Contact Information

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Project Requirements and Description

Requirements to submit AOI (all answers must be "yes" to proceed)

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

Communication of Skin Cancer Risk Profiles to Childhood Cancer Survivors

Planned research population (eligibility criteria)

All 5-year survivors, non-overlapping with SJLIFE.

Proposed specific aims

Aim 1: Create and validate an online risk calculator combining clinical, genetic, and lifestyle risk factors to communicate absolute individual risks for developing subsequent NMSCs to childhood cancer survivors.

Aim 2: Assess whether the NMSC risk calculator can also improve identification of survivors at high risk for adverse NMSC-related outcomes, including experiencing a NMSC at a younger age (<30 years), multiple/recurrent NMSCs, or skin cancer-related mortality.

Aim 3: Using the input of healthcare providers and a consensus-based approach, determine how personalized estimates of NMSC risk will facilitate appropriate skin cancer clinical care management.

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? (Select all that apply)

Second Malignancy	Co-Primary
Chronic Disease	
Psychology/Neuropsychology	
Genetics	Co-Primary
Cancer Control	
Epidemiology/Biostatistics	Secondary

Outcomes or Correlative Factors

Late Mortality	Secondary
Second Malignancy	Primary

Health Behaviors

Tobacco	Correlative Factors
Alcohol	Correlative Factors
Physical Activity	Correlative Factors

Medical Screening	Correlative Factors
Other	Correlative Factors

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

Psychologic/Quality of Life

BSI-18	
SF-36	
CCSS-NCQ	
PTS	

PTG	
Other	

If other, please specify

Other

Pregnancy and Offspring	
Family History	
Chronic Conditions (CTCAE v3)	
Health Status	

Demographic

Age	Correlative Factors
Race	Correlative Factors
Sex	Correlative Factors
Other	

If other, please specify

Cancer Treatment

Chemotherapy	Correlative Factors
Radiation Therapy	Correlative Factors
Surgery	

Anticipated Sources of Statistical Support

CCSS Statistical Center	No
Local Institutional Statistician	Yes

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?

If other, please explain

Other General Comments

Agree

I agree to share this information with St. Jude

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