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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: Melanoma as a second malignnat neoplasm in survivors of childhhod cancer

Planned research population (eligibility criteria): Children < 20 years of a ge diagnosies with childhood cancer (excluding melanoma) who have develooped in situ or invasive melanoma as a second neoplasm

Proposed specific aims: 1. To describe the incidence and patterns of melanoma among survivors of childhood cancer and idnetiofy patterns that may be suggestive of inherited cancer syndromes such as Li-Fraumeni or toxic exposure such as RT. 2. Describe clinical features, therapy, outcome and incidence of third and subsequent malignancies in this patient population.

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: Yes

If yes to any of the above, please briefly describe.: Perhaps need to identify site of

primary tumor and site of RT

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

Medications
Describe medications:
Pregnancy and offspring: Family History: Secondary
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: Primary Race: Primary Sex: Primary 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