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Requirements to submit AOI:

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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: Changing Patterns of Second Neoplasms in Childhood Cancer Survivors:  
Comparison of Survivor Cohorts  
Planned research population (eligibility criteria): Individuals with a documented/confirmed subsequent neoplasm, both in the initial and expanded cohorts  
Proposed specific aims: 1. Describe cumulative incidence, risk and risk factors for subsequent neoplasms (SMN, NMSC and meningioma) in the expanded cohort 2. Compare expanded cohort data with previously described data from the initial cohort and identify how changes in therapy have changed observed patterns of SN  
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?:

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Does this project require contact of CCSS study subjects for . . .

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Additional self-reported information: No  
Biological Samples: No  
Medical record data: No  
If yes to any of the above, please briefly describe.:

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What CCSS Working Group(s) would likely be involved? (Check all that apply)

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Second Malignancy: Primary  
Chronic Disease:

Psychology / Neuropsychology:  
Genetics:  
Cancer Control:  
Epidemiology / Biostatistics: Secondary

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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)

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Late mortality:  
Second Malignancy: Primary

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Health Behaviors

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Tobacco:  
Alcohol:  
Physical activity:  
Medical screening:  
Other:  
If other, please specify:

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Psychosocial

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

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Medical conditions

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

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Medications

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Describe medications:

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Pregnancy and offspring:  
Family History:

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Psychologic/Quality of Life

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

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Chronic conditions (CTCAE v3):  
Health status:

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Demographic

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

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Cancer treatment

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

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Anticipated sources of statistical support

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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

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If yes, which of the following?

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Buccal cell DNA:  
Peripheral blood:  
Lymphoblastoid cell lines:  
Second malignancy pathology samples:

Other requiring collection of samples:  
If other, please explain:

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Other general comments: