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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

Project Title: Breast cancer risk in the modern treatment era  
Planned research population (eligibility criteria): Women in the CCSS.  
Proposed specific aims: 1. To examine the incidence of BC in the expanded CCSS cohort and compare to the original cohort. 2. To examine the risk of BC with modern RT regimens in the expanded cohort as compared to the original cohort.  
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: Primary  
- Chronic Disease:  
- Psychology / Neuropsychology:  
- 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:
Employment:
Other:
If other, please specify:

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: Correlative Factors

Psychologic/Quality of Life

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

Chronic conditions (CTCAE v3):
Health status:

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:
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: