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**Project Title** Solid Organ Transplantation in 5-year survivors of childhood cancer.  
**Planned research population (eligibility criteria)** Subjects within the CCSS cohort who underwent liver, heart, lung, or kidney transplantation.  
**Proposed specific aims** The primary objective is to establish the frequency and type of solid organ transplantation (SOT) in the CCSS cohort at baseline and 10 year follow-up (FU 2007). Secondary objectives will be: to identify disease related, treatment related, and demographic characteristics of those subjects undergoing SOT and to determine the cause specific mortality of those subjects undergoing SOT.  
**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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<b>Second Malignancy</b>	
Primary - No	Secondary - No
<b>Chronic Disease</b>	
Primary - Yes	Secondary - No
<b>Reproductive</b>	
Primary - No	Secondary - No
<b>Neurologic</b>	
Primary - No	Secondary - No
<b>Psychology / Neuropsychology</b>	
Primary - No	Secondary - No
<b>Genetics</b>	
Primary - No	Secondary - No
<b>Cancer Control</b>	
Primary - No	Secondary - No

**Epidemiology / Biostatistics**

Primary - No

Secondary - No

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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**

Primary - No

Secondary - Yes

Correlative Factors - No

**Second Malignancy**

Primary - No

Secondary - No

Correlative Factors - No

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**Health Behaviors**

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**Tobacco**

Primary - No

Secondary - No

Correlative Factors - No

**Alcohol**

Primary - No

Secondary - No

Correlative Factors - No

**Physical activity**

Primary - No

Secondary - No

Correlative Factors - No

**Medical screening**

Primary - No

Secondary - No

Correlative Factors - No

**Other**

Primary - No

Secondary - No

Correlative Factors - No

**If other, please specify**

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**Psychosocial**

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**Insurance**

Primary - No

Secondary - No

Correlative Factors - No

**Marriage**

Primary - No

Secondary - No

Correlative Factors - No

**Education**

Primary - No

Secondary - No

Correlative Factors - No

**Employment**

Primary - No

Secondary - No

Correlative Factors - No

**Other**

Primary - No

Secondary - No

Correlative Factors - No

**If other, please specify**

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**Medical conditions**

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**Hearing/Vision/Speech**

Primary - No                      Secondary - No                      Correlative Factors - No

**Hormonal systems**

Primary - No                      Secondary - No                      Correlative Factors - No

**Heart and vascular**

Primary - No                      Secondary - No                      Correlative Factors - No

**Respiratory**

Primary - No                      Secondary - No                      Correlative Factors - No

**Digestive**

Primary - No                      Secondary - No                      Correlative Factors - No

**Surgical procedures**

Primary - Yes                      Secondary - No                      Correlative Factors - No

**Brain and nervous system**

Primary - No                      Secondary - No                      Correlative Factors - No

**Other**

Primary - No                      Secondary - No                      Correlative Factors - No

**If other, please specify**

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Medications

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**Describe medications**

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**Pregnancy and offspring**

Primary - No                      Secondary - No                      Correlative Factors - No

**Family History**

Primary - No                      Secondary - No                      Correlative Factors - No

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Psychologic/Quality of Life

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**BSI-18**

Primary - No                      Secondary - No                      Correlative Factors - No

**SF-36**

Primary - No                      Secondary - No                      Correlative Factors - No

**CCSS-NCQ**

Primary - No                      Secondary - No                      Correlative Factors - No

**PTS**

Primary - No                      Secondary - No                      Correlative Factors - No

**PTG**

Primary - No                      Secondary - No                      Correlative Factors - No

**Other**

Primary - No

Secondary - No

Correlative Factors - No

**If other, please specify**

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**Chronic conditions (CTCAE v3)**

Primary - No

Secondary - No

Correlative Factors - No

**Health status**

Primary - No

Secondary - No

Correlative Factors - No

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Demographic

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**Age**

Primary - No

Secondary - No

Correlative Factors - Yes

**Race**

Primary - No

Secondary - No

Correlative Factors - Yes

**Sex**

Primary - No

Secondary - No

Correlative Factors - Yes

**Others**

Primary - No

Secondary - No

Correlative Factors - No

**If others, please specify**

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Cancer treatment

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**Chemotherapy**

Correlative Factors - Yes

**Radiation therapy**

Correlative Factors - Yes

**Surgery**

Correlative Factors - No

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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** This will be primarily a descriptive study due to low numbers of expected events. The outcomes will be of interest to transplant surgeons. Previous discussions with the Penn SOT registry indicate an interest in data supporting the hypothesis that cancer survivors undergoing SOT do not die of relapse, which would be part of this analysis. Utilizing the 2007 FU will lead to additional cases from the baseline, and hopefully, allow some long-term outcome on those who reported a SOT at baseline. Transplants would be validated by operative reports. Survivors who self-report for severe end organ damage ie dialysis would also have Operative records searched for evidence of transplantation. Thank you!