

First Name: Siobhan
Last Name: Phillips
Institution: National Cancer Institute
Address 1: 9609 Medical Center Drive
Address 2: Office 4E516
City: Rockville
State/Province: MD
Country: USA
Zip: 20850
Phone: 240-276-6939
Alternate Phone:
Email: siobhan.phillips@nih.gov

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: Updated prevalence of long-term survivors of childhood cancer and estimated burden of morbidity using SEER and the Childhood Cancer Survivor Study
Planned research population (eligibility criteria): For the purposes of updating the prevalence of long-term survivors of childhood cancer, we will update the data from SEER from the most recently published manuscript Mariotto et al., 2009) to include cancer survivors diagnosed after 2005. For the purposes of estimating the population-level burden of morbidity in long-term survivors of childhood cancer, we will use data from the overlap of SEER and the CCSS which consists of all SEER and CCSS cases diagnosed from 1975-1986. Findings from this portion of the study will be limited to cancer sites reported in CCSS.
Proposed specific aims: 1.Update the prevalence of long-terms survivors of childhood cancer in the U.S. from the most recently published manuscript (Mariotto et al., 2009) using data from SEER. 2.Estimate and describe the burden of morbidity in survivors of childhood cancer at the population level including physical and cognitive functioning, development of chronic health conditions and quality of life using data from the CCSS and SEER.
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: Primary

Psychology / Neuropsychology: Secondary

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: Primary

Health Behaviors

Tobacco:

Alcohol:

Physical activity:

Medical screening:

Other:

If other, please specify:

Psychosocial

Insurance:

Marriage:

Education: Correlative Factors

Employment: Correlative Factors

Other:

If other, please specify:

Medical conditions

Hearing/Vision/Speech: Primary

Hormonal systems: Primary

Heart and vascular: Primary

Respiratory: Primary

Digestive: Primary

Surgical procedures: Primary

Brain and nervous system: Primary

Other: Primary

If other, please specify: Musculoskeletal, pulmonary, renal

Medications

Describe medications:

Pregnancy and offspring:

Family History:

Psychologic/Quality of Life

BSI-18:

SF-36: Secondary

CCSS-NCQ: Primary

PTS:

PTG:

Other:

If other, please specify:

Chronic conditions (CTCAE v3): Primary

Health status: Secondary

Demographic

Age: Correlative Factors

Race: Correlative Factors

Sex: Correlative Factors

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: Yes

If local, please provide the name(s) and contact information of the statistician(s) to be involved.:

Angela Mariotto, Phone: 240-276-6698 Email: mariotta@mail.nih.gov

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: