical procedures: Correlative Factors
Brain and nervous system:
Other: Correlative Factors
If other, please specify: cancer diagnosis

Medications

Describe medications: Psychiatric medications

Pregnancy and offspring:
Family History:

Psychologic/Quality of Life

BSI-18: Correlative Factors
SF-36:
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: income

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: