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Project Title Late DVT risk in cancer survivors
Planned research population (eligibility criteria) Survivors with new DVT >5 years after treatment

Proposed specific aims 1. To describe the incidence of late DVT in cancer survivors that is not associated with treatment 2. To identify disease, treatment, and patient/demographic/lifestyle characteristics that influence the risk of late DVT among cancer survivors 3. A subgroup analysis would include use of hormonal contraception among female cancer survivors and risk of DVT

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 - No Secondary - No

Chronic Disease

Primary - Yes Secondary - No

Reproductive

Primary - No Secondary - Yes

Neurologic

Primary - No Secondary - No

Psychology / Neuropsychology

Primary - No Secondary - No

Genetics

Primary - No Secondary - No

Cancer Control

Primary - No Secondary - No

Epidemiology / Biostatistics

Primary - No Secondary - No

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

Primary - No Secondary - Yes Correlative Factors - No

Second Malignancy

Primary - No Secondary - No Correlative Factors - Yes

Health Behaviors

Tobacco

Primary - No Secondary - No Correlative Factors - Yes

Alcohol

Primary - No Secondary - No Correlative Factors - No

Physical activity

Primary - No Secondary - No Correlative Factors - Yes

Medical screening

Primary - No Secondary - No Correlative Factors - Yes

Other

Primary - No Secondary - No Correlative Factors - No

If other, please specify

Psychosocial

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

Medical conditions

Hearing/Vision/Speech

Primary - No Secondary - No Correlative Factors - No

Hormonal systems

Primary - No	Secondary - No	Correlative Factors - Yes
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Heart and vascular

Primary - No	Secondary - No	Correlative Factors - Yes
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Respiratory

Primary - No	Secondary - No	Correlative Factors - No
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Digestive

Primary - No	Secondary - No	Correlative Factors - No
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Surgical procedures

Primary - No	Secondary - No	Correlative Factors - No
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Brain and nervous system

Primary - No	Secondary - No	Correlative Factors - No
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Other

Primary - No	Secondary - No	Correlative Factors - No
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If other, please specify

Medications

Describe medications hormonal contraception, anticoagulants

Pregnancy and offspring

Primary - No	Secondary - No	Correlative Factors - No
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Family History

Primary - No	Secondary - No	Correlative Factors - Yes
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Psychologic/Quality of Life

BSI-18

Primary - No	Secondary - No	Correlative Factors - No
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SF-36

Primary - No	Secondary - No	Correlative Factors - No
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CCSS-NCQ

Primary - No	Secondary - No	Correlative Factors - No
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PTS

Primary - No	Secondary - No	Correlative Factors - No
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PTG

Primary - No	Secondary - No	Correlative Factors - No
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Other

Primary - No	Secondary - No	Correlative Factors - No
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If other, please specify

Chronic conditions (CTCAE v3)

Primary - Yes

Secondary - No

Correlative Factors - No

Health status

Primary - No

Secondary - No

Correlative Factors - No

Demographic**Age**

Primary - Yes

Secondary - No

Correlative Factors - No

Race

Primary - Yes

Secondary - No

Correlative Factors - No

Sex

Primary - Yes

Secondary - No

Correlative Factors - No

Others

Primary - No

Secondary - No

Correlative Factors - No

If others, please specify

Cancer treatment**Chemotherapy**

Correlative Factors - Yes

Radiation therapy

Correlative Factors - Yes

Surgery

Correlative Factors - Yes

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